

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Park Nursing Home
Centre ID:	OSV-0000435
Centre address:	Plassey Road, Castletroy, Limerick.
Telephone number:	061 33 2680
Email address:	managercastletroy@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 February 2017 09:30	01 February 2017 18:30
02 February 2017 07:45	02 February 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. Registration for this centre is due to expire on 20 May 2017. Documentation relevant to the application to renew had been submitted in a timely manner. The inspection took place over two days. As part of the process, inspectors met with members of the management team and staff, as well as residents and relatives. Inspectors spoke with staff members, and observed practice and communication in the delivery of

care. Management demonstrated a responsive approach to regulation and a commitment to implementing quality improvements. The last inspection was undertaken on 24 February 2015. That report, including the provider's response and action plan, can be found on www.hiqa.ie. Areas for improvement identified on previous inspection had been addressed.

Since the previous inspection the service had appointed a new person in charge and a clinical nurse manager. Both these members of management were in attendance throughout the inspection and both demonstrated an effective understanding of their statutory duties and the responsibilities associated with their respective roles. Members of senior management, with responsibility for ensuring effective resourcing of the service, were in regular attendance on-site.

In advance of the inspection, questionnaires had been completed by a number of residents and relatives. Overall the feedback was positive and complimentary of staff and the quality of service delivered. However, in some instances issues were identified in relation to heating on the premises and the management of complaints. Where issues were identified management were made aware and complaint protocols were implemented or reviewed as necessary. These issues are further detailed in the relevant sections of the report.

The centre was well resourced, with access as required to a range of allied healthcare services such as physiotherapy, chiropody, dentistry and dietetics. The inspectors observed good practice during the course of the inspection. The planning of care was evidence based and informed by appropriate assessments. The centre had good access to general practitioner (GP) services and palliative care. The report is set out under 18 outcome statements. The statements describe what is expected in a designated centre and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016.

In summary, there was evidence of individual residents' needs being met and that the centre was operating in compliance with the conditions of registration granted to the centre. Overall, the inspection established a good level of compliance with the requirements of the regulations. Some areas for improvement were identified in relation to fire-safety training and the management of complaints. The person in charge and management team were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

An inspector reviewed the statement of purpose and found that it contained all the information required as per Schedule 1 of the regulations. It consisted of a statement of the aims, objectives and ethos of the centre, and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review. A copy of the statement of purpose was readily available for reference.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The centre was a well established nursing home that was privately owned and operated by Mowlam Healthcare. The director of care services for this company represented the

provider entity at the time of inspection. A well established system of governance was in place. There was a clearly defined management structure; care was directed through the person in charge with oversight by a regional healthcare manager and the director of services. The centre's management team included an administration manager and clinical nurse manager. The company operated effective communication systems; regular quality and safety meetings took place at regional and local level. Management confirmed that resources were dedicated on a consistent basis for the training and education of staff and a comprehensive training programme was in place. Action had been taken to address areas for improvement, as identified on previous inspection, that included compliance monitoring and consultation with residents around preferred activities.

The quality management system included a comprehensive audit schedule across key areas of care monitoring, such as wounds, falls and accidents or incidents. In keeping with statutory requirements, an annual quality review had been completed. The review identified areas for improvement and outlined a quality and safety action strategy for the coming year. Consultation with residents and relatives had also taken place and related input was recorded.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

An inspector reviewed the residents' guide. It was displayed in a prominent place at the entrance to the centre and staff advised inspectors that it was also given to each resident on admission. The guide referred to the rights and responsibilities of each resident and also described the services and facilities available in the centre. There was also a section outlining the procedure for complaints.

The centre had contracts in place for each resident. The contracts were based on a standard template, used in all centres run by the registered provider. The contracts set out the terms and conditions of accommodation. It clearly stated the fee payable by the resident and also itemised any additional charges. An inspector reviewed a sample of the contracts on file and found that they were signed as appropriate by the resident or their next of kin.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Throughout the course of the inspection good practice was evident in relation to maintaining records and documentation. Staff demonstrated an effective working knowledge of the electronic recording system. Where information was requested by an

inspector, the record was accessible and readily retrieved. Records reviewed were accurate and current.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were maintained in keeping with requirements. Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre, as specified by Schedule 4, were in place. These included a log of complaints and records of notifications. Most of these records were maintained electronically. Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire procedures, emergency plans and records of fire safety training and drills. Maintenance records for equipment including hoists, lifts and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The directory of residents was maintained electronically and was found to contain all of the relevant information as required by the regulations, including biographical information and relevant contact details for both relatives and the resident's general practitioner. A current insurance policy was posted at the main reception area showing that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:
Compliant

