

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Centre name:	Sally Park Nursing Home
Centre ID:	0092
Centre address:	Sally Park Close
	Firhouse
	Dublin 24
Telephone number:	01-4526482
Fax number:	01-4526396
Email address:	sallyparknh@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Oaklands Nursing Homes Ltd
Person in charge:	Rosario Baldicontos
Date of inspection:	29 May 2012
Time inspection took place:	Start: 08:15 hrs Completion: 18:00 hrs
Lead inspector:	Deirdre Byrne
Support inspector:	Finbarr Colfer
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Sally Park Nursing Home is an original Georgian building set in large mature gardens and has views looking out over the Dublin Mountains. The building has two purpose-built extensions, the most recent one being a new kitchen and dining room to the rear of the house built in 2005. There are three floors with a lift available to access all levels. Care is provided to 46 residents over 65 years of age, some of whom have dementia related conditions.

On the ground floor there is a reception area, three communal lounges, a dining room, kitchen, staff room and administration office. There are two shower rooms, both of which have wash-hand basins and toilets. There are also two additional toilets, one of which is located near the dining room and a staff toilet on the ground floor. There are 10 single bedrooms with en suite toilets and wash-hand basins on the ground floor.

On the first floor there are 11 single bedrooms with en suite toilets and wash-hand basins, three single bedrooms with wash-hand basins only, one twin bedroom with a wash-hand basin, one twin bedroom with en suite toilet and wash-hand basin and two shared bedrooms for up to four residents. There are two additional toilets and one bathroom on the first floor.

The second floor has one single bedroom and three twin bedrooms. There is one shared bedroom for up to four residents with en suite toilet and wash-hand basin. There is a shower room with a toilet and wash-hand basin on this floor also.

The sluice room is on the first floor. The laundry facility is housed outside in a separate building. Outdoors, there is a large garden, an enclosed courtyard area and a patio space accessible from the dining room. There is ample parking to the front of the centre.

Location

Sally Park is situated at the end of a cul-de-sac on Sally Park Close just off the Ballycullen Road in the south Dublin area of Firhouse/Templogue. It is approximately seven miles from Dublin's city centre and is well serviced by buses. The centre has neighbouring houses and is walking distance to some local shopping facilities.

Date centre was first established:	1998
Number of residents on the date of inspection:	46 (1 in hospital)
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	28	9	9

Management structure

The Registered Provider is Oaklands Nursing Homes Ltd and the designated contact person is the centre's Manager, Simon Brady. He took over the full-time management of the nursing home in 2002 from his parents. His parents, John Brady and Vera Brady remain involved as part-time managers in the day-to-day running of the centre. The Person in Charge is Rosario Baldicantos who is a qualified registered nurse. She has worked at the centre since 2001 and was appointed Director of Nursing in 2005. Nurses report to the Person in Charge and care assistants report to the nurse on duty or directly to the Person in Charge. John Brady has primary responsibility for building maintenance. Cleaning and catering staff report to Vera Brady.

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	2 in AM 2 in PM	6 in AM 3 in PM	2 in AM 1 in PM	2	0	2*

* Simon Brady and John Brady

Summary of findings from this inspection

This report set out the findings of an unannounced inspection. This inspection took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This was the third inspection to be carried out by the Health Information and Quality Authority (the Authority). Sally Park Nursing Home was first inspected by the Authorities Social Services Inspectorate in January 2010 and a registration inspection took place in April 2011. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the centre is registered. The findings of previous inspections revealed that the centre was a well run establishment with a strong governance structure in place and residents' health care needs were well cared for. These inspection reports can be found at www.hiqa.ie

During this inspection, inspectors found that the provider and person in charge were knowledgeable of the Health Act 2007, the Regulations, the *National Quality Standards for Residential Care Settings for Older People in Ireland* and provided good quality care. There were attempts in place to address the actions outlined in the previous inspection with the person in charge having completed a Further Education and Training Awards Council (FETAC) Level 6 course in Nursing Home Management, some nursing staff had attended training in dementia care. Choices in relation to food had improved and residents were being consulted in the running of the centre through a resident's forum.

