

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hamilton Park Care Facility
Centre ID:	ORG-0000139
Centre address:	Balrothery, Balbriggan, Co. Dublin.
Telephone number:	01 690 3190
Email address:	info@hamiltonpark.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hamilton Park Care Centre Limited
Provider Nominee:	David Pratt
Person in charge:	Deborrah Lynch
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Nuala Rafferty
Type of inspection	Announced
Number of residents on the date of inspection:	126
Number of vacancies on the date of inspection:	119

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 November 2013 09:30 To: 19 November 2013 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

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

Prior to the inspection, inspectors reviewed written evidence from a suitably qualified person confirming that the building meets all the statutory requirements of the fire and planning authorities in relation to the use of the building as residential centre for older people. All documents were submitted by the provider for the purposes of application to re-new the centre's registration. Inspectors confirmed that the provider had fully addressed the required action from the last monitoring inspection which

took place on April 2013.

Since the last inspection a number of changes had taken place including a change in the nominated person on behalf of the provider and there had been a large turnover in staff, mainly care staff. These changes lead to a lack of direct line management of auxiliary staff. In addition, new policies had been developed and implemented some as a matter of urgency. Others were still in the process of being developed. Inspectors found that these factors had led to a decrease in the quality of some areas of practice and this was having a negative impact for residents and also on staff morale.

The provider and the person in charge were found not to be operating in compliance with the conditions of registration as they were not in substantial 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. The action plan at the end of this report reflects what outcomes were not met.

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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose had been reviewed by the provider since the last inspection. A copy dated June 2013 was submitted to the Authority prior to the inspection. It reflected the requirements outlined in Schedule 1 of the Regulations.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors viewed the contracts of care and found of the 119 residents, 70 had a signed contract of care between the resident and the centre. The remaining residents had no signed contract of care in place. There was evidence that the management team had made some attempt to get these signed. However, 49 remained outstanding. Those contracts in place included the fees charged for additional services and the weekly fee to be charged but it was not clear how much of the weekly fee was to be paid through the fair deal scheme/state support and how much was paid by the resident/family.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge works full-time, is a registered general nurse and holds the required experience and clinical knowledge in the area of nursing older people. She holds a post graduate certificate in Gerontology, a diploma in management, palliative care and oncology. She is also a registered nurse prescriber. She has continued to engage in professional development to ensure her knowledge and practice is up-to-date and evidence-based. The assistant director of nursing together with the clinical nurse facilitator deputise in her absence. The assistant director of nursing also works full-time, is a registered general nurse, holds a diploma in health care management and has completed courses relating to critical care nursing. They both work closely together. There are four clinical nurse managers and a clinical nurse facilitator, one appointed to manage each of the five units. They report to the assistant director of nursing who in turn reports to the director of nursing. All household, maintenance, security and administration staff together with the 130 odd nursing and care staff report directly to the assistant director of nursing.

There had been a change in the nominated person on behalf of the provider with a director of the company and the person in charge appointed to share the vacant post. Both attended interviews to determine their fitness for the role and were found to have a satisfactory level of experience and knowledge to hold the shared post. Both were present in the centre for the registration inspection.

There was no one appointed with the role for managing human resources. There were 171 staff employed in the centre with over 20% (38) turnover of staff from various disciplines in the past year, 74% (30) turnover were from the nursing and care staff discipline. The high turnover of staff together with the lack of non-compliance in relation to outcome 4, staff files provides evidence that the current structure was not effective. There was no line manager for auxiliary staff to report to and the lack of compliance under outcomes relating to areas of practice covered by this group of staff provided evidence that the current management structure was not effective.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Records required to be kept by the provider were available for review. They were easily retrievable and kept secure. Medical and nursing records in relation to residents were complete and accessible to the inspectors. The centre was adequately insured and the insurance policy in place met the legislative requirements. Reports issued by other visiting authorities responsible for food safety and health and safety were available for review.

