

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Hamilton Park
<b>Centre ID:</b>	0139
<b>Centre address:</b>	Hamilton Park
	Balrothery
	Balbriggan
	Co Dublin
<b>Telephone number:</b>	01-6903190
<b>Fax number:</b>	01-6903191
<b>Email address:</b>	info@hamiltonpark.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	P.J. Murphy
<b>Person in charge:</b>	Deborah Lynch
<b>Date of inspection:</b>	20 August 2009 and 21 August 2009
<b>Time inspection took place:</b>	<b>Start day-one:</b> 12:00hrs <b>Completion:</b> 17:30hrs <b>Start day-two:</b> 08:15hrs <b>Completion:</b> 18:30hrs
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	P.J. Wynne
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b>  <input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Hamilton Park is a modern two-storey purpose-built facility which opened in 2007 and provides care for up to 142 residents. The centre is surrounded by a large area of lawn and meadowland and is accessed from the main road via a tarmac drive. Ample car parking is available.

The centre has five units dedicated to different categories of care, however, at the time of this inspection, the Starling unit (High Dependency Care Unit) and the Linnet unit (for residents who require convalescent care) were not open.

The units are organised over two floors and spread out from a central reception area that is light and airy and overlooks a courtyard which has paved areas, tables and seating.

The Nightingale unit provides care to residents with Alzheimer's disease or other forms of dementia. There is a communal sitting and dining area and further seating that overlooks the courtyard.

In the Cormorant unit, care is provided to residents with dementia and mental health difficulties but who also require additional levels of supervision due to challenging behaviour. The layout closely resembles the Nightingale unit.

The Kingfisher unit on the first floor provides care to people who have acquired brain injury. Residents here have large single rooms that they have personalised to reflect their own tastes and choices. There is a communal dining area and a library with a computer.

There is a physiotherapy area on the Kingfisher unit that is well equipped and a meeting/multi purpose room. All units have nursing offices or stations for staff to organise and manage the provision of care.

### Location

The centre is located in a rural setting just off the Gormanstown road, a short drive from the town of Balbriggan in north Dublin. It is a few minutes drive from the main link M1 motorway that runs between Dublin and Belfast.

<b>Date centre was first established:</b>	4 September 2007
<b>Number of residents on the date of inspection</b>	85

Dependency level of current residents	Max	High	Medium	Low
Number of residents	26	59		

**Management structure**

The provider is P.J. Murphy who oversees the management and operation of the centre.

Deborah Lynch, Director of Nursing, and Angela Moran, Assistant Director of Nursing, manage and supervise the staff team, the organisation of the centre and oversee the assessment and care of residents.

The staff team are comprised of registered nurses, care, ancillary and administration staff. Two activity therapists, two physiotherapists and an occupational therapist plus other sessional peripatetic staff (for example, podiatry) are also employed.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	8	23	5	5	2	6

## Summary of findings from this inspection

This was an unannounced inspection. It was the first inspection of this centre by the Health Information and Quality Authority. Inspectors met residents, their relatives, the provider, the person in charge, the assistant director of nursing and other staff on duty.

Staff were very willing to share information and were knowledgeable in their responses. Throughout the inspection, the provider, the person in charge and other senior staff demonstrated a very positive commitment to comply with the legislation and had started reviewing documentation and updating it to meet the new standards and regulations.

Staff were very engaged with residents throughout the inspection visit and were able to provide excellent accounts of residents' care needs and the ways they tried to accommodate personal choices to improve their quality of life. Residents told inspectors that staff had time to spend with them and did not appear rushed.

Prior to admission, senior nursing staff visited prospective residents at home or in hospital to establish if the centre could appropriately meet their needs. The centre had developed good practice standards for the prevention and management of wound care and there was a comprehensive training programme in place for all staff.

The medication management system had recently been revised and a new system introduced with evidence that it was working satisfactorily.

In the Kingfisher unit, residents had problems associated with acquired brain injury. A proactive rehabilitation programme was seen to be in place that provided intensive care planning, specialist therapeutic input and integration with the outside community for social activity, education and employment. Inspectors were impressed with the efforts being made to reintegrate residents into the community.