Overall inspectors found residents were well cared for. However, on the day of inspection the provider was required to take immediate action to address issues in relation to infection control. Practice did not reflect policy and infection control procedures were not being adhered to. Parts of the premises were not maintained in a clean hygienic condition. The provider responded to the action plan in a timely manner and inspectors were satisfied with the action he had taken.

Inspectors found there was a warm, friendly and patient approach in the care of residents, with staff being attentive and supportive to residents needs and familiar with the care they required. Activities carried out involved the staff and were opportunities for staff and residents to interact at a sociable level. Visitors were seen to come and go at their leisure, with residents receiving guests in the many sitting rooms and areas around the centre. Residents were also seen to mingle in amongst staff at the nurse's station if they liked.

There were other areas for improvements identified in relation medication management, the provision of storage for residents belongings, residents' privacy, the Resident's Guide, complaints procedures, fire safety, notifications, staff recruitment and training. These matters are discussed in the body of the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors spoke to a number of residents and relatives on the day of the inspection. They said the care provided was very good and that it was a lovely place to be. Residents said that staff were friendly and helpful and that the owner was always asking were they alright.

Other areas covered in the inspection

Residents' Guide

Inspectors viewed the Residents' Guide, which included a copy of a contract of care. However, the guide included the details of the link to the Authority's website to access the report, this does not meet regulatory requirements as it did not contain a copy of the recent inspection report.

Privacy and Dignity

Inspectors observed good practices by staff that were respectful to residents and ensured resident's privacy and dignity. However, there were areas for improvement. There was no lock provided in the toilet upstairs and not all beds in communal rooms had screen rails and or sufficient screening around them.

Toiletries for residents were being stored together in one bathroom but were not labelled with the resident's name. A care assistant could not tell inspectors who owns the items and that the shampoo was used by everyone.

Nursing notes for residents were not in a secure place, they were being kept at the nurses' station in the reception area at the entrance where all residents, visitors and staff have full access. At times during the day when no staff were present at reception the notes were not secured and thus freely accessible.

The personal belongings of one resident who had passed away were left in a hallway and not stored in a safe secure space until arrangements were made for their return to the family.

Governance

Article 5: Statement of Purpose

The statement of purpose was in place and included the aims and ethos of the care, number of residents and the services and facilities provided to residents at the centre. An amended statement of purpose had been sent to the Authority since the previous inspection and included information such as room sizes.

The certificate of registration was displayed prominently outside the administration office.

Article 15: Person in Charge

The person in charge was qualified, competent and experienced to manage the centre. She had been working in the centre since 2001, and could ably demonstrate a suitable level of knowledge of the Regulations and Standards, of the residents needs and desires and organising the clinical staff for the centre.

She had engaged in learning and professional development to further her skills both at a clinical and management level and had recently completed FETAC Level 6 training in Nursing Home Management and dementia care. She had commenced audits to review information being gathered in the centre, for example, a falls audit was carried out. She was also in the process of reviewing policies and inspectors saw a folder with the updated policies, and a separate folder with the remaining policies due for review. Formal arrangements were in place with a staff nurse to cover the person in charge when on leave.

Article 16: Staffing

Overall inspectors found staffing levels were adequate to meet the needs of residents. However, some improvements were required in relation staff records.

Inspectors found there was sufficient staff to meet the needs of the residents at the time of inspection. Staff rotas were seen for the previous two weeks and following two weeks of the inspection date and found to be consistent for each day of the week. Staff went about their duties in a patient and courteous way, for example, explaining to a resident where they were going before they were moved from their chair and into a wheelchair. Residents were spoken to in a friendly and pleasant way and staff was seen to sit and interact regularly with residents during the day.

A number of staff files were reviewed and found they did not contain all documents required by regulations such as three references, photographic identification, evidence of fitness and a work history. Training records seen indicated staff had received training in areas such as elder abuse, behaviours that challenge and dementia.

