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

Centre name:	Parke House Nursing Home
Centre ID:	0083
Centre address:	Kilcock Co Kildare
Telephone number:	01 6103585
Email address:	parkehousenh@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Parke House Nursing Home Ltd
Person authorised to act on behalf of the provider:	Alan Shaw
Person in charge:	Judy Glennon
Date of inspection:	16 and 17 July 2013
Time inspection took place:	**Day-1 Start:** 09:00 hrs **Completion:** 17:45 hrs **Day-2 Start:** 08:00 hrs **Completion:** 14:45 hrs
Lead inspector:	Linda Moore
Type of inspection:	☐ Announced ☒ Unannounced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with Regulations and Standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection to:

☒ follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken

☒ address a specific issue based on information received.

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	☐
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☐
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☐
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☐
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☐
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☐
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☒
Outcome 17: Residents' clothing and personal property and possessions	☐
Outcome 18: Suitable Staffing	☒

This was an unannounced follow-up inspection and took place over two days. The inspector also followed up on information received with regards to care issues, assistance at meal times and falls management. These issues are discussed in the report.

The inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Reports of previous inspections of Parke House Nursing Home can be found on www.hiqa.ie.

At this inspection, the inspector followed up on the 17 actions for improvement which were identified at the monitoring inspection of 9 and 10 April 2013.

These actions included medication management practices, notifications to the Health Information and Quality Authority (the Authority) Regulation Directorate, staffing levels and aspects of healthcare.

Following the previous inspection an immediate action plan was issued to the provider on 11 April 2013 in relation to healthcare risks identified. Response to the immediate action plan was submitted on 12 and 17 April 2013 which was satisfactory.

Because of the significant number of non compliances identified at inspection the provider was required to attend a meeting with the Authority on 15 May 2013 to discuss the findings. Following the meeting the provider sent an update to the Authority on 2 July 2013 which showed that progress was being made to address the issues identified at the inspection.

The inspector met the person in charge and general manager during this inspection as the provider was on leave. Eleven actions were completed and six actions were partly addressed. The timeframe to address all actions apart from one had expired.

The provider had invested significant resources into the care practices since the previous inspection. Overall, the inspector found improvements across all areas during the inspection. A clinical nurse manager was appointed and an additional nurse was on duty in the special care unit since the previous inspection.

The healthcare needs of residents were met to a good standard. Residents had access to general practitioner (GP) services and to a range of other health services. The dining experience for residents had significantly improved. The risks associated with smoking and behaviours that challenged were addressed. Areas identified for improvement included:

- care planning
- medication management
- staff files.

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

Actions reviewed on inspection:

Outcome 2: Contract for the provision of services

Action required from previous inspection:

Agree a contract with each resident within one month of admission to the designated centre.

Inspection findings:

This action was partly addressed.

The inspector found that all except two residents had a written contract which included details of the services to be provided for that resident and the fees to be charged. The provider was actively progressing with this action on behalf of these two residents.

Outcome 4: Records and documentation to be kept at a designated centre

Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Inspection findings:

While this action was addressed in that policies were available additional work was required to ensure implementation of all policies into practice.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Many of the policies had been revised since the previous inspection. These included policies on Behaviours that Challenged, Medication Management, Elder Abuse, Risk Management and Epilepsy management. The inspector found that while polices were available, they were not all being used to guide practice in areas such as restraint, behaviours that challenged and nutrition. This is discussed further under Outcome 11.

Action required from previous inspection:

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Inspection findings:

This action was addressed.

The inspector reviewed resident's records and found that there was an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

Action required from previous inspection:

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.

Inspection findings:

This action was addressed.

The provider had taken appropriate measures to protect residents from being harmed and from suffering abuse. All of the staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to their line manager.

There were records to indicate that all staff had received refresher training on identifying and responding to elder abuse since the inspection. Staff also completed training on the management of behaviours that challenged and told the inspector how they now had the skills to manage episodes of behaviours that challenged should they arise.

Since the inspection the person in charge and general manager had reviewed the pre-admission assessment pack and added additional clinical tools to enable them to select more suitable and appropriate residents for the centre. This was discussed with the inspector.