The policies and procedures listed in schedule 5 were available and they reflected the legislative requirement but some were not reflected in practice. For example, the recruitment policy stated that all documents listed in schedule 2 were required for each person employed to work in the centre. However, four staff files were reviewed, 2/4 did not contain three references, 3/4 did not contain evidence that the employee was physically and mentally fit for the work they were to carry out in the centre, 3/4 contained no contract of employment or job description and 1/4 had no evidence of Garda Síochána vetting in place although the employee had worked in the centre since May 2011. Inspectors noted that the person in charge had conducted an audit of staff files pre-inspection and had identified deficits including no evidence of Garda vetting on file for twenty staff currently working in the centre.

The directory of residents did not contain the required information in relation to the resident as outlined in schedule 3. The information not available included no telephone number for a number of residents' next of kin or their general practitioner and no name or address of authority/organisation/body which arranged the admission of some residents to the centre.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent for more than 28 days which required notification to the Authority. The person in charge was aware of the requirement to submit appropriate notifications. As mentioned under Outcome 4, the assistant director of nursing and one of the clinical nurse managers were named key senior managers to take charge in the absence of the person in charge.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The Authority had received two notifications of alleged abuse since the last inspection and the inspector was satisfied that both had been investigated as per policy by the provider. All staff spoken with on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected incidents. Records reviewed confirmed that staff had received training on identifying and responding to elder abuse.

Residents spoken to confirmed that they felt safe in the centre. There was a member of staff on the reception desk, where all visitors to the centre had to sign in and were given a visitors badge to wear.

There was a robust system in place for managing residents' finances and petty cash. The inspector found that practice by staff reflected the policy. There were individual records, receipts and two staff signatures available for all transactions, for each resident who had finances managed and petty cash stored for them. Storage facilities were safe and secure.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The risk management policy had been reviewed in March 2013. It met the legislative requirements. The health and safety policy and safety statement was in place - it had been updated and was signed and dated by the provider. The risk policy outlined how to undertake a risk assessment and identified that a risk management committee and a health and safety committee were in place and it included its memberships' roles and responsibilities. Both committees met on a regular basis. Minutes of these minutes were available for review. Risks are now identified in a risk register. However, the inspectors observed a number of risks not referenced in the risk register or identified by staff as a risk. They included a number of residents sitting out of bed in their single-bedded room with no call-bell within reach, full open sharp boxes left on the floor of bedrooms occupied by residents with an acquired brain injury and prescribed food supplements being stored in residents' bedrooms.

An emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. The fire alarm, emergency lighting and fire fighting equipment were maintained and all staff had attended fire safety and evacuation training. Means of escape were clear and unobstructed. There was evidence that fire drills were practised by staff and those asked knew the procedure to follow in the event of the fire alarm sounding. Infection prevention and control policies and procedures were in place. Hand-washing and drying facilities and hand disinfectant gels were available at the reception and nurses' stations and at various points throughout the centre. Staff practices in relation to hand washing were good.

However, practice did not always reflect policy. Inspectors observed that medical

equipment used on a regular basis was not clean. For example, on the first floor suction tubing, suction machines and blood sugar monitoring equipment were found to be unclean. Staff asked did not know what the policy was in relation to the frequency disposable equipment was replaced or non disposable equipment cleaned.

Inspectors were informed that a full review of the systems in place for cleaning the entire centre had been completed. Many deficits in practice had been identified and as a result new cleaning schedules had been drafted and implemented. New cleaning products, safe and secure portable storage systems and specialised industrial cleaning equipment purchased. Staff had just completed training in the use of new chemicals and equipment and told inspectors that they were familiarising themselves with the new products, procedures and recording documentation they were now required to complete. Inspectors identified a strong unpleasant odour of urine in some bedrooms and noted that plastic beakers, cups and glasses being used by residents and left on residents' bed side lockers were not clean. The general house keeping in some residents' bedrooms was not good. For example, some maximum dependent residents had numerous half finished bottles of the same soft drink on their bedside locker.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Medication management practices had not changed since the last inspection remained in compliance with legislative requirements. Inspectors reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out-of-date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice. Medication administration observed was as per the centre's policy and as per Guidance to Nurses and Midwives on Medication Management 2007 (An Board Altranais agus Cnáimhseachais na hÉireann).