Outcome 06: 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Management understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge, in excess of 28 days. There had been no such period of absence by the person in charge since the last inspection. Appropriate arrangements were in place in the event of such an absence and a clinical nurse manager was nominated to deputise accordingly.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Areas for improvement identified on the previous inspection had been addressed. A current policy and procedure was in place on managing responsive behaviours, dated June 2016. Training was provided on dementia and the management of symptom related behaviours. A number of staff had received training on how to respond appropriately to residents who might present with such behaviours. Behaviour assessments were undertaken and focused care plans were in place as appropriate. The person in charge and clinical nurse manager both demonstrated a commitment to using the least restrictive, effective approach in managing circumstances around possible risk related circumstances of behaviour. A strategy had been implemented to continually diminish the use of restraint; the revised assessments and review had produced a 40% reduction in bedrail use. Management and staff articulated a commitment to the continued independence of residents and the policy on restraint also promoted a restraint free environment. A review on the use of restraint indicated alternatives were explored as appropriate and resources were dedicated as necessary to the provision of specialised equipment, such as low beds and sensor mats.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse, dated February 2015. A reporting officer was nominated for the management of such allegations. Procedures for recording and investigating were implemented in keeping with the relevant protocols. Notifications were returned in keeping with statutory requirements. All staff had received current training in safeguarding. Staff members spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge, and who they could go to should they have any concerns they wished to raise.

There was a policy on the management of residents' personal property and processes were in place for managing residents' belongings to ensure their safe storage and return. Residents had secure storage provided in their rooms. Systems in place to safeguard residents' money included the recording of transactions where entries were witnessed by a second signatory, and receipts were retained. A sample of such transactions was reviewed with the administration manager and appropriate safeguards

were demonstrated as in place. The administration manager was also qualified to deliver training to staff on the management of residents' personal property and related procedures.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Appropriate action had been taken in response to areas for improvement identified on previous inspection. Risk assessments were in place for stairwell access. Infection control protocols had been revised. Manual handling training and practice had also been reviewed.

The centre had a number of policies and procedures relating to health and safety measures. There was an emergency plan that defined the responsibilities for each category of staff in the event of an emergency. It included contact details for emergency services and each of the staff members who were fire wardens. The plan also outlined the procedure to follow in the event of a fire, flooding, loss of heat or loss of power. Each resident had a personal evacuation and egress plan that specified what assistance they needed in the event of an evacuation. The centre had a health and safety statement which was last updated in September 2016.

The centre had a risk register that identified certain hazards in the centre. The risks included: holding fire doors open, residents smoking, residents absconding, use of restraints. A current risk management policy was in place that referenced controls and measures for those areas of risk identified in the regulations, such as self-harm and accidental injury.

Measures were in place to manage the control of healthcare associated infection (HCAI). The centre could access the services of a clinical nurse specialist (CNS) as necessary. The CNS had implemented two infection control audits over six months in 2016. An action plan indicated that the issues identified in the audit had been addressed by the person in charge and this was confirmed in discussion with management. Staff who spoke with inspectors were clear on the procedures to follow when entering a room where the resident had a HCAI. The person in charge had introduced a protocol for segregating laundry items to reduce the risk of cross-contamination. The centre had participated in the Healthcare Associated Infection in Long-Term Care (HALT)

programme and a related survey had been completed in 2016. Access to sluice rooms was restricted and hazardous substances were secure and appropriately stored. The inspectors saw evidence of a regular cleaning routine and practices that protected against cross-contamination included the use of a colour-coded cleaning system. Staff members spoken with understood, and explained, infection control protocols clearly. A regular programme of training was in place for infection control. Good infection control practices were observed. Staff were seen to wear personal protective equipment when appropriate. Sanitising hand-gel was readily accessible and frequently used by staff.

All staff had received appropriate training in manual handling. Monitoring of manual handling practice was in place and an audit of manual handling had been completed in December 2016.