At the previous inspection, residents did not have access to their money at the weekend. This was addressed.

Action required from previous inspection:

Take appropriate action where a resident is harmed or suffers abuse.

Put in place a policy on and procedures for the prevention, detection and response to abuse.

Inspection findings:

This action was addressed.

The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it was recently updated. This policy gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

The provider engaged the services of an external consultant who devised a training course aimed at promoting effective and active team work amongst senior care assistants who were at supervisory level. Staff said this assisted them in their role.

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Inspection findings:

This action was partly addressed.

While significant progress had been made in the area of risk management since the previous inspection, this action was not fully addressed. There were a number of risks in the premises which were identified at the previous inspection which were addressed. These included the open kitchenette and staff awareness of infections in the centre. While there was improvement in the management of residents who smoked, further work was required to address the action required. Additional risks associated with the temperature in the conservatory required improvement.

While there had been considerable improvement in the management of residents who smoked, this area required further improvement. Supervision arrangements of the main smoking room was robust, however this was not the case for the garden area where residents smoked. New equipment such as smoking aprons were purchased and residents were seen to be wearing these. The inspector reviewed the records of three residents who smoked and noted that these residents had smoking risk assessments in place. However, two of these residents did not have care plans in place to ensure their safety.

The inspector found that there was a more robust system in place to identify and respond to risk. There was a risk register which identified the risks within the centre and the associated control measures. However, these had yet to be fully developed to include all of the risks and control measures specifically for Parke House Nursing Home. For example, the risks associated with the temperature in the conservatory as discussed below.

The temperature in the conservatory was found to be 25.8 degrees centigrade and many of the residents who sat in this room stated it was too hot. This was addressed on an interim basis when the inspector raised the issue with the person in charge. However, a long term arrangement was not in place. The provider and person in charge informed the Authority on 19 July 2013 of the plans to manage this risk, which appeared satisfactory.

The provider had a system in place to gather and audit information relating to falls, accidents and incidents, residents who spend time in bed and complaints. The inspector found that this information was used to improve the service. For example, all residents at risk of malnutrition were seen by the dietician and had a nutritional plan in place.

A risk management committee and clinical governance committee had been established since the inspection and were in development stage. These committees were established to review all aspects of clinical and non clinical risk and quality of care. This was evidenced in the minutes of these meetings which the inspector reviewed. The person in charge said that the provider and person in charge completed visual inspections of the building on a weekly basis to assess risks. However, these assessments had not been documented.

Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Inspection findings:

This action was partly addressed.

As stated the systems to identify and respond to risk had improved. However, while the risk management policy had been reviewed since the previous inspection, this policy still did not guide practice. For example, the risk management policy did not cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Outcome 8: Medication management

Action required from previous inspection:

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.

Inspection findings:

This action was partly addressed.

Overall, the inspector found evidence of good medication management practices but there were areas for improvement. The medication management policy was not being adhered to regarding the prescribing and administration of crushed medication. This was addressed for one resident during the inspection. The general manager and person in charge said this was being addressed in line with the medication management policy. Transcribing of medication was not in line with the policy. This was also being addressed on the day of the inspection.

There was a comprehensive medication management policy in place which provided guidance to staff. This had been revised since the previous inspection. This now included the procedure for prescribing, administering, recording, safekeeping and controlled medications. However the procedure for the storage of medication and "as required" (PRN) medication, did not guide practice. The pharmacist was reviewing residents' medication since the inspection.

Many of the staff nurses had attended a refresher training course in the area of medication management and there were plans to extend this to all staff by 22 July 2013.

The inspector observed that medication was maintained safely in that both of the clinical room doors were kept locked when unattended.

The inspector observed two nurses separately administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

While there was a system to respond to medication errors, the inspector found that there had been five medication errors since the previous inspection relating to nurses signing for medication prior to administering the medication. These errors had been identified by the newly appointed CNM. Investigation had taken place and nurses were reminded of the correct procedure for recording the administration of medications. As a result of these errors, the person in charge said that the CNM was now routinely observing the medication rounds with a view to improving practice and reducing the risk of future errors. However there was no evidence of the findings, outcomes or any improvements as a result of these supervised medication rounds.