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All serious accidents and incidents had been notified to the Authority by the person in charge in a timely manner. Completed incident and accident forms were reviewed by the person in charge and audited on a monthly basis. However, it was unclear how the audit results were used to improve/change practices. Inspectors found that the records of accidents on file was adequate but there was no recorded evidence that the next of kin of residents were informed when the resident was involved in an accident.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had a system in place to gather information on key performance indicators and audit care practices on a regular basis. This data was available for review. However, there was no detailed analysis of the information collected and the records did not indicate how the data gathered was used to improve the quality of care or quality of life for residents. For example, inspectors found evidence that the use of restraint on all five units was high. The person in charge said that she was confident that there had been a marked reduction in the use of restraint within the past year yet this marked reduction was not clearly evident to inspectors as audit results from one quarter were not measured against the last quarter. It was not recorded if any actions had been taken to improve practices in relation to restraint use or reduce the use of all forms of restraint used in the centre.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were being met. Consultation and review by allied health care professionals was sought and gained without delay. This was evident on review of a sample of resident files. Residents were medically reviewed within a three-monthly basis and this included a review of their medications.

Inspectors reviewed documents for a number of residents met on inspection and saw that staff nurses completed a full detailed assessment of residents on admission and there was a care plan to reflect each need identified. There was evidence that the resident and/or their next of kin was involved in the care planning process.

However, some care plans were not specific enough to reflect the complex individual needs of maximum dependent residents. For example, one resident with a tracheostomy, identified as at risk of aspiration and requiring suctioning stated "monitor tracheostomy closely" with no reference to risk of aspiration, frequency of suctioning or type of suction catheter to use. Resident assessments were updated on a three-monthly basis but changes in assessed care needs were not always reflected in the residents' care plan. For example, one resident's oral assessment found that the resident's tongue was coated. There was no care plan in place to reflect the care required to treat this care need.

There was a restraint policy in place which clearly distinguished between restraints and enablers. Staff were able to verbally distinguish between the two but could not explain why the theory was not reflected in practice. Inspectors saw that maximum dependent residents who had minimum limb movement had two bedrails in use, yet had a recorded assessment in place stating the bedrails were been used as an enabler. Residents with seat belts in place did not have any assessment in place to determine the reason for its use or indicate what alternatives were tried prior to using this form of restraint.

Scheduled activities were in place, but they were not meaningful. The person in charge stated she was aware of this and had commenced change in one of the five units, that being Nightingale Unit. Inspectors saw residents had an activity care plan in place but these were not specific enough and did not reflect the detail of planned individualised activities provided to the resident. For example, on the first floor a maximum dependent resident's activity care plan stated "likes TV/ mass, has physiotherapy sessions". However, staff told inspectors that the resident had physiotherapy four times per week, occupational therapy daily, Chaplain visits weekly for 30 minutes and went for walks in grounds with aid of one person, relative or staff. This level of detail was not in the residents care plan.

Inspectors saw there were staff allocated to plan and implement activities over five units. . Each unit had a timetable displaying activities on offer. This included one to one activities with residents who did not wish or could not participate in group activities. However, activities scheduled did not reflect the needs of the residents residing in the unit. For example, on starling unit, the high dependency unit, the inspector saw over half the residents lined up in front of a television on which a movie was being shown only one of whom had their eyes open. 18/20 residents on this unit were assessed as maximum dependent and over half had some form of cognitive impairment. The activities schedule did not reflect activities to meet the needs of highly dependent residents with or without a cognitive impairment.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The smoking room door had been replaced and was found to be closed. The room had been re-furnished and there were now three extractor fans installed all three were on and appeared to be working appropriately.

