



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Tymon North Community Unit
Name of provider:	Health Service Executive
Address of centre:	Tymon North Road, Tallaght, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0007793
Fieldwork ID:	MON-0045523

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Tymon North Community Unit opened in March 2020. The centre can accommodate 48 residents, primarily for male and female dependent older persons, over the age of 18 years. The following categories of care are provided: Long-term residential and respite specific care needs catered, general nursing care, active elderly, frail elderly, dementia/Alzheimer's, physical disability, intellectual disability, psychiatry of old age, and general palliative care. There are three floors in Tymon North Community Unit, the ground floor accommodates the day care and other rooms, 1st Floor has two units namely Clover and Primrose and the second floor has two units named as Cherry blossom and Bluebell. and is located centrally with local services in reach, e.g. frequent bus routes, community centre, Tymon Park, local library shops and a pub is nearby. Tymon North Community Unit provides a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 23 January 2025	08:00hrs to 16:30hrs	Laurena Guinan	Lead
Thursday 23 January 2025	08:00hrs to 16:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents and visitors were very complimentary about the service they received in Tymon North Community Unit. Residents felt they were attended to quickly and with kindness, and family members said that there was very good communication with staff. Staff spoken with on the day displayed good knowledge of the residents' needs and many positive interactions were seen between staff and residents. It was evident that staff were striving to provide high quality, person-centred care.

Following an introductory meeting where the purpose of the inspection was outlined, the inspectors went on a walk around and viewed the rooms on the ground and first floors of the centre, where changes of function had been approved. These were seen to be in accordance with the revised floor plans.

The centre is set out over two floors, the ground and first floor of a three-storey building. Access between the ground and first floors is via stairs or a passenger lift. The second floor of the premises is not part of the designated centre. Resident bedrooms and living areas were located on the first floor. There were 40 single bedrooms and four shared twin bedrooms. All bedrooms had en-suite facilities containing a toilet, wash-hand basin and shower. The first floor is divided into three units, Clover, Snowdrop and Primrose Units. Snowdrop and Primrose Units are staffed and managed as one unit and have an equal amount of bedrooms to Clover Unit.

On entering the premises, visitors sign a sheet which is kept in a binder. The receptionist showed inspectors a record of visitors' sign-in for the previous number of days. Access to each floor is via swipe card access.

The centre was found to be bright, spacious and attractively decorated with photos, pictures and planting. A visitors room was available and accessible from each unit on the first floor. On the ground floor, residents have access to a beauty parlour, day centre, visitors room, reflection room, and physiotherapy and Occupational Therapy rooms. The visitors room was locked and staff told inspectors that this room is mainly used when family request it as a private area for a celebration (eg a birthday), as it is away from the residential areas. Neither this room, nor the beauty parlour, had a call bell which could pose a risk to residents using these rooms who may need staff assistance urgently. The reflection room was being used by workmen on the day of inspection and they informed the inspectors that they had been using it since December. The person in charge confirmed that this was a temporary arrangement as essential fire prevention works were being carried out. These were due to finish soon and the room will be available for resident's use once again.

On the first floor, many bedrooms were seen to be furnished with personal items such as cushions, throws and ornaments which added to the homely atmosphere. There was regular cleaning throughout the day and all communal and private areas,

as well as functional areas such as offices, sluice rooms and stock rooms, were seen to be very clean and tidy. Equipment in store rooms were seen to have tags on them, indicating that they had been cleaned. There was no signage to a bedroom to alert that oxygen was used, and to a store room where an oxygen concentrator was observed.

A sensory room at the entry of Clover Unit was locked for safety reasons as stated by the management on the day. Inspectors requested that accessibility to designated communal spaces be reviewed to ensure unrestricted access is afforded to residents. Furthermore, a screen, some notice boards and a large bin were seen stored in this sensory room, which did not make the room inviting and detracted from it being a relaxing space. The couch in this room had significant damage to the material covering the seats, which would not allow for appropriate cleaning and effective infection prevention and control. In addition there was no emergency call bell in this room.