Article 23: Directory of Residents

Inspectors found there was an up-to-date directory of residents in place. It was contained in electronic format and a manual format was also available, both were seen by the Inspector. The electronic version contained all required information with up-to-date records in respect of each resident including the name of the person/organisation transferring the resident to the centre and the details of transfer to hospital.

Article 31: Risk Management Procedures

Overall, inspectors found there were improvements required in the management of risk and in particular risks related to cleaning and infection control. While there were policies and procedures for identifying and managing risks and ensuring the safety of residents' in the centre, the policy required updating. The risk management policy seen by inspectors was dated April 2010 and signed off by the person in charge. The policy made reference to precautions in place to control risks such as resident absent without leave, assault, and aggression/violence. However, it did not state what to do in the event of one of these risks occurring. Inspectors did not see evidence of this information contained elsewhere.

The safety statement was viewed by inspectors and date July 2007. However, it was unclear if the section on hazard identification had been reviewed since that date as it was undated. Inspectors saw records of maintenance checks carried out on the lifts, which are done a quarterly basis, and of the hoists and wheelchairs which are carried out annually. Training in moving and handling was not being carried out consistently every three years for all staff. Areas for improvement in relation to risk included the safe storage of chemicals such as cleaning sprays and detergents some which were stored on shelves in bathrooms. Also the storage of equipment such as hoists and commodes in bathrooms posed a trip hazard to residents. The door to an electrical board was not secured and accessible.

Inspector's saw policies and procedures in relation to the management of infection control and reviewed policies such as waste management, environmental cleaning, and infection control. There was also a copy of the Health Service Executive (HSE) guidelines on influenza control present although no centre-specific guidelines in place. It was found that while these policies gave clear guidelines and instructions these policies were not implemented by staff. Inspectors observed work practices that created a significant risk to the health of residents by cross infection. On the day of the inspection one resident was present with a Clostridium Difficile bacterial infection and some staff were not aware of the infection and were not undertaking adequate infection control procedures to prevent the spread of the infection.

Inspectors saw that laundry arrangements did not sufficiently manage the risk of cross infection. For example, the same laundry baskets were used for clean and soiled laundry, the baskets for transferring laundry were open weave, they were overflowing during the transfer of laundry, the staff member did not take adequate infection control measures and returned to work with food in the kitchen following

the laundry round without changing uniform. The member of the staff working in laundry informed inspectors they had not received infection control training.

In addition there were no guidelines for appropriate use of detergent and disinfectant, the floor of the laundry room was rough concrete and could not be cleaned adequately to manage the risk of infection, there were inadequate arrangements for the management of laundry that was soiled by faeces or bodily fluids.

Clinical waste was not being disposed of appropriately or in accordance with the centre's policy. Clinical waste was being included for disposal with household waste.

There was evidence of an unsatisfactory standard of cleaning in the centre, floors of toilets were in a sticky condition and toilet paper disposed on them, carpeted floors in others area were unclean, surfaces of hand rails, skirting boards and baths were dusty.

Cleaning procedures seen did not manage the risk of cross contamination, with clothes used in cleaning toilets being stored in the same bucket alongside clothes used for cleaning surfaces and tables.

As a result of these matters, an immediate action plan was issued to the provider which required urgent action to be taken. A comprehensive response was returned by the provider outlining the immediate action he had taken to mitigate the risks. However, continued action is required by the provider to implement the actions he identified in the response and to ensure continue improvements.

Article 39: Complaints Procedures

Overall inspectors found complaints were managed well with some improvements required with the centres policy.

There was a complaints policy in place, it had been reviewed in February 2012 and it included an independent appeals process with a nominated appeals person indicated. There was a designated complaints officer to deal with complaints' and a review of complaints held at a three monthly meeting. However, it was found that there was no nominated person independent of the complaints officer to monitor and review records of complaints.

While the complaints procedure was displayed on a wall by the stairs in the hallway it was not updated following the review of the policy.

Inspectors found that that a complaints log was in place giving a detailed description of the complaint, the investigation, outcome and the satisfaction of the complainant.