The centre had up-to-date certification of their fire equipment, fire alarm and emergency lighting as per the regulations, dated December 2016. Fire evacuation notices were displayed in prominent positions throughout the centre. There was documentation on daily and weekly checks of fire escapes and the fire alarm. Fire drills were conducted, at minimum, every six months. Fire exits were clearly signed and unobstructed. Incidents and adverse events were recorded on the centre's electronic system. Inspectors reviewed a sample of these records and found that the incidents were appropriately recorded. Incidents that required notification were being returned in keeping with statutory requirements. However, refresher fire-safety training had not been completed for a small number of staff.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A member of nursing staff demonstrated the processes in place for handling medicines, including controlled drugs, that were safe and in accordance with current guidelines and legislation. A signature bank of administering staff was maintained. Staff could reference comprehensive policies and procedures in relation to medicines management. Medicine prescription and administration records for residents were maintained appropriately that included a photograph of the resident, as well as other necessary biographical information. Information on the crushing of medicines was recorded against each medicine individually. Processes and practice around the administration of medicines were demonstrated as safe and in keeping with guidelines. The person in charge

confirmed that the pharmacist was facilitated in fulfilling related regulatory obligations and that supports were in place around the review of prescribed medicines and the provision of relevant training to nursing staff. A schedule of audits had been completed and records indicated that the implementation of any related actions were reviewed by the clinical nurse manager. Medicines that had expired, or were no longer in use, were returned to the pharmacy on a weekly basis. The date of opening was recorded on medicines such as eye-drops. Medicines were secured appropriately at all times. Times of administration were recorded and signed as necessary. The administering nurse explained that where residents might refuse a medicine, the administration record was noted accordingly for reference by the general practitioner on the next review. Where residents were administering their own medicines this practice was in keeping with appropriate advice and assessment. Residents could exercise an option to retain the services of their own pharmacist.

Judgment:
Compliant

Outcome 10: 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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
An inspector reviewed the incident log which was maintained in keeping with requirements and recorded the relevant information around the circumstances, impact and outcomes of incidents at the centre. Incidents requiring formal notification were submitted in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the regulations.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Actions identified on the previous inspection had been addressed. Care plans were now reviewed at a minimum every four months. Specific care plans were now in place where required following an appropriate assessment of residents.

Care planning assessments and records were maintained electronically and the system provided an accessible and effective oversight of the care of any individual at a given time. Hard copies of medical notes and correspondence were also on file. A clinical nurse manager demonstrated processes in relation to the development and review of care planning systems. Residents were comprehensively assessed on admission around key components of care and daily living, using standardised assessment tools. Specific care plans were developed in response to the needs identified as a result of these assessments; for example in relation to nutrition, mobility or pain. Care plans provided relevant guidance to staff on the delivery of care and set out interventions to be considered where appropriate. The centre operated a system whereby nominated nursing staff had responsibility for the management and review of designated care plans. A sample of care plans was reviewed on inspection; these were found to be monitored regularly in keeping with requirements, or as care needs changed. Of the cases reviewed, relevant person-centred care plans were in place, and there were focused plans as necessary under the headings of wound care, nutrition and falls management. A care plan around potential responsive behaviours had been developed for all residents with dementia. Staff spoken with demonstrated a well developed knowledge of each resident's profile and an effective understanding of the relevant plan of care in place to manage their assessed needs in relation to the activities of daily living.

Practice and systems in place to prevent unnecessary hospital admissions included regular attendance and review by a general practitioner (GP). Standard observations were routinely monitored on a monthly basis. Residents identified as being at risk nutritionally, following assessment with a standardised nutritional assessment tool, had their weight monitored weekly. Records reviewed indicated that residents had regular access to allied healthcare professional services, such as speech and language therapy, dental and optical services. The centre retained a physiotherapy service on site. Consultancy services in gerontology were available on referral. A dietitian attended the centre on request and provided input, as appropriate, on nutrition and related training. A chiropodist was also in regular attendance at the centre. Occupational therapy was accessible monthly. The centre could avail of a tissue viability nurse as necessary. Community mental health services were accessible. Staff and management at the centre demonstrated a commitment to person-centred care. Information around residents' personal circumstances, background and preferences was recorded in a 'Key to Me' section. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre was a purpose-built facility that had been in operation on the current site since 2008. The premises were well constructed and modern in design. The interior was maintained to a high standard with residents' rooms individually decorated and personalised. Parking facilities adequate to the service were available on site.

The centre provided accommodation for up to 56 residents, with 55 in occupancy at the time of inspection. Accommodation was laid out over two floors, comprising 52 single rooms and two twin rooms. All rooms provided a bedside locker, chair and wardrobe, and all had en-suite facilities. Access between floors was by lift or stairs. The entrance area was open plan with a reception desk, nurses' station and lift access. It provided seating and display space for art and craft works by residents. Accommodation was laid out to either side of the reception area in two wings. Each floor had a dining area that was spacious, bright and nicely decorated. A large physiotherapy and treatment room was available on the first floor. A large communal seating area was on the ground floor where residents could congregate – this space could be divided by a sliding partition. Residents could also access secure outside space and a patio area with seating and plants. On the days of inspection there was effective heating and lighting throughout the centre.

