

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Sally Park Nursing Home
Centre ID:	0092
Centre address:	Sally Park Close
	Firhouse
	Dublin 24
Telephone number:	01- 4526482
Email address:	sallyparknh@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Oaklands Nursing Homes Ltd
Person authorised to act on behalf of the provider:	Simon Brady
Person in charge:	Rosario Baldicantos
Date of inspection:	30 and 31 July 2013
Time inspection took place:	Day-1 Start: 08:10 hrs Completion: 18:00 hrs Day-2 Start: 09:00 hrs Completion: 13:30 hrs
Lead inspector:	Deirdre Byrne
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	0

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.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 12 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

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

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection, the inspector 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.

The purpose of this inspection was to examine how the provider was meeting the requirements of 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*. The inspector also followed up on actions from the previous inspection of May 2012.

There was one area of risk to the safety of residents identified in relation to medication management. It was brought to the attention of the person in charge who took immediate action.

During the inspection, the inspector found the provider had completed some of the actions from the last inspection. However, a number of actions were not addressed and remained outstanding. The inspector found that of the 29 actions, 20 had been completed and nine actions had not been completed. The inspector found that the provider and person in charge were not complying with their regulatory duties in relation to the provision of healthcare for some residents, the protection of vulnerable adults, fire safety and consultation with residents. The inspector also found aspects of the premises would not meet the requirements of the Regulations and the Authority's Standards.

The inspector found that the care residents' received was from staff who were knowledgeable of their needs. The residents had good access to the services of a general practitioner (GP) and allied health professionals. The centre was comfortable and homely, and maintained to a good standard of cleanliness.

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

Section 41(1)(c) of the Health Act 2007

Compliance with 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: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that the centre was managed full time, by a suitably qualified and experienced nurse.

The person in charge was familiar with the residents and was observed talking with residents frequently during the inspection.

The inspector was informed that staff meetings were held. However, the person in charge had only recently commenced documenting the minutes of them. The inspector viewed the minutes of the most recent meetings held with nurses and care assistants. They outlined discussions, held on various clinical issues.

The person in charge demonstrated familiarity with the Regulations. For example, she described the notification process and the incidents to be notified to the Chief Inspector.

The person in charge had continued her own professional development, and in 2012 had completed a Further Education and Training Awards Council (FETAC) Level 6 certificate in management of nursing homes.

She was supported in her role by a nurse, who deputised in her absence.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

There were deficits in staff documentation as outlined under Outcome 18.

Insurance Cover

Substantial compliance

Improvements required *

While there was up-to-date and adequate insurance cover provided, it did not meet the requirements of the Regulations. It did not confirm liability to each resident of up to €1,000 against loss of damage to any one item.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) 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

There were improvements required in ensuring that the measures in place to protect all residents from suffering harm or experiencing abuse were effective.

The inspector spoke to a number of staff who were familiar with the categories of abuse and the reporting procedures in place. However, one member of staff could not describe these. This was brought to the provider's attention, who said he would undertake to address the matter immediately. This had been an action from the previous inspection and while it progress had been made, improvements were still required.

The person in charge described the training provided to staff which consisted of a DVD and the completion of a questionnaire. Staff confirmed they had attended training. However, the inspector could not identify from the records maintained if all staff had attended the training or not. This matter was discussed with the provider and person in charge, who assured the inspector staff had attended training in February 2013.

A policy on the prevention, detection and response to abuse was in place, and had been reviewed in June 2012.

The inspector found procedures were in place to safeguard residents' finances. At the time of inspection, no residents had monies held on their behalf.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

Provide adequate means of escape in the event of fire.

Provide suitable training for staff in fire prevention.

Inspection findings

The inspector found systems in place for the management of the health and safety of residents, staff and visitors. However, improvements were required, in the provision of up-to-date fire safety training for all staff, and the provision of an adequate means of escape in the event of fire.

The inspector was significantly concerned to read records which confirmed staff had not received up-to-date training in fire safety. Fire training certificates indicated staff were last trained in June 2012. There was no evidence that existing or new staff had completed fire safety training since then. This was discussed with the provider, who said training was due to take place, and the inspector read a letter that confirmed training would take place on 7 August 2013. This was an action from the previous inspection also. The inspector spoke to a number of staff members who were knowledgeable of the fire prevention procedures.