Residents of the Cormorant and Nightingale units had ongoing care needs, including dementia, which were seen to be addressed through a system of care planning, regular review and the provision of activities that provided social contact and stimulation. However, inspectors noted that there were limited opportunities for social engagement for those residents who had complex communication problems and could not participate in group situations.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. A number of areas for improvement are identified which include the need to amend documents such as the statement of purpose, the emergency plan and health and safety procedures. The need for simulated fire drills and evacuations is also identified. A number of environmental improvements are also highlighted.

## Residents' and relatives' comments

During this inspection, the inspectors spoke with seven residents and three relatives to find out how residents felt about the care and lifestyle they had in the centre.

Residents said that they liked the modern environment and that the rooms were light and airy which enhanced the feeling that they were in the countryside.

All residents reported that the staff team are kind and caring, that they got on well and could tell them anything. Inspectors were told that there was some turnover of care staff during the summer months but that the members of the nursing team were all regular staff.

Food was described as good and it was possible to order alternative choices to what was on the menu.

Inspectors were told that items of laundry occasionally get mislaid but usually turn up.

Residents said that they were aware of the activities that took place and could decide what they wished to attend. Three residents said that they liked reading the newspaper and discussing what was happening with other people.

Relatives said that the staff were very attentive and that they could approach the staff directly on the floor or senior management to discuss any concerns.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

Nursing and care staff were able to describe their roles and responsibilities in good detail and were enthusiastic about the new regulations and standards.

The senior staff team had started work on developing the centre's documentation in accordance with the new legislation and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, and were making good progress with this.

A range of centre-specific policies and procedures were in place that included a risk management policy (covering the unanticipated absence of a resident), the management of challenging behaviour and responding to accidents and assaults.

#### Some improvements required

The statement of purpose was available. However, it did not contain all the information required by legislation, for example, the total staffing complement and the age range and gender of residents that could be accommodated at the centre had not been included.

While a residents' guide was available, this was not in a format suitable to meet the needs of residents with communication difficulties.

There was an emergency plan in place to cover untoward situations. However the plan did not contain the name and contact details of the person nominated in the event of an emergency or untoward event.

#### Significant improvements required

Staff at the centre managed the finances of a number of residents. Inspectors were told that all monies had been lodged to a Hamilton Park bank account and that administration staff kept a record of all transactions and issued a statement to

residents or their representatives. However, there was no policy or guidelines in place in regards to the management of residents' finances.

While fire training had been undertaken, the theoretical training had not been supplemented by simulated fire drills and evacuations.

Inspectors observed that evacuation sheets were on the beds of immobile residents. However, there was no procedure in place to regularly check the status of residents' mobility and to put in place an evacuation sheet where indicated.



## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

The residents interviewed said that staff were very caring and responsive to their needs. They felt well cared for and could talk to their carers and staff "as if they were family". Staff were able to describe residents' needs in detail and outlined how care had been delivered in accordance with specific wishes.

Staff appeared committed to ensuring that residents were able to enjoy life in the centre and an activity schedule is available each day. Residents said that they could participate in whatever was on as they wished.

All staff could describe the care needs of residents and their roles in ensuring their wellbeing and comfort. They felt that they were busy throughout the day but had time to do their duties well and engage with residents and relatives on a social basis.

Throughout the inspection visit, staff were observed carrying out their duties in a respectful and considered manner. They were seen to go about their work quietly, helping residents as needed and were observed to be responsive to requests for help.

Some residents had very complex care needs and complicated interventions which took time. However, staff told inspectors that they were able to manage their workload so as to effectively respond to residents in a relaxed and unhurried manner.

The assistant director of nursing told inspectors that it was routine practice to visit all prospective residents prior to admission and undertake a detailed assessment to establish if Hamilton Park was an appropriate setting to fully address their needs. One resident told inspectors that she had been able to visit the centre before she came to live there.