The provider had made some minor internal adjustments to benefit the residents. Internal quiet areas had been developed. These included an internal quiet area, a larger physiotherapy room and an occupational therapy room which was in the process of being re-developed to include an equipped kitchen area to aid the rehabilitation of residents on. The four six-bedded rooms in starling unit had not been re-developed to

date. The inspector was informed that plan had been drawn up for re-development but not finalised to date.

The issue of no bedpan washer in starling unit remained outstanding from the previous registration inspection. 18 residents here were dependant and incontinent of urine and faeces. Therefore this raises a concern.

Storage for equipment required by staff and residents was not adequate. This was evident by the storage of equipment on free standing shelving units in residents' private personnel space, that is, their bedroom.

Inspectors found the centre to be clean. However, residents' relatives felt bedrooms could be cleaner. The paint on wooden door frames and skirting boards in corridors was chipped off and some corridor walls appeared to need re-painting. Relatives reported that the sitting rooms were too big in each unit and because all residents were gathered in the one room, they became too noisy and too busy for residents to enjoy the communal space provided.

The premises were found to reflect the description outlined in the centre's statement of purpose.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a complaints policy in place and the complaints procedure was on display throughout the centre. The assistant director of nursing was the complaints officer and residents and staff spoken with were aware of this.

Residents told inspectors that they would speak to a nurse, the assistant director of nursing or the director of nursing if they had a complaint. Resident and relative questionnaires confirmed that they were satisfied that the arrangements in place to deal with complaints.

A review of the complaint file showed the actions taken to investigate and resolve complaints. The outcome of the complaint was all recorded. However, the complainants'

level of satisfaction with the outcome was not recorded for any of the complaints reviewed.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an end-of-life policy in place and evidence reviewed on the last inspection showed it was fully implemented. There was no resident receiving end-of-life care on this inspection.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a policy available for the monitoring and documentation of nutritional intake. Inspectors saw evidence that residents weight was recorded on a monthly basis and any decrease in weight was addressed promptly. Inspectors were satisfied that residents' nutritional requirements were being met. Residents had access to nutritional supplements which were prescribed and administered by staff. However, the choice of food, communication and service of food was not adequate.

Inspectors saw that those who ate a normal diet were provided with a choice at meal times. However, residents who ate soft purée or purée diet had no choice. The purée

diet was served appropriately on a plate and there were plenty of staff available at mealtimes to assist resident with their meal but not one member of staff asked knew what the purée was that they were feeding the resident. Staff asked included both care and kitchen staff.

At lunch time, the choice of meal for residents that could eat a normal diet was displayed on a notice board in each unit and included a picture of each main meal and desert available to choose from. A small number of bound menus were also available in each dining room and also showed pictures of the choice available but the pictures were not of the same meal and the meal served looked in no way similar to those in the pictures.

The systems in place for serving food in all five units varied. However, all systems observed fell below the basic acceptable level of service. For example, in one unit care staff entered the kitchenette bringing out one meal at a time. In another unit meal components were brought to the unit in separate large unheated plastic boxes which care staff left the lid partially opened on when the serving the 30 residents their meal one by one. Therefore, many residents' meals were not hot by the time they were served to them.

Residents were provided with a choice of drinks but the choice available varied between units and were not always independently accessible to residents.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents spoken with and those who completed questionnaires stated that they were treated with respect and dignity by staff. They described staff as interested in their well being and keen to assist them. The person in charge and assistant director of nursing were known to residents.

During the day, residents were able to move around the centre freely and visitors were welcomed throughout the day at times that suited residents. The reception area was welcoming with comfortable seating available and a private visitors' room was for

quieter moments together with a number of quiet areas off corridors.