There were daily recorded checks of fire exits completed. However, the inspector found one fire exit was blocked by cleaning equipment. This was brought to a staff member's attention who removed it immediately. This matter had also been an action from the previous inspection.

The inspector reviewed the procedures in place for the prevention and evacuation in the event of a fire. Fire orders and maps were displayed prominently in the centre. There were records of fire drills which confirmed they took place on a regular basis. There were records of the servicing of fire fighting equipment, and a list of the equipment was maintained. The provider carried out regular fire alarm checks, the records of which were reviewed by the inspector.

A safety statement was seen by the inspector, it incorporated health and safety policies and had been reviewed in 2013.

There was a risk management policy in place that met the requirements of the Regulations. It had been reviewed since the previous inspection, and the actions relating to it were completed. It now contained the risks identified in the centre, and the precautions in place to prevent them from occurring. It outlined the procedures to be followed for specified risks such as self harm and residents absent without leave.

There were a policy in place for the management and control of infection. Since the previous inspection, the provider had enlisted the services of an external cleaning agency, and additional staff now carried out cleaning duties. The inspector spoke to members of the cleaning team, who were knowledgeable of the cleaning procedures they would follow.

The inspector found the arrangements in place for the identification, recording, investigation and learning from serious incidents, required improvement. For example, there was a monthly collection of data from all falls occurring in the centre, however, there was no comprehensive auditing of the data to ensure learning and inform practice.

There was an emergency plan which outlined the procedures to follow in the event of fire, flood, and gas leak. It contained the details of alternative accommodation should an evacuation be required.

The inspector found safe flooring was in place. Grab rails were in bathrooms, toilets and showers. While handrails were provided in most circulation areas, parts of the first and second floor had no handrails in place.

The inspector read records which confirmed staff had up to date training in the movement and handling of residents. Staff were familiar with safe practices in moving residents.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) 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

The inspector found improvements were required in the management of medication practices to ensure residents were protected.

The inspector reviewed the medication prescribing and administration sheets. The inspector identified two medication errors which had not been identified, recorded or investigated by the person in charge.

Nursing staff administered medication to a resident from an out-of-date/discontinued prescription posing a significant risk to the resident. On review of the medication charts the inspector noted that some of the medications recorded for one resident as being administered varied from the prescribed medications on the prescription sheet. When questioned nursing staff stated that a prescription sheet for one resident had been misplaced, however, they had continued to administer medications using the resident's previously out-of-date/discontinued prescription sheet. This matter was discussed with the person in charge who undertook to address the matter immediately. An up-to-date prescription sheet was shown to the inspector later on the inspection day.

The medications administered to a resident, were noted to be incorrectly recorded in another residents administration sheet.

The inspector discussed these errors with the person in charge, who assured the inspector that the errors would be recorded and investigated. She also stated she would furnish a copy of the investigation to the Authority following completion on 12 August 2013.

The inspector was informed by the person in charge and some staff that they had recently completed medication management training with the pharmacist. However, there was no record of the training completed. The inspector was significantly concerned by this given the issues in relation to medication management practices identified.

The person in charge had recently commenced auditing medication practices in June 2013 with the pharmacist. Prior to this there had been no audits since 2011. The inspector viewed the findings of the June 2013 audit, and noted that it included actions to be taken for areas such as temperature controlled medications. However, the inspector was concerned that the audit process was not effective or robust enough as it had not identified any of the medication errors outlined above.

There was safe and secure storage for medications in the centre. There were procedures in place for the management of medications requiring strict controls (MDAs) which were in line with best practice and professional guidelines.

There was a medication management policy in place. An action from the previous inspection had been completed, and the policy now contained procedures for prescribing and recording medication. There was a centre-specific procedure to guide staff on self administration of medication. No resident was self administering at the time of the inspection.

The inspector found residents' medications were regularly reviewed by a GP. There was a record on the prescription sheet when a review took place. This had been an action at the previous inspection and was now completed.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector was satisfied that a record of all incidents that occurred in the centre was maintained and the Chief Inspector was notified where required.