Staff were observed serving and helping residents with their food in a sensitive and caring way. On the Cormorant and Nightingale units there were many residents who required assistance. Staff sat down with residents and chatted during mealtimes. There are nutritional assessments for people who have difficulty with food and supplements were being given where there was a risk of nutrition levels being

compromised. Staff told an inspector that they worked hard to assist residents to eat independently and had on occasion been able to discontinue treatment interventions where residents received nutrition through percutaneous endoscopic gastrostomy (PEG) tubes.

Residents benefited from having specialist services such as physiotherapy and occupational therapy available within the centre. There were also activity coordinators who organised and facilitated the activity programme. Links had been established between the centre and local community groups and a number of residents had been able to participate in local events and have visits from local people. The centre had several home-like touches that included, for example, two dogs, a fish tank and a rabbit, all of which residents said they enjoyed. A minibus was also available to take residents on outings.

### **Some improvements required**

An activity schedule was on display in each unit and a range of activities took place during the inspection visit which included a music session and a newspaper reading group. All activities were well attended. However, some residents were unable to participate due to physical frailty or because they had dementia and their needs for recreation and diversion had not been reflected in the activity programme.

Residents generally described the food as "good" and many choose to have breakfast and lunch in their rooms. The dining room on the Kingfisher unit was attractive and bright as it had plenty of light from the large glass window. However, there was not enough space in the dining room for all residents to eat there if they wished, particularly as many had complicated equipment to move around.

### **Significant improvements required**

The care records reviewed indicated that a number of residents had problems associated with dementia and other mental healthcare needs such as depression and anxiety. However, there was no commentary in the daily notes or evaluations in care plans outlining how residents were responding to prescribed medications or other treatment interventions.

### **Minor issues to be addressed**

Meals were served plated and residents were not provided with an opportunity to serve themselves portions of vegetables, potatoes and any accompanying sauces as desired.

### **3. Healthcare needs**

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### **Evidence of good practice**

The documentation that described residents' needs and the care provided was well presented in individual files.

Staff were able to clearly describe the process for completing and reviewing care plans and said that they scheduled this into their working day. They were clear about their role in keeping families informed about changes in the health status of residents. Documentation reviewed by inspectors and interviews with relatives and residents evidenced this.

The care documentation was based on the Logan and Tierney model and identified the physical and social activities of daily living as the starting point for describing care needs. Risk assessments had been undertaken for falls, (the Stratify Falls Risk Assessment tool is in use), the use of bed rails, moving and handling, nutrition and pressure area care (the Waterlow Pressure Sore Risk Assessment). The moving and handling risk assessment was noted to be particularly useful as it outlined risks for weight, environment, mobility, psychological issues and special risk factors. The records reviewed also outlined resident's likes and dislikes and provided information on hobbies, interests, family life and social connections. Inspectors were told and observed that this information was used to inform the activity programme and as a basis for social interaction.

The person in charge and other senior staff demonstrated a commitment to promote evidence-based practice. Several research-based assessment and practice tools had been introduced to support staff when making informed judgements on the delivery of care. Staff told inspectors that they had worked hard to ensure that pressure area care was a priority and felt that they had built up a good reputation for practice in this area.

#### **Some improvements required**

There were daily progress notes that described residents' care and state of health. While these were of a fairly good standard, the content was generally related to physical care and did not reflect the psychological care provided despite the good quality assessments in place which described memory problems and mental health

needs. Where there was evidence of cognitive impairment, specialist assessment tools such as the Mini Mental State Examination had been used to determine the extent of the memory loss although there was little evidence found in the care records to confirm that this information had been used to inform care interventions.

### **Significant improvements required**

The arrangement of shared rooms on the Kingfisher unit did not provide adequate levels of privacy or infection control management. While one arrangement was made in response to the request of a resident it provided a poor outcome for the other resident who occupied the room.

#### **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

#### **Evidence of good practice**

There was a large open reception area inside the main door on the ground floor, which had seating and led out to an enclosed courtyard. A receptionist was present in this area throughout the inspection visit and was observed helping and advising residents and visitors in a very positive and enabling manner.