Residents and relatives told inspector they could complain if they wanted to and felt they could bring matters to the attention of the "man in charge or the nursing staff".

Article 36: Notification of Incidents

Practice in relation to notifications of incidents was generally satisfactory but improvement was required. For example, in relation to the notification of injury, a Grade 2 pressure sore recorded in one residents care plan had not been notified to the Chief Inspector.

Resident Care

Article 9: Health Care

Inspectors found that residents had diverse needs in the centre with many being highly dependent, requiring assistance, and some resident's independent and mobile. There was a good standard of nursing care observed, with residents having regular access to their own general practitioner (GP) if they wished and there were services of allied health professionals available such as physiotherapists, dieticians, and tissue viability nurses.

Inspectors reviewed a sample of residents' records and found there was a comprehensive assessment which included clinical assessments completed. The care plans in place which were found to be personal, with nursing staff assigned to a particular resident thus ensuring the care plan and the residents' care being managed closely. There were daily nursing notes that described the care to residents in line with the care plan. Care plans were reviewed regularly and updated on a three monthly basis. This was done in conjunction with residents and where not possible with their relative or a representative.

Overall, inspectors found good practices in relation to the management of falls. A falls audit that had been done by the person in charge for the period October 2011 to March 2012, identified residents with the most number falls down to the least. There had been meetings held by the person in charge with nursing key workers and care assistants for each resident to gather information and discuss strategies to prevent further falls and learning from the audit. The incident/accident recorded falls that occur and the date and time of each. Each month the person in charge reviewed the log and gathered the reports for each resident's fall. Each resident had a falls risk assessment carried out and was re assessed after a fall or when re admitted to the centre from hospital. Care plans were in place for residents where needed which described interventions and supervision required. A fall diary kept was maintained to monitor falls and track improvements however neurological observations were not recorded.

A restraint management policy was in place. Inspectors reviewed the policy and found it to be comprehensive however staff did not implement the policy consistently. The files of four residents were reviewed by inspectors and the care plans were generally well reported. However, the alternatives to restraint had not been considered and there were no records seen of incidents or a risk assessment

carried out for one resident whose daily nursing notes indicated a number of incidents at night involving bedrails.

There were good practices seen in the prevention and management of wounds. A policy on the management of wounds was in place and was due review since February 2012. A number of resident files were reviewed by inspectors - assessments were being carried out with care plans in place to guide care. Wound management charts were completed in the case of one resident who had a pressure sore, after each dressing change a documented record was the treatment carried out, the progress of the wound along with details of the wounds size, colour and healing.

The inspector found there was a very personal approach to the management of behaviours that challenge. However, there were areas of improvement needed in relation to following centre policy and charting the triggers and dates of incidents. There was a centre-specific policy on the management of behaviours that challenge - it was due for review since January 2012. The policy did not reflect practice on the ground, for example, the assessment tools referred to in the policy were not being used by staff in their assessments of residents. Staff spoken with could confidently speak of how they cared for residents who displayed behaviours that challenge. Care plans reflected the information provided by staff. However, records were not kept of incidents or what triggered the behaviour in order to aid learning and understanding of the residents' behaviour.

According to the person in charge a large number of residents in the centre had dementia or cognitive impairments. Staff were very familiar with residents' needs and the person in charge and one other nurse had received training in dementia care. On return to the centre they shared their learning. Other staff spoken to had attended an evening seminar on dementia care.

There was a comprehensive policy in place for end-of-life care. The services of the palliative care team from a nearby hospice were used if it was required. At the time of inspection there was no resident at end of life who required palliative care. However, one resident who had recently been re admitted from a stay in hospital and had been at this stage in life but showed signs of improvement had no care plan in place for the time she may need this care.

While there were gaps in the care plans and documentation of residents care inspectors found staff were able to detail resident's individual needs and describe the care being provided.