A record of each incident was maintained and filed in a designated folder. The inspector found notifiable incidents were notified to the Chief Inspector within three working days. A report was also submitted each quarter to the Chief Inspector, providing details on incidents where relevant.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) 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.

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

Inspection findings

The inspector found aspects of residents' healthcare needs were not met specifically in relation to the management of falls, restraint and behaviours that challenged. There were some improvements required in the assessments and care planning process.

The inspector reviewed a sample of resident care plans with the person in charge. Residents were regularly assessed for a range of clinical needs. While care plans were generally developed for residents needs they were not consistently put in place for all residents identified needs, such as wound care and skin integrity. There was evidence of consultation with residents on their care plan however these were not maintained were not up to date.

The inspector found aspects of the management of restraint required improvement. There was a policy on the use restraint. However, it was not fully implemented in practice. For example, some residents who used bedrails had not been assessed for the use of them. In addition, the assessment did not outline the alternatives considered, or if there was a risk of entrapment. There were a significant number of residents using bedrails, 27 residents with bedrails and no residents with lap belts. There was evidence of consultation with residents or their next of kin. The inspector read documented checks which confirmed restraint was monitored.

The inspector found the management of falls required improvement. A falls policy was in place. However, it did not provide direction to staff. For example, it did not outline the post fall procedures to be followed. Neurological observations were not completed for all un-witnessed falls. This was an action in the previous inspection, and was not addressed. When a fall occurred a post falls assessment was completed and a falls diary commenced. An accident/incident form was completed; a mobility plan put in place and reviews by a physiotherapist were undertaken. While the person in charge collected data on falls every six months, the information was not used to improve practice or to implement changes in the centre, as outlined in Outcome 7.

There were a small number of residents with behaviours that challenged. However, the inspector found inconsistent practices meant not all residents' needs were met. While a policy was in place to guide practice, it was not fully implemented to ensure consistency of care for all residents. For example, residents were not assessed to identify the triggers to their behaviours and the interventions to be put in place. There were care plans in place which outlined the residents' behaviours and the strategies to be carried out to minimise them.

The inspector found a small number of residents had wounds. There was a policy which provided direction to staff. Where a wound developed, there were photos taken, and an assessment and treatment chart completed at each dressing. However, there was no care plan put in place to ensure a consistent and standard approach of care.

There were good practices in the management of nutrition. There was a policy in place to guide staff. The residents were regularly assessed, with care plans in place. The residents were more frequently monitored if identified at risk of malnutrition. There was evidence of review by a dietician and speech and language therapist (SALT), and recommendations reflected in their care plans. Supplements were prescribed where required.

The inspector found residents retained the services of their own GP, with a locum service available for out of hours and weekend calls. The residents had access to a range of allied health professionals, letters of referrals and appointments were seen on their files. The staff had a good understanding of the care needs of the residents.

The inspector found the social care needs of residents in the centre required improvement. There was a programme of activities displayed at the sitting room which outlined the activities provided for residents. The inspector noted these took place once a day for one to two hours, and consisted of mostly group activities such as an exercise class, or bingo, and on other days, music sessions or mass was facilitated. However, the inspector found there were a number of residents who were unable or unwilling to leave their rooms during the day. The range of activities provided did not extend to fully meet their identified needs.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

Provide adequate private accommodation for residents.

Inspection findings

The inspector found parts of the building did not meet the requirements of the Regulations and the Authority's Standards. These issues were discussed with the provider during the inspection. He was aware of the requirements, and he assured the inspector he would address the structural deficits in the building. There was no costed plan available. The issues identified included:

- There were two four-bedded rooms and one three-bedded room which will not meet the requirements of the Authority's Standards. The three-bedded room also does not meet the needs of the current residents in that the bath in the en suite bathroom is only accessible to the residents in that room but because it is not assisted residents cannot use it.

- A number of single and twin rooms were of insufficient size to meet the requirements of the Authority's Standards. The inspector found a number of twin rooms had no fixed screening and a mobile screen was provided which did not fully extend around residents beds. It was not adequate to ensure residents had sufficient privacy to carry out personal duties in private.
- The general storage space was minimal and individual commodes and hoists were stored in corridors, communal areas and en suite bathrooms.