Outcome 9: Notification of incidents

Action required from previous inspection:

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

Inspection findings:

This action was addressed.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents as required by the regulations. All relevant notifications had been submitted to the Chief Inspector since the inspection by the person in charge.

Detailed records were now maintained of all accidents and incidents. The person in charge now monitored incidents as their occurred or as soon as possible after the event. There person in charge spoke of the plans whereby all incidents would be discussed at the clinical governance committee meetings going forward. Each resident was reviewed by the GP and the nursing staff and a detailed plan was provided to staff to minimise the risk of future falls. While this process had improved since the previous inspection, the inspector found that incident reports were not being reviewed in the absence of the person in charge but were being reviewed on her return. This was confirmed by the person in charge. An audit of falls had been completed by the general manager and supervision had improved as a result.

Theme: Effective care and support

Outcome 11: Health and social care needs

Action required from previous inspection:

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.

Provide a high standard of evidence-based nursing practice.

Inspection findings:

This action was partly addressed.

At the previous inspection, inspectors were concerned about the healthcare of some residents. Some care provision was inadequate and placed the health and wellbeing of residents at risk in the areas of epilepsy care, restraint, nutrition and behaviours that challenged. The provider was required to take immediate action to address these issues.

Overall, the inspector found evidence of improvement in care practices across all of these areas but there were areas for improvement in the documentation of the care of these residents and the management of behaviours that challenged.

Epilepsy Care

On this inspection, staff demonstrated their competence in the management of residents with epilepsy. All staff had received training to manage seizures. There was a policy to guide staff in the management of epilepsy. Staff gave different descriptions about how they would respond to a seizure should it occur which would maintain the safety of these residents. There was comprehensive medical and nursing assessment for any residents who had a diagnosis of epilepsy. There were

care plans in place for these residents to guide staff in relation to the management of this medical condition during and after seizures, responding to any potential complications or for recording of epileptic activity to guide future interventions. All residents with epilepsy were relocated to allow for closer and more direct supervision. The checks of these residents were documented.

Restraint

The management of residents using restraint had improved. However, the documentation still required improvement. The number of residents requiring restraint had reduced since the previous inspection. Appropriate alternative measures had been put in place for residents who were previously at risk of getting out of the bed with the bedrails in place. The provider purchased additional low-low beds, crash mats, bedrail bumpers and wedges.

There were two residents who required lap belts and there were systems in place to monitor these residents using the restraint. The centre's policy on restraint was still not based on the national policy but there were plans to revise this policy and to train all staff in the use of restraint.

The inspector found that assessments had been carried out. All risks associated with the use of the bedrails and lap belts had been considered and documented. However, the records did not include the specific alternative strategies that had been tried prior to the use of bedrails and lap belts. The inspector reviewed a sample of care plans for residents who used restraint and found that overall they did not provide guidance to staff. There were still no care plans in place for residents with lap belts.

Nutrition

The inspector noted improvement in this area since the previous inspection. There were policies on nutrition and hydration which were being adhered to and supported good practices. All residents had been reviewed by the dietician and speech and language therapist (SALT) since the previous inspection and their recommendations had been recorded and were being implemented. Residents were being weighed weekly if required and food diaries were being used to monitor resident's intake. While residents had care plans for nutrition, they were not specific enough to guide practice. For example, they did not include the specific interventions to manage the risk of malnutrition such as how often the resident was to be weighed or the requirement for food diaries. Staff received training in the use of the "malnutrition universal screening tool" (MUST), which is used to assess residents at risk of malnutrition. The person in charge also reviewed the meal times and food quantities and had implemented a staggered approach to meal times which has improved the food consumption of residents as noted in their food diaries.