A separate area was available for residents to meet their visitors in private should they so wish. Adequate storage space was available throughout the centre. Sluice and laundry facilities were appropriately equipped. Access between floors was facilitated by a lift that was regularly serviced. Bathroom facilities were in keeping with occupancy levels and the layout of premises. Residents also had access to an assisted bath facility. Bathrooms and circulation areas provided grab-rails that supported residents to mobilise independently. Call-bells were fitted as required throughout. Appropriate assistive equipment was provided and maintenance certification was available for reference. Staff were provided with suitable changing and storage facilities.

Residents had use of a well equipped hairdressing facility. There was a small oratory for prayer and quiet space. The kitchen was equipped with facilities to support a catering service in keeping with the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes. The design and layout of the premises was in keeping with the statement of purpose and fulfilled the requirements of the regulations in meeting the needs of residents in relation to privacy, independence and wellbeing.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A site-specific complaints policy and procedure was in place, dated September 2015, that covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer. This procedure also outlined an internal appeal process. Contact information for the office of the Ombudsman was also provided. A summary of the complaints procedure was displayed at reception and in the lift.

A record of complaints and concerns was maintained electronically with copies of any related documentation on file. A review of the system indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. Relevant information was maintained about the nature of the complaint along with copies of correspondence between the service and the complainant. However, in one instance where a written complaint had been received and acknowledged, a follow-up response had not been provided in keeping with the timeframe as set out in the policy. Information on inspection also indicated that an issue had been raised in relation to the consistency of heating at the centre. However, this issue had not been recorded as a complaint at the time.

Judgment:
Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A policy dated June 2016 was available which was comprehensive, centre-specific and covered the emotional, psychological and physical aspects of resident care. The person in charge explained that the current admission process included consideration of advance care planning and related documentation was in evidence on care plans reviewed. Documentation was in place to record outcomes on decisions in relation to end-of-life care arrangements and preferences. Measures in place to prevent unnecessary hospital admissions included regular attendance and review by a general practitioner and access to the services of a palliative care team. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Family and friends were facilitated to be with their relative at the end-of-life stage. A designated room for overnight stays and the hospitality of a comfort hamper was provided. Arrangements were in place to facilitate spiritual needs and meet the diverse needs of residents. Residents were provided with a private room and had choice as to whether they wished to remain at the centre or transfer to hospital. Relevant training was available to staff as part of the regular training schedule. The centre had access to a nearby palliative care service. Appropriate courtesies were observed and there was a memorial table and candle for residents to mark their respects for those deceased.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Centre-specific policies on food and nutrition were in place, dated May 2015. In accordance with policy, residents' food, nutrition and hydration needs were comprehensively assessed on admission. Processes in place to ensure that residents did not experience poor nutrition or hydration included regular weight monitoring and the use of focused nutrition care planning for residents assessed as having specific needs in this regard.

Residents had choice as to when they took their breakfast, which was available from 7.30am. A lunch menu was provided that offered a starter and choice of main courses as well as dessert. Tea and coffee was also available. Staff were seen to offer residents refreshments regularly throughout the day. There were two dining areas, one on each floor. The dining areas were bright and clean with tables nicely set for individuals and small groups. Staffing levels were appropriate and care staff were available to provide assistance to residents at mealtimes as required. The inspectors observed lunch service on both days and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious and appetising in presentation. Classical music was playing in the background and the atmosphere was relaxed. Residents spoken with were complimentary of the food. Staff interacted well with residents and communication was person-centred and attentive.

An inspector spoke with catering staff who had been trained appropriately in food management and infection control. Communication systems were in place to ensure that meals for residents were prepared and presented in keeping with their care plans. Catering staff explained that they could reference a whiteboard for information on the individual dietary requirements of residents and that care staff also kept them informed of any particular needs, changes or preferences. The kitchen facilities were well equipped and appropriate to deliver a catering service in keeping with the requirements of the size and occupancy of the centre.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Arrangements were in place to facilitate consultation with residents that included regular residents' meetings. A member of staff attended these meetings and minutes of matters discussed were available for reference. Residents and relatives were also consulted by questionnaire. The annual quality review reported on feedback, analysis and areas addressed.