Inspectors found there was a good level of social activity. A weekly programme of activities was in place with regular activities such as bingo, music and exercise. On the day of the inspection mass took place in the morning with a lively music session that afternoon. A volunteer visits as part of dog therapy on a weekly basis. Activities continue up into the evening, with a care worker specifically assigned to a twilight shift from 4.00 pm to 10.00 pm whose role it is to interact specifically with residents. Staff were responsible for the activities, being involved in both facilitating them and provision of assistance where needed. They were also seen to interact well and were observed during the inspection to stop and talking or sitting for a while. Voting rights

were respected and the provider informed inspectors that he would be bringing a number of residents to vote in the referendum the following Thursday. Residents were seen to be receiving visitors and guests throughout the day with many rooms and areas in addition to the communal sitting rooms to choose to sit in. Relatives and visitors informed inspectors they could come and go as they chose with no restrictions on visiting times.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

Inspectors found overall there was good management of medication but some improvements were required in relation to provision of policies and procedures, and reviewing resident's medication.

A comprehensive medication management policy was in place to guide staff. However, some procedures were not in place when inspectors reviewed them along with a nurse, these included procedures for the prescribing of medication, disposal of medication and medication recording.

Inspectors found that while medications had been reviewed regularly on a three-monthly basis for most residents there was evidence that some residents had not been reviewed.

The inspector discussed the procedures carried out with a nurse when on a drug round and generally staff were found to describe the best practice in the administration of medication.

Medications that required special control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Article 6: General Welfare and Protection

Inspectors found that measures were in place to protect residents from being harmed or abused. However, some staff were not familiar with the policy.

Inspectors reviewed the centres policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse. It had last been reviewed in January 2010. It also made reference to reporting of allegations of abuse to the Garda Síochána and the Chief Inspector if necessary.

Inspectors found that staff spoken to on the day of inspection was aware of the types of elder abuse. However, some were not very clear about how or to whom they would report an allegation of abuse should it be made to them.

Residents spoken to confirmed that they felt safe in the centre.

Article 20: Food and Nutrition

Overall inspectors were satisfied that residents received a nutritious and varied diet that offered choice. The large kitchen was well stocked with ample supply of dry and fresh foods and provision of frozen foods. A large daily menu was displayed on a board at the dining room entrance giving the choice of meals for the day. The dining room itself was a large, bright, spacious room and residents were seen to be sitting at round tables that were nicely set.

Inspectors spent a while in the dining room during lunch and found that it was a sociable, relaxed atmosphere. Meals were well presented, and modified consistency diets were seen to be nicely presented in individual portions. Where needed, residents were provided with assistance both discreetly and respectfully by staff sitting alongside and chatting with them. Staff checked with residents to see if they were satisfied, enjoying their meal and having general chat with them. The provider was also seen to be checking in with residents to see they were enjoying their meal. Some residents stopped to chat with other residents at tables as they passed by. Residents said they enjoyed their food.

Environment

Article 19: Premises

The centre was a homely, bright, warm and pleasantly decorated building with lots of nice furnishings. Ornaments and flowers were throughout. There was plenty of sitting rooms for and space for residents to move about during the day. However, improvements were required in relation to residents' bedrooms and maintenance of equipment. Some bedrooms provided accommodation for more than two residents and these rooms will not meet the requirements in the Standards after 2015. One bath seen had a hole in the enamel. A toilet on the top floor was mechanically ventilated. However, the fan was not working to provide fresh air intake and extract into the room. Improvements in relation to the general cleanliness of the centre were detailed under the risk management procedures.

Article 32: Fire Precautions and Records

Inspectors found that there were areas for improvement required in relation to provision of adequate means of escape, maintaining up-to-date records of fire drills, service records for type and number of equipment serviced and provision of annual training of staff in fire prevention. Inspectors reviewed service records; there was a signed report by a fire consultant of an annual service of fire fighting equipment carried out on 4 January 2012. But it did not contain a list of the equipment that had been serviced.

Fire drills carried out were not documented, include the date, time, length of time, staff involved, outcomes and learning of each one. Inspectors read records which showed that daily inspections of fire exits were carried out. However, inspectors saw a trolley blocking one fire exit on the first floor that had not been reported.