Behaviours that Challenged

Inspectors had concerns at the previous inspection that the management of residents with behaviours that challenged was not effective and did not protect other residents from harm. There was one resident who presented with these behaviours on this inspection. The records showed that there were two recent incidents of behaviours that had resulted in harm to a staff member and a resident. While staff interacted well with this resident and detailed the plans to manage this resident's

behaviour, this resident did not have an up to date assessment completed. There were care plans for this resident but they were not specific to guide the care delivered. For example, the care plan did not include the use of prescribed PRN medication to manage the residents' behaviour as per the policy. The residents' records also did not include the identification of triggers that prompted behaviours or the interventions they used to manage the residents behaviour. The provider informed the Authority on 19 July 2013 of the plans to manage this resident's behaviour on a consistent basis going forward which appeared satisfactory.

Action required from previous inspection:

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

Inspection findings:

This action was partly addressed.

While there had been some improvements to the care plans since the previous inspection, overall care plans required further improvement. A care plan audit from June 2013 was viewed and the person in charge was working through the issues identified. Many care plans were not based on the assessed needs of residents and did not guide practice. The inspector discussed this with the person in charge and staff nurse during the inspection as detailed below.

There was some evidence that residents and/or relatives were involved in the development of their care plans, however this was not evidenced in most of the care plans.

Falls Management

Records showed that falls were now well managed. Strategies were put in place for those residents who were at risk of falling. For example the falls prevention programme was further established since the inspection. Residents were provided with low-low beds and falls alarms to maintain their safety. While residents were assessed post fall by the nursing staff and GP. There was no evidence that care plans were being consistently updated following a fall.

Wound Care

The inspector viewed the records of two residents with wounds. While appropriate care was being provided to these residents, the documentation required improvement. The inspector noted that the policy on wound care was revised but this was not consistently guiding staff practice.

Staff had received training in wound care since the previous inspection and staff were aware of the care required for residents with wounds. Wound charts had been comprehensively completed for one of these residents with wounds but not for the another resident. There was also no care plan for one of these residents. Staff were

now knowledgeable on the use of pressure relieving equipment and this was monitored by the person in charge and were found to correctly set.

In addition to the healthcare issues reviewed above, the inspector also reviewed activity provision for all residents on this inspection. The inspector found that residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A programme of activities was widely displayed and residents spoken to commented on the various activities available to them. Activities included exercise programme, art therapy, Sonas (a therapeutic activity that is completely focused on communication). There were mixed reviews from residents about the activity provision. Many residents spoken with confirmed that they had a lot of varied activity available to them while, staff said and the inspector observed that residents in the special care unit were not actively engaged during the day. The staff in the unit had spent time with residents and provided activation when they could, but due to time constraints, this was not always possible.

Theme: Person-centred care and support

Outcome 13: Complaints procedures

Action required from previous inspection:

Provide 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 designated centre.

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(7) maintains the records specified under Regulation 39(7).

Inspection findings:

This action was addressed.

The inspector found evidence of good complaints management. The provider and person in charge had a positive attitude to receiving complaints and told the inspector that she considered them a means of learning and improving the service. The complaints policy and procedure was reviewed since the inspection and was now found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations.

The inspector reviewed the complaints log and saw that the records of the verbal complaints had improved since the previous inspection. There was evidence that complaints were appropriately responded to by the person in charge, to the satisfaction of the complainant. There was evidence that the provider also reviewed the complaints.

Outcome 15: Food and nutrition

Action required from previous inspection:

Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs.

Provide each resident with food that is varied and offers choice at each mealtime.

Inspection findings:

This action was addressed. There was significant improvement in this area since the inspection.

The inspector was satisfied that residents now received a nutritious and varied diet that offered choice and overall mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

The inspector discussed the special dietary requirements of individual residents and saw that information on residents' dietary needs and preferences was maintained in both dining rooms. The person in charge discussed the resident's dietary requirements with the chef daily.

All specialised diets were reviewed since the inspection and there were procedures in place to ensure all residents received the correct meals consistent with their individual dietary needs. Residents were now offered choice at all meals regardless of the consistency of the meal and this was documented. Residents confirmed that they enjoyed the food, particularly the choices and variety.

Residents were observed to be seating in the correct and safe seating positions when they were eating and drinking. A nurse supervised in both dining rooms. All staff were aware of the requirement to offer drinks during meal times to residents. This was observed by the inspector.