In each unit there was a large dining/sitting area which was bright and spacious. Bedrooms were brightly painted with coordinating bed linen and curtains. Many rooms had been personalised by residents with their own furniture, photographs and ornaments.

A CCTV system was in place which monitored the communal areas, exit doors and the main entrance.

An en suite room with tea and coffee making facilities was available for families and guests who wished to remain in the centre if a resident was ill.

The Nightingale unit had a music room which was pleasantly decorated and furnished with a combination of firm seating, soft armchairs and a piano. The units on the ground floor opened onto enclosed courtyard spaces that had outdoor seating and tables. These areas provided an attractive outlook from inside and safe spaces for residents to spend time out of doors.

There was a library area on the first floor of the Kingfisher unit which was furnished with leather couches and armchairs and contained a computer with Internet access.

The local fire service had visited the centre during the past 12 months to familiarise themselves with the layout of the building, the client group being cared for and to check fire hydrant points. Daily checks were conducted on the fire exit doors and fire extinguishers and the records reviewed confirmed that smoke detectors, heat detectors, manual call points and the lift were serviced annually. The fire escape plan and location of fire extinguishers were clearly displayed within each unit. Inspectors were told that the provider was a trained fire instructor and delivered all the fire training.

### **Some improvements required**

There was very restricted space in some areas for the storage of equipment. On the Kingfisher unit, Inspectors observed that the medication fridge was kept on the floor in the nurse's station which created difficulty when accessing the contents.

While there was ramped access to the courtyard areas from various parts of the building, this was restricted or limited for those residents with wheelchairs. The ramped area from the Nightingale unit was impeded by a door that opened out onto the courtyard and in the area leading from reception to the courtyard, the threshold was not level and the ramped area was surrounded by pebbles.

Seating capacity in the library area on the first floor of the Kingfisher unit was limited, especially for residents with wheelchairs and other specialist equipment.

### **Significant improvements required**

The current provision of bathrooms and toilets in both the Cormorant and Nightingale units did not meet the present standard. There were only four toilets and two bathrooms available for residents use on each unit. While there was a family room in the Nightingale unit and a smoking room with en suite facilities, these toilets could not be independently accessed by residents nor were they available to use at all times.

The sluice rooms throughout the building contained only a bed pan washer and did not have a sluice sink directly connected to the foul drainage system, hand-washing facilities or a suitable sized sink. There were no facilities to soak heavily soiled material in the sluice room. Heavily soiled material was placed in alginate bags and transferred directly to the laundry.

There was only one sink in the laundry to hand-wash delicate clothing items and therefore sluicing at that sink presented an infection control hazard. There was also no hand-wash basin to effectively manage infection control.

Residents' names had been marked on clothing with a marker pen and many names were seen to have become blurred due to regular washing and were not identifiable. Inspectors also observed that a shirt belonging to a resident on the Kingfisher unit was stored in the linen store of the Nightingale unit.

The inspectors found that all cleaning areas had not been routinely locked which permitted access to unauthorised persons or residents. The cleaning areas did not have wash-hand basins.

The inspectors were told that due to low occupancy levels, the High Dependency Unit had been closed and residents and staff relocated throughout the centre. A number of residents had been moved to vacant rooms on the first floor. Inspectors noted that a bedroom had been converted for use as a dayroom, however, the room

was cramped and a privacy curtain rail and wardrobe remained in situ. A television had been placed on a desk in front of the window and a resident was observed watching the television in full glare of the sun.

Inspectors were advised that a health and safety consultant had carried out a centre-specific hazard identification and risk assessment. However, this report was not available at the time of inspection.

Inspectors were told that the temperature of all hot water throughout the building was controlled by a central computer unit, however, staff were uncertain about the temperature of hot water in the distribution system and there was no policy in place on flushing the hot water system in vacant rooms to control the risk of legionella.

There was no confirmation available from a competent person such as an architect or engineer that all requirements of the fire authority have been complied with. The inspectors were told that soft furnishings and bed linen were supplied by a company based in China and there was no confirmation that the materials were appropriately fire retardant and had low levels of toxicity if on fire.