There were training records which confirmed that staff had attended training on fire prevention and response. However, the records indicated that most staff had not been trained in over one year. Inspectors found that all staff spoken with were clear about the procedures to follow in the event of a fire.

Fire evacuation procedures for the centre were prominently displayed throughout the centre.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and a senior nurse to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Deirdre Byrne

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

18 June 2012

Provider's response to inspection report*

Centre:	Sally Park Nursing Home
Centre ID:	0092
Date of inspection:	29 May 2012
Date of response:	1 July 2012

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The policy on infection control required updating. Inspectors found the policy had not been implemented and observed work practices that created a significant risk to the health of residents by cross infection. For example, poor laundry procedures and cleaning staff were not sufficiently aware of residents with infectious conditions.

Cleaning agents and chemicals were stored openly on shelves, in bathrooms and in an unlocked cupboard in a sluice room.

Hoists and commodes were stored in bathroom and posed a trip hazard.

The door to the electrical board was unlocked.

Staff had not received mandatory training in the movement and handling of residents within every three years.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

An Immediate Action Plan was issued for some of these failings and while immediate action was taken by the provider, continued action is required.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Action required:

Ensure the risk management policy is implemented throughout the designated centre.

Action required:

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Action required:

Provide training for staff in the moving and handling of residents.

Reference:

- Health Act, 2007
- Regulation 30: Health and Safety
- 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:

Risk Management of the centre has been comprehensively reviewed since our inspection. Risk Assessments have been carried out in all areas of the nursing home.

Complete

All risks identified have been assessed and precautions put in place to control these risks.

Complete

Areas including but not limited to electricity, fire safety, maintenance, manual handling, slips, trips and falls, chemicals, office equipment, all kitchen equipment, cleaning rooms, laundry, passenger lift, medication, night shift work, healthcare risk/clinical waste, healthcare associated infection, medical gas cylinders, manual handling of people, heating system, aggressive behaviour have been identified, risks analysed and controls put in place to manage risks.

Complete

Risk Management will be reviewed with new risks identified.	Ongoing
Risk Management is now implemented throughout the centre covering all aspects of risk.	Complete
Each incident will be reviewed to ensure we learn from same to prevent reoccurrence.	Ongoing
Operational procedures in relation to food safety are in place incorporating the new safe catering guide issued by the food safety authority of Ireland. This has replaced our previous HACCP system.	Complete
Policies are in place in relation to the health and safety of residents, staff and visitors. We have updated our policy on influenza outbreaks with regard to the new influenza guidelines issued by the HSE.	Complete
The majority of staff have completed manual and resident handling training organised by the centre in April 2012 and certificates to verify this are now contained in the individual files of staff.	Complete
Remaining staff and staff returning to work after maternity leave will complete training on 26 July 2012.	26/07/2012

2. The provider has failed to comply with a regulatory requirement in the following respect:

There were unsatisfactory levels of cleanliness in the centre, particularly in the morning time.

Clinical waste was not being disposed of appropriately or in accordance with the centre's policy - clinical waste was being included for disposal with household waste.

A bath on the first floor was in a defective condition with a hole to the rear of the bath.

There was inadequate ventilation for one toilet on the top floor as the mechanical ventilation not working.

There were bedrooms with accommodation for more than two residents.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

Action required:	
Put in place adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets, incontinence wear and other similar substances and materials.	
Action required:	
Ensure the premises are of sound construction and kept in a good state of repair externally and internally.	
Action required:	
Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.	
Action required:	
Provide adequate private accommodation for residents.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Sally Park Nursing Home is regularly complemented on high levels of hygiene by both residents and families alike, however we recognise that certain areas of the house required deep cleaning and this is now complete. Deep cleaning will be an integral part of new hygiene routines in Sally Park.	Complete
We have partnered with a recommended professional cleaning company to ensure high levels of hygiene in Sally Park at all times.	Complete
Deep Cleaning will be included in the normal cycle of cleaning to ensure all areas are covered.	Complete and ongoing
Audits of the cleaning process will be completed to ensure overall compliance.	Ongoing
Decoration is underway in areas identified	20/07/2012