The inspector followed up on a number of actions from the previous inspection which had been completed. An external cleaning company was contracted to complete cleaning duties. The centre was found to be maintained to a high standard of cleanliness. The flooring in the cleaning room was finished with a smooth, impermeable surface.

The centre was a homely place and pleasantly decorated. It felt warm and comfortable to be in. There were nice fixtures and fittings throughout. There were two sitting areas, and a smaller sitting room off the reception area, where residents could meet visitors in private. A spacious dining room was located off the kitchen.

The residents' bedrooms were pleasantly decorated, with their own personal possessions added in areas. Each bed was provided with a functioning call bell.

There was a sluice room located in the centre, which was provided with suitable sluicing facilities.

There was provision of assistive equipment such as hoists and a lift. Servicing reports were read by the inspectors and confirmed they had been recently serviced and were in good working order.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The provider ensured arrangements were in place for the management of complaints. However, a number of improvements were identified.

A complaints log was maintained, and five complaints recorded since the previous inspection. While the details of each complaint were outlined, the outcome of the investigation and satisfaction of the complainant were inconsistently recorded.

The provider explained verbal complaints received in the centre were not recorded, but instead were managed as they arose. However, no record of verbal complaints was maintained in accordance with the requirements of the Regulations.

There was a policy on complaints, and procedures were displayed at the entrance to the centre. The actions from the previous inspection were completed. For example, the appeals procedure was clearly outlined and a separate person was nominated to oversee if complaints were appropriately responded to.

Outcome 14

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied systems were in place to ensure each resident received end of life care which met their physical, emotional and spiritual needs.

There was an end of life policy in place. The centre had access to the services of a local hospice if required. There were facilities available if families wished to stay with their loved one. At the time of the inspection a small number of resident's were at end of life care. The inspector found end of life wishes were discussed with the resident, or their next of kin and a care plan put in place outlining their care.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector was not satisfied that residents' privacy and dignity in respect of the screening provided between beds in some of the twin bedded rooms was being met. This is outlined in Outcome 12. An action from the previous inspection regarding screening in other multi-occupancy rooms had been met.

The arrangements in place to facilitate consultation and participation with residents in the organisation of the centre required improvement. A residents' committee last met in January 2012. The provider explained that the meetings were discontinued because very few residents had attended the meetings. He now individually met residents and their families as he felt this allowed residents to express themselves in a better forum. The inspector reviewed the notes from a number of these meetings. However, the issues discussed were mostly personal clinical care issues, and it was not evident from these meetings if the resident was being consulted with in relation to the day to day operation of the centre.

Religious and spiritual rights of residents were respected. The provider had ensured there was continuous links in place for residents. At the time of the inspection most residents were of the Roman Catholic faith. There was mass celebrated in the centre every week. Residents of other faiths were facilitated, and a Church of Ireland minister also visited the centre.

Residents could access a hands free phone, and phones were located on each floor. There were televisions provided, and all residents had their own television set in their bedrooms. The newspapers were collected and brought to centre each day and at weekends.

The arrangements for residents to vote was limited to independent residents who could leave the centre to cast their vote in a local polling station. The provider and person in charge personally assisted a small number of residents who wished to vote at the last election.

The inspectors found residents could receive guests at any time. There were a number of sitting rooms, and a smaller sitting area off the reception if residents wished to receive visitors in private.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) 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.

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.

Inspection findings

The inspector was not satisfied that there was adequate staffing and skill mix at night to meet the needs of residents and to ensure adequate supervision. In addition, there were improvements required in the staff files, Garda Síochána vetting and training.

The inspector reviewed the staff rota and the levels were as follows:

- 9am to 5pm: person in charge
- 8am to 2pm: two nurses and seven care assistants
- 10am to 4pm: an additional care assistant

- 2pm to 8pm: two nurses and three care assistants
- 4pm to 10pm: an additional care assistant
- 8pm to 8am: one nurse and two care assistants.