Residents had access to an outdoor courtyard from the Primrose unit which had well-maintained planting and pathways. Seating was placed around the area and there was a smoking shelter with appropriate fire prevention measures. There was also access to outdoor balconies on each unit which were similarly well-maintained. The balcony which was accessed from the corridor outside the Clover unit included a second designated smoking area. The call bell in this area does not alarm in any of the units, which does not assure that staff would be alerted in the case of an emergency. While appropriate safety screens were in place in this area, their height was significantly reduced by planting beds and this could pose a safety risk to residents using this space.

An activity schedule was on display in all units and both residents and families spoke about the choice of activities on offer. There was a change to the afternoon schedule as Mass was being held due to the priest being unavailable the previous day. This service was seen to be well-attended and inspectors were informed it takes place twice weekly. Residents were seen engaging in a morning group activity and residents said that if they were unable or chose not to attend group sessions, an activity staff visited them in their room for one-to-one time. Inspectors were also told about outings which were very enjoyable, including one visit to the National Concert Hall. However, some of the residents who spoke with the inspectors also talked about the impact of not having access to the centre's own bus transport when required. They said that waiting for a wheelchair taxi for many hours detracted from the overall experience.

A men's group has recently been established and had proven very popular. A number of residents and families reported having problems with internet connection which was frustrating. One resident could not connect their own smart tv so they said they gave it to their family. Others said the limited choice of tv stations meant that extended time spent in your room, due to illness for example, could be very boring. Management confirmed that internet access can be difficult and is something that they are actively looking to address.

Inspectors observed residents being served snacks and lunch. Residents were offered morning snacks which included soup and homemade smoothies. From menus on display and what inspectors were told and observed, a good variety of tasty food was offered and portion sizes were appropriate. Residents who required assistance were seen to be attended to in a respectful manner and while appropriately seated.

Residents were seen to receive visitors at all times during the day and all those spoken with said they were made to feel welcome by staff.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall this was a well-run centre with good governance and management systems in place which ensured that residents living in the centre were supported to live a good quality of life and received a high standard of quality care. Notwithstanding the good oversight systems some further opportunities for improvement were identified in respect of policies and procedures, contracts of care, residents' rights and medication management.

The registered provider for Tymon North Community Unit is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the general manager for older person services, representing the provider for regulatory matters. The person in charge worked full-time over four days a week and was supported in their management of the centre by two assistant directors of nursing (ADON). They were supported by a team of clinical nurse managers on each unit, staff nurses, healthcare assistants, activities coordinators, administration, catering and household staff. Inspectors saw evidence of good oversight and management systems, with robust audits picking up on areas of improvement.

There were sufficient resources to deliver care as per the Statement of Purpose. For example, a planned activities schedule is given to the person in charge six months in advance to ensure resources are available. Any identified areas for improvement will be dealt with further under Regulation 23: Governance and Management.

All Schedule 5 policies and procedures were in place. These were seen to be centre specific and reviewed within the last three years. Some of the centre's policies, those covering the management of residents accounts, and smoking, were not in

line with practice. This will be dealt with further under Regulation 4: Written policies and procedures.

Inspectors were assured that there was a good number and skill-mix of staff. Staff had access to training, with high compliance and good oversight of mandatory training.

Inspectors saw that while contracts of care were in place for all residents, not all had the correct terms. This will be dealt with further under Regulation 24: Contracts of care.

The centre has robust systems in place for risk management with a centre specific policy that includes a risk register, escalation pathway and a safety statement.

Regulation 15: Staffing

The designated centre had an appropriate number and skill mix of staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have access to training and are appropriately supervised. There are robust systems in place for staff supervision and appraisal, and staff development plans are either in place or in progress.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good systems of oversight in place, some further action was required to ensure that the management systems were sufficiently robust to ensure a safe service at all times.