Training was provided for all relevant staff to increase their awareness of resident's dietary requirements and the importance of specialised diets. This training was delivered on 15 and 29 May 2013.

The door closing of the food trolley that was creating a noise at the previous inspection was addressed.

Outcome 16: Residents' rights, dignity and consultation

Action required from previous inspection:

Put in place adequate arrangements to ensure the operations of the designated centre are conducted with due regard to the sex, religious persuasion, racial origin, cultural and linguistic background, and any disability of residents.

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

Inspection findings:

This action was addressed.

All shared bedrooms have been fitted with additional screening since the inspection to provide privacy to residents in shared rooms.

Staff closed bedroom doors when personal care was being delivered. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred names. The inspector observed good interactions between staff and residents who chatted with each other in a comfortable way.

Residents spoke of the choice offered with regards to bed times. This was confirmed by the staff and the person in charge.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Inspection findings:

This action was addressed, however, further action was required to ensure that the numbers and skill mix of staff were appropriate to the assessed needs of residents, and the size and layout of the designated centre.
The staffing levels and skill mix in the centre on the day of the inspection were sufficient to meet the needs of the residents and training was provided to staff. However, residents and staff said that there was not always sufficient staff on duty during staff meal times in the evening to meets residents needs. There were periods that residents were unsupervised during this time due to the layout of the premises. The person in charge and general manager said that preliminary meetings were held with the provider with a view to reviewing the staffing levels in the evening time.

Supervision arrangements on this inspection had improved and were more robust. A clinical nurse manager (CNM) was appointed since the previous inspection on a part time basis to support the person in charge in her role and to audit practice. An additional staff nurse was appointed daily to ensure continuity of care in the special care unit. This nurse did not have to leave the unit to administer medication which was the practice on the previous inspection.

Action required from previous inspection:

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 have been obtained in respect of each person.

Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.

Inspection findings:

This action was partly addressed.

The provider has undertaken a full review of staff files since the previous inspection. This was viewed by the inspector. The provider was in the process of obtaining the documentation as required by the Regulations for all staff.

The inspector examined the file of the most recently recruited staff member and found that this file contained all of the information required by the Regulations.

Action required from previous inspection:

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

Supervise all staff members on an appropriate basis pertinent to their role.

Inspection findings:

This action was addressed.

The inspector found that numerous training courses were provided to staff as identified earlier in this report. Additional training such as infection control, phlebotomy training for nurses, CPR (cardio pulmonary resuscitation), manual handling and English conversational classes were also provided to staff.

However, the inspector found that none of the staff working in the special care unit had received training in the management of specific care needs such as dementia care to enable them to provide care in accordance with contemporary evidence-based practice. See Outcome 11.

Report compiled by:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

18 July 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Parke House Nursing Home
Centre ID:	0083
Date of inspection:	16 and 17 July 2013
Date of response:	8 August 2013

Requirements

These requirements set out the actions that must be taken to meet 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*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

Two residents did not have a contract of care.

Action required:

Agree a contract with each resident within one month of admission to the designated centre.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: PHNH presently has one outstanding contract of a resident that is in a HSE funded DDI contract bed. PHNH will make further attempts to have this outstanding contract completed and returned. We have a record of all contacts made to the family and correspondence relating to this matter.	7 October 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: This risk management policy did not reflect the practice and did not meet the requirements of the Regulations. Some risks were not identified and control measures put in place as outlined under Outcome 7.
Action required: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: PHNH's Risk Management policy has been updated. We will continue to supervise the implementation of the policy ensuring it reflects actual practice.	7 October 2013

We will continue to develop our Risk Committee and actively encourage wider participation from all staff to ensure risk awareness becomes a daily practice. Management will continue to educate and develop our staff in this important area. A significant initiative was enacted to all staff departments, directing department staff members to evaluate the potential risks that may exist in the workplace or in our work practice. This information is due back by 15 August 2013. We will then assess this current information and implement any controls and changes that may arise. This scoping exercise will identify any unknown risks that exist. We will then evaluate the risk, implement controls to mitigate any potential safety concerns.	