The inspector was concerned due to the layout of the centre over three floor and the demands of the resident's that one nurse on duty at night would not be sufficient to deliver and supervise care for 46 residents. The residents were of varying dependency levels with as many as twenty assessed as highly dependency. The inspector spoke to residents who stated that that on a number of occasions at night they had to wait for call bells to be answered, and something's they had to ring twice. This was discussed with the person in charge and provider, who said they did not have concerns and they thought the nursing levels were satisfactory. The provider and person in charge said they would carry out a review of the levels.

The inspector found there were deficits in the staff documentation required by the Regulations. For example, no information was provided for agency staff who worked in the centre, and a sample of staff files reviewed did not have an adequate number of references.

A number of volunteers and external service providers provided a valuable social service to residents. However, these individuals had no Garda Síochána vetting or a written agreement that outlined their roles in the centre.

There was also poor organisation of records and as a result it was difficult to identify what staff had received training and what staff had yet to receive mandatory training in areas such as elder abuse and fire safety. The inspector also found it difficult to ascertain what if any additional training was provided to staff to enable them to provide care in line with contemporary evidenced-based practice.

The provider said that most care assistants had completed FETAC Level 5 training. However, no records were provided to confirm this. One staff member described the training and how much she enjoyed it. A small number of staff had not completed it.

Closing the visit

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

Acknowledgements

The inspector wishes 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
Regulation Directorate
Health Information and Quality Authority

2 August 2013

Provider's response to inspection report *

Centre Name:	Sally Park Nursing Home
Centre ID:	0092
Date of inspection:	30 and 31 July 2013
Date of response:	21 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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 4: Records and documentation to be kept at a designated centre

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

The insurance cover provided did not fully meet the requirements of the Regulations in ensuring liability to all residents' for €1,000 for any one item.

Action required:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Reference:

Health Act, 2007
Regulation 26: Insurance Cover

* 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:
<p>Provider's response:</p> <p>Nursing Home Insurance covers personal effects of residents subject to a limit of €1,000 per resident. This will be changed to €1,000 per item per resident on September 17, 2013.</p>	<p>17 September 2013</p>

Theme: Safe care and support

Outcome 6: Safeguarding and safety

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>A small number of staff were not clear of the arrangements in place to ensure residents were safe.</p> <p>It was not clear from the documentation reviewed if all staff had been provided with up-to-date elder abuse training.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff are trained in the prevention of elder abuse in Sally Park NH. The person in charge is also trained to train staff on all aspects of elder abuse prevention.</p> <p>Elder abuse training is complete for all staff. However records and evidence of trainings are now fully recorded and dated to ensure compliance for all staff.</p>	<p>Complete</p> <p>Complete</p>

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: Handrails were not provided in all circulation areas of the first and second floor.	
Action required: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.	
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: Handrails will be provided in all areas identified.	23 September 2013

The provider is failing to comply with a regulatory requirement in the following respect: A fire exit on the first floor was obstructed by cleaning equipment. Staff had not received up-to-date annual fire safety and evacuation training.	
Action required: Provide adequate means of escape in the event of fire.	
Action required: Provide suitable training for staff in fire prevention.	
Reference: Health Act, 2007 Regulation 32: 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>All Cleaning staff have been made aware they are not to obstruct Fire Exits with cleaning trolleys.</p> <p>Staff received updated fire safety training as advised on August 7, 2013, four staff who were on holidays will receive training on Sept 2, 2013.</p>	<p>Complete</p> <p>Sept 2, 2013</p>
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Outcome 8: Medication management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Medication management practices were unsafe and posed a risk to residents.</p> <p>A number of medication errors were identified which had not been investigated.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Medication Management training was completed for all staff nurses on Aug 13, 2013 to ensure all staff are knowledgeable and updated in all aspects of medication management policies and procedures is Sally Park NH.</p> <p>In conjunction with our pharmacist we have scheduled a calendar of audits along with a residents consultation forum regarding their medication.</p> <p>A full investigation was completed and returned regarding the error in the medication administration record.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

Theme: Effective care and support

Outcome 11: Health and social care needs

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

The healthcare needs of residents were not being met in relation to restraint, falls and behaviours that challenged.