Arrangements are in place for disposal of all clinical waste through a clinical services company. All clinical waste will be segregated from normal household waste in line with infection control policy.	Complete
The extractor fan in the bathroom in question has been fixed.	Complete
Adjustments to the divider curtain rails are complete to ensure privacy for residents in shared rooms. A lock has been fitted in the bathroom in question.	Complete

3. The person in charge has failed to comply with a regulatory requirement in the following respect:

Laundry and cleaning staff were not sufficiently knowledgeable about appropriate infection control processes and some practices such as the storing of cleaning clothes for different parts of the centre together in the cleaning bucket created a significant risk of cross infection.

Immediate action plan was issued for these failing and while immediate action was taken by the provider continued action is required.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have partnered with a recommended professional cleaning company to ensure the highest levels of hygiene in Sally Park NH.	Complete
In order to ensure we maintain standards we have agreed the highest specifications of hygiene to be implemented in Sally Park NH. We have upgraded cleaning policy and procedures.	Complete
This will include colour coded cleaning equipment for different parts of the centre to ensure no cross contamination.	Complete

All cleaning staff are fully trained and supervised in all areas covered to include areas requiring specific attention and precautions.	Complete and ongoing
A supervisor of the cleaning process has also been appointed to provide guidance on all areas of hygiene and to ensure the cleaning process is completed to the highest specifications.	Complete
Laundry arrangements will now manage the risk of cross infection. Colour coded bags will be used to separate clean, soiled and infected laundry	Complete
Appropriate infection control measures are now in place for staff members working with laundry. There is no cross contamination with laundry and kitchen staff.	Complete

4. The person in charge has failed to comply with a regulatory requirement in the following respect:

Some staff spoken to where unclear on how they would respond to an allegation or suspicion of abuse or who they would report it to.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

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

Timescale:

Provider's response:

All staff have undergone training in the prevention of elder abuse. All staff have now completed refresher training to update in all aspects of the prevention of elder abuse.

Complete

5. The provider has failed to comply with a regulatory requirement in the following respect:

Daily fire exit checks seen indicated all fire exits were unobstructed. However, inspectors saw one fire exit on the top floor obstructed by a trolley.

There was no record maintained of fire drills carried out in the centre, including details kept of the procedures, outcomes and learning from each drill.

There were no records maintained of fire alarm tests carried out with the results of each test, outcomes and action taken.

Fire extinguisher service records were checked and found that they did not contain a list of all the equipment that had been serviced in the centre.

Staff had not received fire safety and evacuation training on an annual consistent basis.

Action required:

Provide adequate means of escape in the event of fire.

Action required:

Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Action required:

Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

Action required:

Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.

Action required:

Provide suitable training for staff in fire prevention.

Reference:

Health Act, 2007
Regulation: Fire Precautions and Records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A risk analysis has taken place for the fire door in question and precautions have been identified to ensure all fire doors are always free of obstruction.</p> <p>Fire safety prevention training was completed for all staff on June 11 and 12 2012.</p> <p>A fire strategy is now complete detailing all aspects of fire safety in Sally Park. This was completed with professional guidance from our fire Safety consultant who has been responsible for fire safety in Sally Park for 24 years.</p> <p>We also record details of training, what we have learned, procedures in place and the outcome of each drill.</p> <p>Fire alarm tests will now always be recorded in the fire safety log just as the daily tests and checks of all fire exits are recorded.</p> <p>All fire fighting equipment are clearly marked with details of how to use and records of the last inspection, However, we will now record details of all fire fighting equipment to include location, type and maintenance within the fire safety and maintenance log.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete and ongoing</p>

6. The provider has failed to comply with a regulatory requirement in the following respect:

The medication policy was viewed by inspectors and found not to contain procedures in relation to prescribing of medication, disposal of medication and medication recording.