The smoking room in the Cormorant unit was furnished with two upright firm chairs which was not adequate for the comfort and wellbeing of residents. Furthermore, residents told inspectors that they could not reach the bell in the smoking room as it was too high and they had to wait for care staff to pass by to attract their attention. The floor in this area was also uneven and the presence of an access cover created a trip hazard.

A service agreement was in place for some equipment whereas other equipment was serviced by in-house staff. It was not clear if maintenance staff possessed the necessary qualifications to certify that the equipment was safe to use.

#### **Minor issues to be addressed**

In the dining rooms, breakfast cereals and other food items were left out in containers during the day which detracted from the ambience of this environment.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Residents and relatives said that they could talk to staff at any time and felt that they and their relatives could discuss issues openly. Resident groups had been established and were being facilitated by the activity staff on each floor. Residents told inspectors that they were able to raise issues which they would like changed such as activities, outings and food and felt they had been listened to.

A confidential comments box was located in the entrance hall where residents and visitors were able to make comments on the service. A similar arrangement was also in place for staff to convey their views as well as regular staff meetings.

Inspectors were told that there were regular team meetings on each unit to keep staff up to date. Staff confirmed to inspectors that they could raise issues and express their views on the operation of the centre. They also confirmed that they used the suggestion boxes and resident questionnaires as a basis for topic discussion and to make improvements to the service.

The assistant director of nursing said that every effort was made to resolve complaints within the centre. Two relatives told inspectors that they had raised concerns which had been appropriately resolved.

### **Some improvements required**

The complaints procedure was on display and a record of complaints had been maintained. However, the procedure did not include the name and contact details for the Chief Inspector of Social Services or the contact name and address for the Health Service Executive (HSE) Local Health Office.

A number of residents had communication difficulties due to dementia or acquired brain injury and inspectors noted that alternative methods of communication were not available when normal communication pathways were impaired.



## 6. Staff: the recruitment, supervision and competence of staff

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### Evidence of good practice

Staff have been issued with an employee handbook that outlined their job titles and roles, the probationary period and the system for ongoing performance monitoring.

The staff team were able to describe their roles and responsibilities within the centre in an informed way. They were clear about the lines of accountability and could identify who was responsible for their supervision and management.

There was an ongoing programme of staff training. The records reviewed confirmed that training had been provided on manual handling, fire safety, food safety, dementia care, nutrition and elder abuse.

The majority of care staff had had undertaken Further Education and Training Awards Council (FETAC) level-5 courses.

A system of Garda Síochána vetting was in place for all staff members.

Two staff were leaving to go on maternity leave and five others who had been working for the summer months were due to leave to return to college. Replacement staff had been recruited and the inspectors were told that the induction procedure allowed for new staff to shadow permanent staff for a period until they became familiar with residents' needs and were observed to be competent in their care practice.

An evidence-based dependency scale was used to determine staffing levels and inspectors were told by senior staff said that the current staff numbers on duty were appropriate to address the needs of residents. However, if the dependency of residents increased or absences occurred, back-up staff were available who were familiar with the operation and layout of the centre. The staff rota was available for inspection. It had been planned in advance and any changes due to sickness or other absences had been recorded.

### **Some improvements required**

The person in charge provided training to all staff on adult protection and a variety of literature and information documents in relation to abuse were readily available. However, inspectors noted that a centre-specific policy had not yet been developed on the prevention, detection and response to abuse.

### **Significant improvements required**

The sample of staff files examined did not contain all the documents required by legislation, for example, documentary evidence of qualifications and three references were not available in some files.

While a copy of the *National Quality Standards for Residential Care Settings for Older People in Ireland* was available in the centre, there were no copies of the Health Act 2007; the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009; and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

#### ***Report compiled by***

Geraldine Jolley  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

5 November 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Hamilton Park
<b>Centre ID:</b>	0139
<b>Date of inspection:</b>	20 August 2009 and 21 August 2009
<b>Date of response:</b>	24 November 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider is failing to comply with a regulatory requirement in the following respect:

Areas where cleaning materials had been stored in the Kingfisher, Nightingale and Cormorant units were unlocked.