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.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 18: Routines and Expectations

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

Timescale:

Provider's response:

Refresher falls prevention training will take place in September 2013.

30 September 2013

A comprehensive assessment will be completed for all residents before the use of bed rails as a form of restraint.

Ongoing

Neurological observations are carried out on residents following falls with head injury.

Complete

This will be extended to all un-witnessed falls. Observations are recorded in the individual care plan of each resident.

Complete and ongoing

A review of all care plans for residents who present with behaviours that challenge to ensure that the care plan is specific to each residents needs. The care plan will highlight triggers to their behaviours and interventions to manage same.

Ongoing

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

Care plans were not consistently developed to address all residents identified needs, for example, poor skin integrity and wounds.

The records of consultation with residents on their care plan were not kept up-to-date.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required: Revise each resident's care plan, after consultation with him/her.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Poor skin integrity and wound care will now be included in a new care plan as opposed to an update to a previous care plan should circumstances of a wound change. Evidence of consultation with residents regarding care plans will be consistently recorded and reviewed every three months or when there is a change of needs in the residents care.	Complete Ongoing

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: A number of structural deficits in the centre do not meet the requirements of the Regulations and the Authority's Standards: <ul style="list-style-type: none"> ▪ there were two four-bedded rooms and one three-bedded room ▪ a number of single and twin rooms were of insufficient size ▪ insufficient screening was provided in all twin rooms ▪ general storage space for equipment was inadequate.
Action required: Provide adequate private accommodation for residents.

Action required:	
Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	
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:
Provider's response: All complaints will now be recorded including verbal complaints. All recordings will include investigation, outcome and resident satisfaction.	Complete and ongoing

Outcome 16: Residents' rights, dignity and consultation

The provider is failing to comply with a regulatory requirement in the following respect:	
There were no arrangements in place for residents to participate in the organisation of the centre. The voting arrangements in place were not adequate to meet all residents' needs.	
Action required:	
Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.	
Action required:	
Put in place arrangements to facilitate residents in the exercise of their civil, political and religious rights.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation Standard 5: Civil, Political and Religious Rights	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The resident forum has recommenced to ensure residents can participate in the daily running of the centre.</p> <p>Postal voting will be made available to all residents in addition to the mobile residents that are transported to the local polling stations on voting day.</p>	<p>Complete and Ongoing</p>
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Theme: Workforce

Outcome 18: Suitable staffing

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>The staffing levels and skill mix at night time was not adequate to meet the needs of residents.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A comprehensive review of staffing levels and skill mix of staff has commenced in Sally Park NH for all times of the day and night.</p> <p>This review will consider the assessed needs of residents, their dependency levels along with the layout of the premises.</p>	<p>30 Sept 2013</p>

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>It was not clear if all staff had completed mandatory training in areas such as fire safety and elder abuse.</p> <p>Staff were not provided with clinical training to enable them to provide care in accordance with contemporary evidence-based practice.</p>

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:
<p>Provider's response:</p> <p>Fire Safety refresher training was completed for staff on August 7, 2013 as advised on your visit. Four staff who were not in attendance due to holidays and will complete training on September 2, 2013.</p> <p>Elder abuse training has been completed for all staff. However records and evidence of trainings will now be fully recorded to ensure compliance of all staff.</p> <p>A calendar of trainings for staff will be organised to ensure care is delivered to the highest standards.</p>	<p>2 September 2013</p> <p>Complete</p> <p>Ongoing</p>

The provider is failing to comply with a regulatory requirement in the following respect:	
Staff files did not contain all of the documentation required by Schedule 2 of 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.	
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:

<p>Provider's response:</p> <p>We have an extremely low turnover of staff in Sally Park NH which enables us to deliver continuity of care to all our residents. This ensures care is delivered to the highest standards. 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>	Complete
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<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>A number of external services providers did not have a written agreement of their roles and responsibilities while in the centre, and An Garda Síochána vetting in place.</p>	
<p>Action required:</p> <p>Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.</p>	
<p>Action required:</p> <p>Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: Regulation 34: Volunteers Standard 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All volunteers and external service providers who provide a valuable service to residents will have a written agreement in place and Garda vetting completed.</p>	30 September 2013