- The registered provider was required to review the safety of the premises, specifically in respect to the balcony accessed from the Clover Unit. This balcony was spacious and had appropriate seating arrangements to support the residents to enjoy the outdoor space. There were numerous planting beds which created a sense of garden, however the location of these flower

beds next to the safety screens significantly reduced the height of these screens. Such risk had not been identified and effectively mitigated and required review.

- Rooms where oxygen was stored or in use did not have signage to alert staff, in line with best practice. This could pose a risk in the event of a fire and although it had been identified in provider's own audits, sufficient action had not been taken to ensure this was effectively addressed.
- While most of the contracts of care were signed, a full review of the process was required to ensure effective systems of oversight were in place in respect of ensuring that the contracts were signed by the appropriate people, and such signatures were witnessed and valid.
- A review of pension-agency arrangements was required to ensure that the nominated pension-agent was consistent and aligned with agreed local process. From the sample reviewed, some residents did not have the pension-agency form fully or appropriately completed and signed.
- Inspectors found that actions that the registered provider had committed to achieve by a set date had not been completed. There were repeated failures to ensure that emergency call bells were in place in all rooms used by the residents, including hairdresser's room, sensory room and visitors' room. In addition, while a call bell was in place in the smoking area, it was not linked to the emergency or call panel in the unit, which meant that only staff that were passing by that area could hear the sound.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors looked at a sample of five contracts of care. While the majority of the contracts appropriately included the terms and conditions of residence in the centre, inspectors found that improvements were required in the following areas:

- One contract of care had not been signed by the resident or their representative, and the resident had been transferred from a single to a twin room. There was no evidence of such agreement in place.
- Another resident was not accommodated in the room agreed within the contract and there was evidence to show that they had moved rooms twice since the original contract was signed. There was no information available in respect of the specific periods of time that the resident resided in each room other than an appendix in a table format at the end of the contract listing those changes.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Although a suite of comprehensive policies was in place, which met regulatory requirements, some further action was required to ensure practices in the designated centre aligned with local policies. For example:

- The registered provider had recently changed the practice of accessing resident's money over the weekend. This change in practice was not reflected in the centre's policy for management of residents' accounts and property.
- The centre's policy on smoking states that 'residents who smoke must be supervised at all times'; this was not always the case as there are residents who access the smoking areas independently.

Judgment: Substantially compliant

Quality and safety

Overall, this was a good centre where residents were supported to receive good quality care and enjoy a good quality of life. The residents were seen to receive a high standard of care and staff spoken with were familiar with residents' needs and wishes. Inspectors looked at a sample of care plans on both units, specifically in relation to pressure area care, falls risk, safeguarding, smoking and communication. These were seen to be person-centred and reviewed and updated at no more than four monthly intervals. Staff were aware of the safeguarding policy and how to protect and support residents from abuse.

The provider had a varied activities schedule provided by three full-time activities staff over seven days. Inspectors were shown detailed individual assessment and monitoring of residents' engagement in activities, and residents and families were highly complimentary of both the individual and group activities on offer. There was evidence of regular residents meetings and ten residents had received training in advocacy, with more sessions planned. Information on advocacy was displayed throughout the centre.

There were a number of residents living in the centre whose first language is not English or who had other communication difficulties. All staff spoken with were aware of potential communication problems for these residents and care plans were in place. Staff were familiar with the care plans and were seen to engage with these residents in a patient and appropriate manner. Two of the residents spoken with said that staff endeavoured to understand them and they could convey their wishes relatively easily.

Inspectors spoke with residents and visitors who were all happy with security for their belongings. Each room had storage for personal belongings, including a lockable drawer if needed. Staff showed inspectors that each resident has a record of their belongings kept at the nurses station. Residents clothes are labelled on

admission and there are laundry procedures in place which minimise loss of items; this was confirmed on speaking with residents and families.

Appropriate measures were in place to support residents at the end of their life. Inspectors saw evidence that residents or their families, as appropriate, were involved and consulted in the development of end of life care. Those residents who declined to engage in this process had their wishes respected.