#### Action required:

All areas where cleaning materials are stored should be made secure.

#### Reference:

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:  All areas with cleaning materials will be kept locked. Hygiene staff have been instructed to do so with immediate effect. Hygiene Manager is responsible for this area.	Immediate
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<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>  While the temperature of all hot water throughout the centre was controlled by a central computer unit, staff were unable to confirm that systems were in place to ensure that hot water was stored at a temperature to prevent risks from legionella or scalding to residents.	
<b>Action required:</b>  Ensure that appropriate safeguards are in place regarding legionella and risk of scalding.	
<b>Reference:</b> Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Safeguards are now in place, with full control of temperature of water in boiler house and the control of hot water in the taps. Unused taps/showers have programme in place to ensure control of legionella.	Immediate effect

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The arrangements for fire safety training were inadequate. Fire drills and evacuations had not been covered in the training.	
<b>Action required:</b>  Ensure that procedures to be followed in the event of a fire are included in fire safety training and that all staff, and insofar as it is reasonably practicable, residents, are involved in fire drills and practices at suitable intervals.	

<b>Reference:</b> Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Twelve fire wardens have been appointed in October 2009. Fire drills are an ongoing practice on each unit and will be repeated on each unit every six months.	Immediate

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The report of the centre-specific hazard identification and risk assessment was not available to staff.	
<b>Action required:</b>  The report of the centre-specific risk hazard identification and risk assessment should be obtained and staff should work in accordance with the precautions, controls and monitoring arrangements contained therein.	
<b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Health and safety consultant has completed his assessment of the facility and we are awaiting his report.	December 2009

<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The resident call bell in the smoking area in the Cormorant unit was not accessible to chair-bound residents, the furniture in the room was inadequate, and the floor surface uneven.</p>	
<p><b>Action required:</b></p> <p>Ensure that the physical design and layout of the centre meets the needs of each resident.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Standard 25: Physical Environment  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Time scale</b></p>
<p>Provider's response:</p> <p>Layout of the room was reviewed and more furniture added to create a more homely environment. Call bell was lowered to a level acceptable to residents. A small "hand-held" call bell was also provided to residents in the area.</p>	<p>October 2009</p>

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no documentary evidence to confirm that the soft furnishings and bed linen (which were supplied by a company based in China) were appropriately fire retardant and had the necessary low levels of toxicity if on fire.</p>	
<p><b>Action required:</b></p> <p>Provide confirmation that all soft furnishings and linen used within the centre comply with relevant legislation.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Standard 26: Health and Safety  Standard 25: Physical Environment</p>	

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Awaiting fire cert and it will be forwarded immediately.	

<b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The emergency plan did not contain the contact details of the person nominated for the organisation in the event of an emergency or untoward incident.	
<b>Action required:</b>	
Revise the emergency plan to include the relevant details of the person to contact in the event of an emergency or untoward event.	
<b>Reference:</b>	
Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Emergency Plan revised and copy enclosed.	Completed

<b>8. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b>	
There was no policy in place in relation to the prevention, detection and response to abuse or the management of residents' personal finances.	
<b>Action required:</b>	
Put in place written policies and procedures on all the items listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Reference:</b>	
Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	

Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>Elder Abuse Policy in place since September 2007 and reviewed in March 2009. Original copy with HSE inspectors prior to opening. Copy enclosed.</p> <p>Procedure on the management of residents' personal finances completed and attached.</p>	<p>Completed</p>

<p><b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was no procedure in place to regularly check the status of residents' mobility and identify when the use of an emergency evacuation sheet was indicated.</p>	
<p><b>Action required:</b></p> <p>Introduce a procedure to ensure that emergency evacuation sheets are made available to residents as required.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 32: Fire Precautions and Records  Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Manual Handling Chart is updated three-monthly or sooner, depending on residents' condition. These charts are located in the residents' care plan.</p> <p>An amendment has been added to the chart regarding evacuation sheets required for the individual.</p> <p>Sample copy attached.</p>	<p>Immediately</p>



**10. The provider is failing to comply with a regulatory requirement in the following respect:**

The sluice rooms contained only a bed pan washer and did not contain hand-washing facilities or a sluice sink to soak heavily soiled materials.