Relevant policies were in place around communication and the provision of information to residents. Appropriate use was made of assistive technologies and equipment in facilitating meaningful communication for residents. Residents were supported to use mobile phones and devices. Residents were seen to have easy access to radio, television and newspapers. Care plans reflected relevant information around the life and circumstances of residents. Staff members spoken with had a good knowledge and understanding of residents' backgrounds and interests, and were aware of specific communication needs. Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment, or other difficulties communicating. Residents and relatives spoken with commented positively on staff, their attitude and approach to care. Exchanges between staff and residents were courteous while being familiar and friendly.

The centre had access to independent advocacy services and contact details were on display for reference. Arrangements were in place to support participation in civic duties, such as voting. Access to pastoral care was supported and religious services took place regularly on site. The person in charge demonstrated a commitment to meeting the needs of a diverse resident profile. Effective consideration was given in addressing dietary requirements and providing residents with access to their faith communities. The staff member responsible for the development and delivery of an activity programme had received relevant training and was effectively supported by management to fulfil this function. Regularly scheduled activities included art, music and bingo for example. A therapy dog regularly attended the centre also. On the days of inspection residents were seen to participate and enjoy interactive physical exercise supported by staff and the physiotherapist. Documentation reviewed confirmed that residents' abilities were assessed in relation to the activities they undertook and a record of their participation was also maintained. Social and family events were encouraged. A birthday celebration took place on one of the days of inspection which was well attended and clearly greatly enjoyed by many. Residents said they felt well cared for and supported in their choices.

Inspectors observed a regular attendance of visitors and there was an open visiting policy in place. Visiting times were only restricted around healthcare considerations at times of illness. Comfortable visiting space was available, both communal and private, and residents could also receive visitors in their rooms. The use of closed-circuit television was clearly signed and for security purposes only in access areas.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A policy on residents' personal property and possessions was in place and residents were encouraged to maintain control over their belongings and possessions. An inventory of personal items was maintained. General laundry services were contracted out to an external facility. The centre provided an on-site service to manage the laundering of residents' personal clothing. An inspector reviewed these laundering processes with the responsible staff member. Appropriate equipment and processes were in place to ensure that garments were cleaned effectively. Appropriate systems were in place to ensure that clothing items could be returned to their respective owners.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Management confirmed that actions to address staffing issues as identified on the previous inspection had been implemented. A system of triage had been developed to assess requests for support from an adjacent residential facility and an extra staff member had been added to the staffing complement at night to respond accordingly.

At the time of inspection the system of supervision was directed through the person in charge. Appropriate arrangements were in place for the absence of the person in charge and a clinical nurse manager was nominated to deputise in these circumstances. A registered nurse was on duty at all times. Current Bord Altranais registration was in place for active nursing staff at the centre. Management systems were in place to ensure that information was communicated effectively through both handover processes and regular staff meetings. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Regular staff appraisals were undertaken by line management to assess performance and identify training needs. A scheduled training programme supported staff in their provision of contemporary evidence-based care, including for example, dementia and the management of dementia related behaviours, palliative care, venepuncture and wound care. Staff spoken with said they felt well supported by management in relation to the provision of training and continuous professional development. Copies of the standards and regulations were readily available and accessible by staff.

The centre had appropriate policies on recruitment, training and vetting. Inspectors reviewed a sample of personnel files; documentation in this regard was maintained in keeping with the requirements of Schedule 2 of the regulations. New members of staff completed a centre-specific induction programme and were then subject to a probationary period and review. Written agreements were in place for volunteers that set out the duties and responsibilities of their role. Appropriate supervisory arrangements were in place for volunteers. All staff and volunteers had been Garda vetted in keeping with statutory requirements.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Park Nursing Home
Centre ID:	OSV-0000435
Date of inspection:	01/02/2017
Date of response:	01/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: 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:

Refresher fire-safety training had not been completed for a small number of staff.

1. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

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

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff have now been suitably trained in fire prevention and emergency procedures. Fire safety training updates will take place on an annual basis for all staff.

Proposed Timescale: 27/02/2017

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:

An issue raised in relation to the consistency of heating at the centre had not been recorded as a complaint at the time.

2. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

This issue has now been logged as a complaint and investigated by the PIC. The Heating has now been regulated to the requirements of the home. The complainant has indicated that they are satisfied with the outcome.

Proposed Timescale: 27/02/2017

Theme:

Person-centred care and support

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

A written complaint had been acknowledged but follow up communication had not been in keeping with the timeframe as set out in the policy.

3. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

All complaints received verbally or in writing have been acknowledged and follow-up communications have been undertaken and recorded. Any new complaints will be reported, recorded, investigated and addressed with the complainant within the

timeframe as set out in the centre's Complaints Policy.

Proposed Timescale: 27/02/2017