Throughout the centre, inspectors saw that clinical rooms where medication was stored were kept locked. All trolleys, medication cupboards and medication fridges were also locked, with some opportunities for further improvements identified under Regulation 29: Medicines and pharmaceutical preparations.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely, with appropriate care plans in place and staff were aware of residents communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store their clothes and other personal belongings. Their clothes were laundered regularly and returned to them.

Judgment: Compliant

Regulation 13: End of life

Residents were seen to have end of life care plans in place which were person centred and developed in consultation with the resident and/or family as appropriate.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy is in place

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While overall there were good medication management systems in place, further opportunities for improvements were found in respect of ensuring medication that required to be administered in crushed format was appropriately dispensed in a suitable format to ensure safe administration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were seen to have person-centred care plans that were reviewed and updated at no more than four monthly intervals, and these were seen to be implemented in daily practice.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding and were aware of their responsibilities in protecting residents from abuse. Residents had safeguarding care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the good programme of activities and the dedication of staff to provide meaningful occupational engagement, there was poor internet access available in the centre which impacted what residents could choose to do. A limited choice of TV stations also affected residents' choices and opportunities for

stimulation and communication in respect of what they could do or watch. A number residents and their families mentioned that this was particularly an issue when the residents were spending time alone in their rooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tymon North Community Unit OSV-0007793

Inspection ID: MON-0045523

Date of inspection: 23/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Safety risk assessment completed for the balcony access for the Clover unit, in particular balcony flower bed area with the introduction of migrating actions to remove any identified immediate risks to residents. Completed 24/01/24 2. Project plan in place to relocate the identified balcony flower beds away from the identified fencing on day of inspection. Completion date 30/07/2025. 3. Review of oxygen signage and installed signage in identified deficit areas in designated storage areas for oxygen. Completed 24/01/25 4. Review of centre’s contract of care and insertion of enhancement of a co-signing sign off oversight option to ensure validated witness signature support for all new resident admissions. Completed 28/01/2025 5. Review of pension-agency arrangements to ensure that the nominated pension-agent is consistent for the centre and aligned with agreed local processes. This includes sign off signature from designated member of centre staff post receipt completed forms from Nursing Home Support Scheme (NHSS) office. Completed 23/01/2025 6. Risk assessment review of emergency calls bells usage in all rooms with the introduction of migrating action plan to address immediate risks such as a project plan by the maintenance department to ensure linkage to emergency or call panel system in the designated unit. Completion date 30/06/2025 	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. Review of the designated centre's contract of care with a particular focus on the three agreements identified on the day of inspection identified requiring agreement enhancements to address 1 unsigned and 2 room transfer. Completion date 30/04/2025 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. Review and enhance the centre's smoking policy to document Assisted Decision Making principles relating to promoting residents "will and preference" who have the capacity to independently access the designated smoking area ensuring their safety all the time. Completed 28/01/2025 2. Review and enhance the centre's standard operational procedures and policy for the management of residents' accounts and property to increase governance oversight assurances with a particular focus on residents' access to their money over the weekend. Completed 28/02/2025 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. Review and strengthen the centre's medication management policy to ensure the appropriately dispensed of medication (crushed format) in a suitable format to ensure safe administration. Completion date 30/3/25 2. Nurse management team to complete an audit on the designated centre's current medication administration practices in additional to current quarterly medication management review processes. Completion date 15/04/2025 3. All nursing staff from the Designated Centre mandated to complete an updated medication management training. Completion date 30/3/25 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"><li data-bbox="172 241 1437 315">1. Maintenance team to install WiFi boosters to enhance the speed of centre's internet to improve residents' access. Completion date 30/06/25<li data-bbox="172 315 1437 389">2. Installation new TV system to increase residents' selection options to TV and radio station. Completion date 30/06/25	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	30/04/2024

	reside in that centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	15/04/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2025

Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/06/2025
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