**Action required:**

Provide appropriate facilities in the sluice areas.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Time Scale</b>
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Provider's response:  All sluice rooms to contain hand-washing facilities and a sluice sink.	31 January 2010.
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**11. The provider is failing to comply with a regulatory requirement in the following respect:**

Wash-hand basins had not been provided in the cleaning areas, the sluice rooms and the laundry.

**Action required:**

Ensure that the layout of the centre meets the needs of the residents and persons who work there and maximises infection control.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Regulation 31: Risk Management Procedures  
Standard 25: Physical Environment  
Standard 26: Health and Safety

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Time Scale</b>
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Provider's response:  All cleaning areas to have wash-hand basin. Sluice rooms covered in No. 11. Laundry to have new wash-hand basin.	28 February 2010
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**12. The provider is failing to comply with a regulatory requirement in the following respect:**

Staff files maintained within the centre did not contain documentary evidence of qualifications or three references.

**Action required:**

The registered provider shall ensure that all staff files contain the documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

Staff files are being completed and old staff files are being audited and amended.

28 February 2010

**13. The provider is failing to comply with a regulatory requirement in the following respect:**

The range of activities provided within the centre did not address the needs of residents who were immobile, had complex needs or dementia.

**Action required:**

Residents should be given opportunities to participate in meaningful and purposeful activities that suit his/her individual needs, preferences and capabilities.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Protection  
Standard 17: Autonomy and Independence

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

<p>Provider's response:</p> <p>An amended structured programme is being developed for the residents in Starling Unit (HDU) and will be implemented by 1 December 2009.</p>	<p>December 2009</p>
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<p><b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The care records for residents with cognitive impairment did not reflect the outcome of assessments or detail their responses to medication or other treatment interventions.</p>	
<p><b>Action required:</b></p> <p>Ensure that care records contain the necessary information to enable staff to provide appropriate informed care to residents.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 10: Residents' Rights, Dignity and Consultation  Standard 10: Assessment  Standard 11: The Resident's Care Plan</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Teaching session to be carried out within the next two months for CNM's and staff nurses.</p> <p>The aim of the teaching session will focus on psychological and emotional needs of the resident and how to document this more effectively.</p> <p>Commencing within two months, with ongoing training and supervision.</p>	<p>January 2010 and ongoing</p>

<p><b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was not suitable space for the storage of equipment.</p>
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<b>Action required:</b>	
The provider shall ensure that suitable provision is made for storage within the centre which should include the appropriate placement of medication fridges.	
<b>Reference:</b> Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  New areas have been identified for storage on all units.  We will review site areas for fridges.	20 December 2009

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Communal space in the Kingfisher unit and in particular within the converted dayroom and dining room was inadequate to meet the needs of the residents.	
<b>Action required:</b>	
Provide appropriate communal space for all residents within the centre.	
<b>Reference:</b> Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  With the re-opening of Starling Unit (HDU), we are now compliant with the Act.  Recreational room in Kingfisher is also used as a communal area.	Immediate

<p><b>17. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The arrangement of shared rooms in the Kingfisher unit did not provide adequate levels of privacy or infection control management.</p>	
<p><b>Action required:</b></p> <p>Ensure that the physical design and layout of the centre meets the needs of each resident.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Standard 25: Physical Environment  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Currently looking at layout of shared rooms in Kingfisher. In relation to infection control and as discussed during the inspection, I have attached two reference documents regarding infection control. Particular resident had MRSA in PEG site, which was covered and not an open wound.</p>	

<p><b>18. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The ramped access areas from the building to the courtyard were not fully accessible by residents.</p>	
<p><b>Action required:</b></p> <p>Ensure that the ramped access areas from the building to the courtyard are fully accessible to assist residents to maximise their independence.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Standard 17: Autonomy and Independence  Standard 25: Physical Environment</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response:  All access areas at courtyards will be changed to improve accessibility.	28 February 2010