Outcome 8: Medication management

The provide is failing to comply with a regulatory requirement in the following respect: Medications were not administered as per professional guidelines and the centre policy. The medication policy did not guide and inform staff practice.	
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.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medication Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: PHNH's management have reviewed operational policies and monitored the practice of medication administration. The importance of strict adherence to the medication management policy and actual practice in administration has been exampled to all staff nurses. Crushed medication is now signed up by the GP on all relevant Kardex.	 Complete 15th Oct 2013

PHNH has requested a meeting with the GP and pharmacist to review current operational practices and we are looking to develop a future practice that will further strengthen safe delivery and administration of all medications. The meeting is scheduled for 14 August 2013. A medication administration assessment has been conducted by CNM, this is being used to further strengthen our compliance in this area. We are actively reviewing with all stakeholders a better and more efficient system in this regard.	

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider has failed to comply with a regulatory requirement in the following respect: The management of residents with behaviours that challenged required improvement.	
Action required Provide a high standard of evidence-based nursing practice.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: PHNH has improved our practice in behaviours that challenge. Any resident exhibiting challenging behaviour have had updated risk assessments. Any resulting changes have been recorded in the care plan - for example, an individual action plan focusing on 'triggers' that may cause behavioural change has been adopted.	Complete

The person in charge is failing to comply with a regulatory requirement in the following respect:

The care plans did not consistently reflect the assessed needs of residents.

There was insufficient evidence that residents and relatives were involved in the development and review of their care plans.

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
Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: PHNH has continued a review all care plans and are more actively recording the input of residents and families in the development of care plans. All staff nurses have been allocated specific resident care plans. PHNH has directed all staff nurses to meet with residents and families to review the care plans. This resident and family contribution will assist us in making a closer match of the preferences of the residents. PHNH are actively considering incorporating a more formalised additional contribution from the care assistants concerning the residents likes and dislikes. PHNH is considering changes to our care plan and clinical record keeping, to avoid duplication of effort, our efforts will maximise the quality and accessibility of critical resident information. PHNH are reviewing the concept of Nurse/Carer teams with specific resident allocations. All smokers have completed risk assessments and these are reflected in their care plans.	11 November 2013

Outcome 16: Residents' rights, dignity and consultation

The provider is failing to comply with a regulatory requirement in the following respect: Residents in the special care unit did not have sufficient opportunities for occupation and recreation.
Action required: Provide facilities for the occupation and recreation of each resident.
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: PHNH will review our activity programme for special care. We are working with our Activities Co-ordinator to re-establish a more active and client specific menu of activities for special care. We are meeting again on 13 August 2013 to progress this further and review our initial offering and evaluate its suitability and effectiveness. PHNH management are working towards the systematic incorporation of daily and enjoyable resident focused activities in the special care unit.	2 September 2013

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect: Staffing levels and skill mix were not based on the assessed needs of the residents and the size and layout of the centre at specific times in the evening.
Action required: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: PHNH will review staffing levels at various times of the day and ensure our service is maintained to high standard throughout the day. PHNH has implemented a 'twilight' shift, adding this shift to the existing roster. We have devised a specific function for this shift. We are confident that this will address any service gap with regard to tea-time and early evening supervision. We will review this weekly to ensure it is impacting the quality of service enjoyed by the residents. Roster adjustment effective 12 August 2013.	2 September 2013

The provider is failing to comply with a regulatory requirement in the following respect: Staff files did not contain the information as required by the Regulations.
Action required: 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.
Action required: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.
Reference: Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment

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

Provider's response: PHNH will continue to review all HR files to ensure compliance with Regulation 18: Recruitment and Standard 22: Recruitment. We received most of the known outstanding documentation in July 2013. PHNH have commenced an audit of all HR files to identity any missing documents. This audit commenced 5 August 2013.	7 October 2013

The provider is failing to comply with a regulatory requirement in the following respect: Staff had not been provided with sufficient education and training to enable them to provide up to date care in relation to dementia and restraint.	
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: PHNH will support all staff with training required in the area of dementia and restraint. The following training courses have been scheduled: Restraint on 28 August 2013 Dementia on 16 September 2013	25 September 2013