Reviews of medications were not being carried out for all residents on a three-monthly basis.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard 14: Medication Management
 Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have updated our policies and practices relating to ordering, prescribing, storing and administration of medication in conjunction with our pharmacy. All nursing staff are fully updated with the reviewed policies and procedures.</p> <p>Medication management refresher training for all nursing staff has been organised.</p> <p>We have updated our policies and practices in relation to the handling, disposal of unused and out of date medicines. All nursing staff are fully updated with the reviewed policies and procedures.</p>	<p>06/07/2012</p> <p>06/07/2012</p> <p>06/07/2012</p>

7. The person in charge has failed to comply with a regulatory requirement in the following respect:

Practices relating to the management of restraints and behaviours that challenged were not in line with the centres related policies.

Neurological observations being not carried out on resident following falls.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:	
Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 13: Healthcare Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Comprehensive assessments and care plans are in place for all residents that require bedrails within Sally Park NH.	Complete
A new care plan is now in place for one resident in line with restraint policy.	Complete
Full records of any occasion on which restraint is used in respect of each resident is now maintained.	Complete
Neurological observations are being carried out on residents following falls. Observations are recorded in the individual care plan of each resident.	Complete

8. The person in charge has failed to comply with a regulatory requirement in the following respect:
Daily nursing notes were not stored in a safe place.
Action required:
Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.
Reference:
Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All records in relation to residents and general records are now secure in the nurse's office.</p>	Complete

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Staff files reviewed did not contain all information required as per Schedule 2 of the Regulations such as photographic identification, three written references and evidence of fitness to work.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>An audit of all staff files is now complete that has highlighted staff members that have discrepancies in relation to Schedule 2 of the Regulations.</p> <p>All staff have been given two weeks to comply with any discrepancies highlighted.</p> <p>All new staff will not be allowed to commence employment in Sally Park until they provide the required documentation as per Schedule 2 of the Regulations.</p>	<p>Complete</p> <p>13/07/2012</p> <p>Complete</p>

10. The person in charge has failed to comply with a regulatory requirement in the following respect:

There were some gaps in the care plans required for residents.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

Care plans will review constantly with the changing needs of residents. This will never be less than at three-monthly intervals to ensure there are no gaps in care plans

Complete and ongoing

11. The person in charge has failed to comply with a regulatory requirement in the following respect:

There were parts of the centre that compromised residents' privacy. For example, screens around beds in the some shared rooms was inadequate and there was no lock on a first floor toilet.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:	
The first floor toilet in question now has a lock fitted for the privacy of all residents.	Complete
Adjustments to the divider curtain rails have been made to ensure privacy for residents in shared rooms.	Complete

12. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents' Guide did not include the most recent inspection report.

Action required:

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Reference:

Health Act, 2007
 Regulation 21: Provision of Information to Residents
 Standard 1: Information

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

Timescale:

Provider's response:

Each resident is now provided with a resident guide, a summary statement of purpose, the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and facilities to residents, the most recent inspection report, a summary of the complaints procedure, and the address and telephone of the chief inspector. This will be updated with the new regulatory monitoring visit report when received.

Complete

13. The person in charge has failed to comply with a regulatory requirement in the following respect:

A Grade 2 pressure sore that was reported in one residents file had not been reported to the Authority.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

Notifications to the chief inspector will be made in accordance with the requirements of form NF03 and with all notification guidelines.

Ongoing

14. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints procedure was prominently displayed however it did not contain the independent appeals process for the centre.

There was no person nominated and separate to the complaints officer who would be available at all times in the centre to ensure all complaints are appropriately responded to and reviews that records of investigations of complaints are maintained.

Action required:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Action required:

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Reference:

Health Act, 2007
 Regulation 39: Complaints Procedures
 Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints procedure prominently displayed now contained the independent appeals process</p> <p>We have included in our policies and procedures the person who is responsible for overseeing all complaints in Sally Park NH.</p>	<p>Complete</p> <p>Complete</p>

Any comments the provider may wish to make:
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Provider's response:

None received

Provider's name: Oaklands Nursing Homes Ltd

Date: 1 July 2012