Communication between staff and residents was poor. Staff were observed assisting dependent residents with their lunch, not communicating with them once throughout this time. Relatives who completed and returned questionnaires stated that 1:1 communication between residents and staff was not good as staff were too busy to take time to actually talk with the residents. Staff had not received training in communication with residents with a cognitive impairment. Routines and practices did not maximize residents' independence or choice. For example, at lunch time cloth type protective clothing were secured on residents. There was no communication between the staff member and the resident about this and consent was not gained.

Staff had set break times and they went on break whether finished the task in hand or not. For example, staff allocated to serve lunch to residents left in the middle of the task to go for lunch with inadequate relief in place to complete the task promptly.

Communal toiletries were in use in twin-bedded rooms. Confidential information about residents was displayed in their bedroom and/or bathroom. Notices and information to inform residents was displayed on notice boards. However, the print was not always appropriate for the residents within the unit to be able to read.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a policy in place to safeguard residents' personal property and possessions. Records reviewed confirmed that practices in place reflected the policy. Residents' personal property was recorded on admission by staff and updated on a regular basis. Resident clothing was individually labelled by laundry staff. Inspectors saw and residents confirmed they had space to store personal possessions.

Residents spoken with confirmed that they had retained control of their personal possessions and showed inspectors the lockable storage space provided in their bedroom. Inspectors saw that some residents could secure their bedroom door if they wished. As mentioned under Outcome 6 above, there were robust systems in place for managing residents' finances.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The staffing levels and skill mix were adequate to meet the needs of residents. A review of the actual staff roster confirmed this. There was at least one staff nurse rostered on each unit at all times. Staff spoken with confirmed they had the required mandatory training in place and staff files reviewed confirmed this.

However, staff did not always respond to residents' needs as detailed under outcome 16. As mentioned under outcome 4, staff files were not in compliance with the legislative requirements. Outcome 3 identified there was a high turnover of staff.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hamilton Park Care Facility
Centre ID:	ORG-0000139
Date of inspection:	19/11/2013
Date of response:	17/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

There was not a signed contract of care between the registered provider and each resident.

Action Required:

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

The registered provider will try and encourage resident/next of kin to sign contracts of care. Contracts of care will be re-issued to those without contracts. Director of Nursing is available to meet residents / next of kin to clarify any concerns about signing the contract. Completed by end of March 2014.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 31/03/2014

Theme: Leadership, Governance and Management

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

The contracts in place were not clear regarding the fees to be charged.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Fair deal rate will be added to contract of care. Each individuals fair deal rate is specific to them as it is means tested which comes directly for NHSS. Individual rates which are known to the resident / next of kin prior to admission will be incorporated into the contract of care. Completed the end of March 2014

Proposed Timescale: 31/03/2014

Outcome 03: Suitable Person in Charge

Theme: Leadership, Governance and Management

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

The support structures in place were not robust enough to enable the person in charge to carry out her role as person in charge of 126 residents and 171 staff.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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

Management structure is under review. House Keeping Manager being put in place to manage kitchen, laundry and hygiene. This manager will be responsible for the management and standards of these areas. Auxiliary staff will report directly to the house keeping Manager and in turn he/she will report to the Assistant Director / Director of Nursing. House Keeping Contractor in post since October 2013. Permanent House Keeping Manager to be in post by March.

Proposed Timescale: 31/03/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The records listed under Schedule 4 of the Regulations - employees records were not maintained to ensure completeness.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

Staff Liaison officer will extend his role to review all files. Any amendments required will be undertaken. All employment contracts will be issued to the staff by the registered provider by the end of February. Audit of the files by registered provider will take place by March 2014. All files completed and accurate by May 2014. All employee contracts issued by end of February 2014.

Proposed Timescale: 31/05/2014

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents was not maintained to include all the information specified in Schedule 3 of the Regulations.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

New directory of residents designed and ordered to ensure all information is clearly visible. Senior receptionist to maintain directory. Audit of directory to take place every three months by the Assistant Director of Nursing.