<p><b>19. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provision of bathrooms and toilets in both the Cormorant and Nightingale units did not meet the current standards.</p>
<p><b>Action required:</b></p> <p>The number of bathrooms and toilets should be revised to ensure compliance with current legislation and standards.</p>
<p><b>Reference:</b></p> <p>Health Act 2007        Regulation 19: Premises        Standard 25: Physical Environment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response:  We are currently making changes on both units to be compliant with the Act.  Cormorant :  5 toilets are now available on the unit.  1 new shower has been identified  Nightingale :  6 toilets will be available on the unit. 2 new showers will be in place.	To be completed by 28 February 2010

<p><b>20. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Residents' names on personal clothing had been marked on clothing with a marker pen and many had become blurred due to regular washing and were not identifiable.</p>	
<p><b>Action required:</b></p> <p>Introduce a permanent system for the identification of residents clothing.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 7(1): Residents' Personal Property and Possessions  Standard 4: Privacy and Dignity</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale</b></p>
<p>Provider's response:</p> <p>Ongoing introduction of personalised labels, as well as greater emphasis on tighter controls with clothing.</p>	<p>28 February 2010</p>

<p><b>21. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Copies of the Health Act 2007 and all regulations and rules made thereunder were not available within the centre.</p>	
<p><b>Action required:</b></p> <p>Ensure that all staff are fully aware of the new legislation and that copies are available within the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 17: Training and Staff Development  Standard 24: Training and Supervision</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Copies of Health Act are now available on each unit. Staff have been informed that they must be fully aware of the Act. Two teaching sessions have already been completed.</p>	<p>20 December 2009</p>

<p><b>22. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provider did not have a statement of purpose containing all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Compile a statement of purpose which includes the statement of the aims, objectives and ethos of the centre, the facilities and services provided and all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Statement of Purpose completed and copy attached</p>	<p>Completed</p>

<p><b>23. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provider did not have a residents' guide containing all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Produce a residents' guide that includes all matters listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and ensure that a copy is made available to all residents and the Chief Inspector.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>



Provider's response:  Residents' Guide completed and copy attached.	Complete
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<p><b>24. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The provider had not updated or amended the complaints policy and procedure to include the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Review the complaints procedure to ensure that the centre has written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in or on behalf of a centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Complaints Policy displayed in all units and reception during inspection. Policy clearly identifies contact details for Inspector and local health authority.</p> <p>Copy attached.</p>	<p>Complete</p>

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 17: Autonomy and Independence	Revise the provision of meals to maximise the independence of residents. In accordance with their assessed needs and wishes, residents should be enabled to serve themselves portions of potato, vegetables, sauces and gravy at the table.
Standard 18: Routines and Expectations	Introduce alternative methods of communication for residents with dementia or acquired brain injury.
Standard 25: Physical Environment	Appropriately store containers of breakfast cereals and other foodstuffs when not in use to make the dining room more home-like.

Provider's response:

Standard 17: After careful consideration and liaising with all grades of staff, we feel that it is not appropriate to allow residents to serve themselves meals. We are concerned about health and safety, hygiene and cross contamination. All residents are offered more vegetables etc.. We spend considerable time identifying their personal choices. Sauces and gravy are available at each table.

Standard 18: We have commenced greater focus on alternative methods of communication for residents. Six staff nurses, one activity therapist and one senior carer are currently attending the Dementia Unit in St. James's Hospital, focusing on alternative methods of communication.

Standard 25: (a) Currently, all staff are compiling suggestions on how to make each unit more homely.

(b) Currently sourcing more "domestic" furniture to make units more home-like.

**Any comments the provider may wish to make:**

Provider's response:

We appreciate the new approach to nursing home inspections. The new format with a longer period over two days provides opportunity to view the good work that is provided in nursing homes. It is also very rewarding to see positive comments on the report.

However, I trust that you will take on board the comments we have identified.

**Provider's name: P. J. Murphy**

**Date: 24 November 2009**