Proposed Timescale: 28/02/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Completed restraint assessment did not clearly indicate why the particular form of restraint was being used and did not state what alternatives had been tried prior to the use of a restraint been put in place.

Residents with seat belts in use as a form of restraint did not have any recorded assessment in place.

Action Required:

Under Regulation 25 (1) (f) you are required to: Maintain, in a safe and accessible place, a record of any occasion where a resident refuses treatment.

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

Residents assessed prior to the use of bed rails and seat belts. Restraint identifier form used. All use of restraints such as bed rails and seat belts discussed with resident / next of kin and General Practitioner prior to use. Assessment undertaken for use of seat belts by Nurses. All currently under review. Documentation reviewed to reflect alternatives used and their effectiveness.

Re-auditing in March 2014 and comparing to previous audits.

Proposed Timescale: 31/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Risks Identified on inspection included:

- residents sitting out of bed in their room with no call-bell within reach
- full open sharp boxes left on the floor of bedrooms occupied by residents
- prescribed food supplements being stored in residents' bedrooms.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

One resident had no call bell within reach, matter resolved and all staff reminded at hand over to ensure all dependent residents have means to all for assistance. Sharps boxes removed from the 3 rooms. Sharps bins are brought on trolleys to individual rooms when needed. This is now added to the policy.

Storage area being sourced for the storage of PEG feeds for individuals.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

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

General house keeping and cleaning practices in residents' bedrooms were not to an acceptable basic standard.

Utensils used by residents were not cleaned to an acceptable level.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Cleaning chemicals changed in dish washer thus all utensils are now cleaner. Hygiene Staff had training since September and certified. Improvements since implementation of new cleaning system. House keeping manager overseeing standards in these areas. Monthly audit by House keeping manager to take place to ensure standards are met.

Proposed Timescale: 17/12/2013

Theme: Safe Care and Support

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

Inspector found disposable suctioning equipment, suction machines and blood sugar monitoring equipment in use was not clean and staff were unaware of the policy in place for cleaning or replacing these items.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Meeting held with CNM's and Night Supervisors to ensure nurses understand the importance of cleaning as they go. Nurses re-educated in the cleaning and disposal of equipment. CNM's monitoring standards.

Ongoing

Proposed Timescale:

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no record available to confirm that the resident's next of kin had been informed of their involvement in an accident.

Action Required:

Under Regulation 36 (1) you are required to: Maintain a record of all incidents occurring in the designated centre.

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

Resident's next of kin informed of all accidents and incidents. Nursing staff reminded to document on accident and incident forms and progress notes. Education currently taking place on the use of the computer soft ware to ensure section on notification of next of kin is completed accurately.

Proposed Timescale: 17/12/2013

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

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

It was not evident if the results of completed audits were being used to improve the quality of care provided to residents or to improve the quality of life for residents living in the centre.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Going forward, audit results are re-evaluated and findings implemented and then re-audited. Links made with Age Action (outside agent) to run residents meetings to aid the evaluation of quality of care and quality of life of the residents living at the centre. The management team welcome Age Action as part of an advocacy program. Resident / next of kin surveys take place every 6 months to ascertain areas for further development and to gauge the quality of life for our residents.

Proposed Timescale: 31/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

All residents did not have the opportunity to participate in activities appropriate to his or her interests and capacities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Currently reviewing activities program. External activities consultant reviewing activity program and implementing a development program. This program includes 5 days of observation and evaluation of the activity team. A review of the current activity program. Revision and suggestions of how to implement change if needed. A demonstration for the activity team on how to prepare and deliver a beneficial program to meet the needs of the residents. On going support.

Activity training will also be given by the consultant to the activity team. These sessions would include theory and practice, why are activities important in the care setting. Person-centred care, meeting the needs of the residents. Planning and implementation, how to create an activity calendar. Sensory stimulation, what it is and who can benefit from this therapy. Team building with the activity staff and other departments. Program ideas and demonstrations.

Ongoing

Proposed Timescale:

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Each resident's needs were not set out in an individualised care plan.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Nurses have completed training with Nursing Matters on care planning. Computer system under review in order to simplify care plans. Nurses are being met with on an individualised basis to assist them in their documentation and to evaluate the need for further education.

Ongoing

Proposed Timescale:

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The paint on wooden door frames and skirting boards in corridors was chipped off and some corridor walls appeared to need re-painting.

The general housekeeping and cleanliness of resident bedrooms was not adequate.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

Skirting boards are plastic and cleaned by hygiene staff. 45 door frames were upgraded with metal coverings prior to inspection. Metal coverings ordered and remaining door frames replaced. Maintenance on going.

Proposed Timescale: 28/02/2014

Theme: Effective Care and Support

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

There was no bedpan washer available in the high dependency unit.

Action Required:

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

Bed pan washer will be facilitated in the future plan of Starling.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

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

Equipment was stored within residents' private personnel space.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of

equipment in the designated centre

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

Storage area being sourced for residents PEG feed.

Proposed Timescale: 31/01/2014

Theme: Effective Care and Support

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

The size and layout of the four six-bedded rooms in the high dependency unit were not adequate to meet the needs of the maximum dependent residents occupying the beds in each of these bedrooms.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

Planning permission for change to unit in progress with planning department. Instead of four six-bedded rooms; the unit will consist on 17 single bedrooms and six double rooms. All rooms will be en suite. It is proposed that two extra day spaces will be developed within the unit. No changes to kitchenette area or seating area or nurses station.

6 months provisionally

Proposed Timescale:

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

There was no record of the satisfaction of the complainant.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

Form revised to indicate the level of satisfaction of complainant as per legislation. This form will be used going forward. This form will be completed two weeks after letter of resolution has been sent to the complainant.

Proposed Timescale: 31/01/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The systems in place for serving meals to residents fell below an acceptable level of service.

Action Required:

Under Regulation 20 (2) part 3 you are required to: Provide each resident with food which is properly prepared, cooked and served.

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

New robust systems in place from kitchen to service. External Consultant in place to guide and support change in the kitchen. Kitchen structure changed and new personnel in place.

New equipment and Ban marie in place for the delivery and service of food. Menus revised by residents and external consultant. Training and education of kitchen personnel by external consultant taking place.

Proposed Timescale: 31/01/2014

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents in receipt of a purée diet were not offered a choice at meal time.

Drinks available at meal time were not consistent for all residents and were not independently accessible to them.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Residents in receipt of pureed diet have choice at mealtimes as per the new regime. Choice of drinks available to all residents in all units. Jugs of various drinks on tables at mealtimes for residents who can pour them.

Proposed Timescale: 31/01/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

The residents were not provided with a choice at all times.

There was a culture of 'doing for' rather than 'doing with'.

Action Required:

Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

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

Monitoring the staff's approach to residents. Education and training took place during December with Dementia Care Ireland reviewing the approach to care of resident's with dementia.

Training had taken place in Nightingale Unit in conjunction with Dementia Care Matters to shift the culture of "doing for" rather than "doing with". Change in this area progressing. Advocacy worker available for all residents. Age Action representative now in place to encourage residents to verbalise their choices.

Ongoing

Proposed Timescale:

Theme: Person-centred care and support

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

Residents were not encouraged to communicate.

Action Required:

Under Regulation 11 (3) (a) you are required to: Put in place practices that facilitate and encourage each resident to communicate.

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

Staff have completed course on communication with residents with cognitive impairment by Dementia Care Ireland. Staff to complete on line training in communication by end of February. Further training in house by speech and language Therapist for staff mid January. CNM's to monitor staff and residents communication. Activity Consultant guiding staff in alternative means or channels of communication.

Ongoing

Proposed Timescale:

