<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sally Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000092</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sally Park Close, Firhouse, Dublin 24.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 452 6482</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sallyparknh@gmail.com">sallyparknh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Oaklands Nursing Homes Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Simon Brady</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Rosario Baldicantos</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>45</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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 judgements 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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 21 January 2014 09:30  
To: 21 January 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 02: Contract for the Provision of Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Suitable Person in Charge</td>
<td></td>
</tr>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
<td></td>
</tr>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
<td></td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 08: Medication Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td></td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td></td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td></td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
<td></td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td></td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**
This unannounced inspection was the fifth inspection of this centre which was granted registration on 2 November 2011. The purpose of the inspection was to monitor regulatory compliance and ascertain the progress made by the provider in resolving the actions identified in the previous inspection report of July 2013.

Of the twenty actions identified for completion the inspector found that 12 had been satisfactorily resolved, five had been partially resolved and three had not been satisfactorily resolved. Those actions not completed related to the premises and staffing levels at night. Actions partially resolved related to the provision of meaningful activities taking the capacity and preferences of all residents into account, recruitment practices, medication management and evidence of consultation with residents.

The person in charge was not available at the time of inspection. The inspector acknowledges that this may have impacted on the outcome as some information was not available, for instance, updated audits of incidents or medication, photographic assessment of wounds. However, this of itself indicates the need for an effective system for deputising as neither of the two nurses on duty were allocated to role of...
“nurse in charge”.

The inspector found that complaints were managed in a transparent manner, residents' fee payments and finances were detailed and accessible to them, training had been undertaken for staff in elder abuse and fire safety. Systems for consultation with residents had been implemented. Overall residents' healthcare needs were identified and managed in a timely manner with regular care planning, assessment and access to medical practitioners evident. Improvements were required however in the availability of nursing staff at night, medication management, risk management systems and recruitment procedures.

The inspector acknowledges that the premises poses significant challenges to the provider and that plans have to be made in relation to achieving compliance for 2015 in regard to the number accommodated in shared rooms and access to an adequate number of suitably adapted bathing facilities.

The actions required are outlined in the Action Plan at the end of the report.
### Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### 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.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgement:</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

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

### Findings:
The inspector was informed that all residents had a contract for services. The sample reviewed was detailed and specified the services to be provided including any services over and above the fees itemised. Charges for any additional services are only levied for residents who choose to avail of them. However, additional charges are being levied for basic laundry which is a service governed by the overall fee and not subject to an additional charge.

### 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.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgement:</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

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

### Findings:
There had been no change to the person in charge since the follow up inspection of July 2013. She is engaged full-time in the management of the centre. She is suitably qualified and experienced in management and in the care of older persons. However, the person in charge was on leave during the inspection and the inspector found that the arrangements for deputising were not satisfactory. Although there is a person
nominated to deputise this arrangement had not been implemented. The provider acknowledged this and informed the inspector that more suitable rostering arrangements would be implemented in the future.

**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 - Minor

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

**Findings:**
The inspector found that the records required by regulation in relation to residents were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place. The residents guide was available. Evidence of up-to-date and adequate insurance was available as required by the previous inspection. However, records pertaining to staff did not contain the required documentation and this is detailed and actioned in Outcome 18 of this report. Reports of other statutory bodies were available.

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

**Findings:**
The inspector reviewed the policy and procedures on the prevention and reporting of abuse and found that it was detailed and outlined responsibilities and reporting mechanisms, internally and to the relevant external agencies in the event of an allegation. Records reviewed indicated that all staff currently available had, as agreed, undertaken training in elder abuse in September 2013. A detailed review of this training was undertaken in the form of a questionnaire for staff to support learning and understanding. Staff spoken with had an understanding of the dynamics of abusive situations and were clear on their reporting relationships and responsibilities. Residents and relatives spoken with expressed confidence in the management and in staff and reported feeling safe in the centre. The provider informed the inspector that no allegations or concerns had been brought to his attention since the previous inspection and no records of such incidents were noted.

The inspector examined the invoices and other details of resident’s fee payments and found that they were correct, transparent and receipted. Residents could at any time be given a detailed statement of their finances. The inspector was informed that no monies or valuables were held for safe keeping by the provider on behalf of residents.

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

**Findings:**
The centre had a current health and safety statement signed by the provider. This was accompanied by reviews of the premises, work practices and control measures. Staff had up-to-date training in safe moving and transporting of residents including the use of equipment for assisting residents.

Fundamental safeguarding systems including handrails in corridors and bathrooms had been implemented as required following the previous inspection. Residents were provided with appropriate aids to prevent falls and maintain their independence. Clinical waste was managed in accordance with requirements.

The records available to the inspector indicated that staff had received fire training which was held on three occasions in 2013. Staff were able to indicate to the inspector the procedure to be followed in the event of a fire. There was evidence of regular unannounced fire drills being held to ensure staff were familiar with the procedures. Documentary evidence of the quarterly and annual servicing of the fire safety and management equipment was not available to the inspector on the day but was
forwarded to the inspector. The contracted fire safety personnel were on the premises at the time of the inspection. Daily recorded checks of the exit doors are completed, although a record of the visual inspection of the fire alarm was not available.

The risk management policy contained all of the matters prescribed by the regulations. This was supported by centre-specific policies on the management of residents’ going absent, challenging behaviours and falls prevention. On an individual basis residents were assessed for risk and for example, falls assessment were appropriately reviewed following any incident. A door censor and wandering alarm system was utilised where a resident was deemed at risk of going absent. The emergency plan, although very detailed contained no provision in the event of loss of power such as access to a generator. The most recent environmental health report was available and the inspector was informed that all actions were being complied with.

In the absence of the person in charge the inspector was unable to access any data collated since July 2013 in relation to accidents or incidents. The data available from that time however, had not been analysed and used to inform changes to practices or learning from adverse events.

A number of potential risks were observed during the inspection. These included a fire exit on the top floor which was accessed via a foot high step which would pose a risk to this resident population should they need to gain access, or be assisted to access to the fire escape. In addition, a large pool of water had gathered on the flat roof directly at the top of the fire escape which again posed a risk of injury. Windows on the first and second floor were unrestricted and easily accessible. One of the upstairs bathrooms contained no call-bell. No risk assessments had been undertaken on residents who spend significant periods in their room on the second floor, albeit of their own choice, should an emergency occur. An exit door to the rear of the premises was found not be connected to the censor alarms as were second and third floor fire exit doors. The inspector noted that the staff area, which contains a medication storage area, a kettle and staff belongings is completely accessible to residents. This list is not intended to be exhaustive but is reflective of the observations made on the day and time of inspection. However, it does indicate that improvements are required in the implementation of a consistent and dynamic system for the ongoing identification of both potential and actual risk, the management of risk and any inherent weaknesses in the systems.

### Outcome 08: Medication Management

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the management and administration and storage of controlled drugs were robust. However, improvements were still required. A review of a number of medication prescription and administration sheets (MARS) indicated some conflicting practices. For example, the general practitioner (GP), writes the prescription on both the medication administration sheet and also completes a separate prescription for the pharmacist. The inspector found that one medication did not have the dosage detailed on the sheet and a resident’s medication had not been signed as having being administered on four occasions. This medication had not been entered on the MARS sheet, but on a separate prescription sheet. In the inspectors view this error may have been caused by the dual system used for prescribing and administration and nursing staff may not have been aware of the additional medication.

Procedures for the disposal and or return on unused out-of-date or discontinued medication were not sufficiently adhered to. There was inconsistent evidence that resident’s medication was regularly reviewed by the GP, unless this was required by illness or change in health status. No audits of medication management practice were available on this inspection.

**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 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:**
Effective Care and Support

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
From a review of six care plans and medical records the inspector was satisfied overall that the healthcare requirements of residents were met with some improvements required. Up to five GPs provided medical care for the residents. Out-of-hours cover is provided. The specific actions identified by the previous inspection had been addressed. Resident’s needs were assessed using evidenced-based assessment tools and the
outcome of these assessments was then translated into a detailed relevant care plan for intervention. These included risk of pressure areas, nutrition, falls and support with the activities of daily living. There was evidence that these assessments and care plans were reviewed as required or on a three monthly basis. Staff were aware of the content of the care plans.

There was evidence of referral to acute care services and allied health services including physiotherapy, occupational therapy and mental health services. Pre-admission information and transfer information was available. However 11 residents were on modified diets and the inspector found that it was very difficult to ascertain how these decisions had been reached as evidence of referral to speech and language services other than where this intervention had been implemented in the acute care setting was not available. Staff were aware of the dietary needs of these residents however, including levels of fluid necessary and supplements were also seen to be prescribed and available. Residents weights were monitored and reviewed.

A care planning review document had been developed since the previous inspection to detail consultation with either residents or relatives. This was not consistently completed however and the provider stated that this work was in progress. Relatives and residents informed the inspector that they were kept informed and were aware of the content of care plans.

A revised assessment tool for the use of bed-rails had been introduced which was satisfactory and indicated the risk of use and non use of the bed-rails and alternatives such as crash mats were provided. Residents at risk of developing pressure areas had relevant care plans implemented to prevent deterioration. Specialised mattresses and seating were used to prevent occurrences. It was noted that only two residents had wounds. A review of the treatment plans found that these were appropriately assessed, the intervention adhered to and where relevant they were referred to specialists for review. The inspector was informed that photographs were used to monitor progress but these were not available on the day of inspection. Appropriate care plans for residents with communication difficulties or challenging behaviours had been implemented.

Residents spoken with confirmed that staff were prompt in responding to their care needs and that they had regular review by the general practitioner (GP). Nursing notes reviewed by the inspector indicated that staff responded in a timely manner to any changes in residents health status.

From observation and conversation the inspector found that some work is still required in the provision of meaningful activities for the resident population. At the time if this inspection there was a volunteer from a local school available to chat with residents, music, art and group exercise was available. All activities are scheduled for the afternoons of Monday, Tuesday, Thursday and Friday. A number of residents are unable or unwilling to participate in such group activities and one resident in particular was observed to be alone for significant periods of time without a significant amount of interaction, although staff informed the inspector that she loves to chat.
**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 - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
By virtue of its age and configuration a section of the premises poses significant challenges to the provider in meeting the requirements of the standards and regulations.

Communal areas were comfortable and homely. The centre was well heated and resident’s rooms were personalised. Each resident has a small locked space for secure storage and there is sufficient storage for personal belongings. The kitchen is well equipped and there are staff changing and washing facilities provided. Examination of the maintenance and servicing record indicated that all equipment for residents safety and well-being including the three hoists, specialist beds, chairs and the lift were serviced by contract and all had been serviced in 2013. A functioning call-bell system is available and an additional alarm is available for staff in terms of security.

There is a large garden located to the front of the premises adjoining the driveway with a small courtyard area in the centre of the building. It is well maintained. The garden directly accesses the main road however and is not secured in any way. The provider stated that there are always staff in the area if residents are outside to ensure their safety however. The older section of the premises was observed to require some improvements in terms of painting and refinement of pipe work in particular in the bathrooms to support good infection control practices.

The findings of the previous inspections identified specific non-compliances in relation to aspects of the premises suitability and these have not been addressed. However, the time frames given by the provider have not yet expired. In his response to that report the provider stated that he had submitted plans to the relevant Authority for an extension and remedial works which would address these deficits. However, on this inspection the provider stated that full planning permission had not yet been sought due to the restrictions involved in the older "listed" section of the premises.

The specific issues identified included:

Two four-bedded and one three-bedded room which do not meet the requirements of
the Standards.

A number of single and twin rooms were of insufficient size to meet the requirements of the Standards. Suitable screening was provided but general storage space remains an issue with individual commodes, wheel chairs and hoists being stored in corridors, communal areas and en suite bathrooms.

Of more concern however, was the fact that there is an insufficient number of assisted baths and showers in suitable locations to meet the needs of the residents. There were three assisted showers on the ground floor. However, there are 26 residents accommodated on the first floor and 10 residents accommodated on the second floor. The first floor contains a non assisted bathroom which contains a suitable bath seat. The second floor contains and unsuitable shower and one unassisted bathroom located off a three-bedded room. In reality, the provider stated that residents do not use these facilities but use the suitably adapted shower rooms on the ground floor accessed either via the lift or the stairs for those who are mobile.

**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There are written operational policies and procedures for the making and management of complaints and an external appeals process. The procedure is available to residents. The inspector found good practice overall in the management of complaints and the action required from the previous inspection in relation to this had been addressed. Examination of 11 complaints documented since the previous inspection found that they were addressed promptly by either the provider or the person in charge, the outcome was detailed and the view of the complainant was detailed on the records. Residents and relatives informed the inspector that they could raise issues and were confident that staff or the person in charge or provider would deal with them.

**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: Compliant

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

Findings:
The actions required from the previous inspection in relation to screening and privacy in bedrooms had been met. Appropriate voting armaments have also been addressed to ensure residents retain their rights to participate as citizens regardless of their mobility. There was an open visiting policy and space available for privacy. Residents confirmed that they had choice in routines and could exercise this. Resident’s preferences, for example, remaining in their room were respected and staff were found to be knowledgeable on individual residents routines. Access to local and national media was available on a daily basis. Religious affiliations were well supported. Staff were observed being respectful of residents privacy when providing care, entering their rooms or discussing their care needs.

Two residents meetings were held in September and October 2013. These were attended by circa 10 residents. The content of the meetings had been revised to include day-to-day life in the centre such as meals, activities or events. There was evidence that these meetings had resulted in changes for example, art and quizzes as an activity. Residents informed the inspector that they could, on an individual basis, make suggestions to the provider and he would respond appropriately.

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: Non Compliant - Major

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The inspector reviewed the actual and planned staff roster and from observation was satisfied that there was a sufficient number and suitable skill mix of staff on duty on the day to meet the needs of residents and take account of the size and layout of the premises. Staff were allocated to each section of the premises in the morning. However, given the size and layout of the premises the staffing levels at night still require review. The provider stated that he had, for a period, assigned a second nurse to a twilight shift until 10 PM but this had proved to be unnecessary and was removed. However, the layout of the building and the possibility of a medical or environmental emergency indicates that this is not sufficient. Residents stated that staff responded quickly to their call-bells at night.

While there were two nurses on duty each day however, there was no designated as to nurse in charge with responsibility in the absence of the person in charge or deputy.

Examination of the recruitment procedures and a sample of four personnel files demonstrated that although improvements had been made further work was required in systems for safe recruitment. The most recently recruited staff did not have photographic identification, or evidence of physical and medical fitness and the most relevant reference had not been requested. There was a high dependence on testimonial type references and there is no evidence that the provider is verifying information received. In terms of external agencies’ that provide services to residents, such as hairdressing or cleaning, some improvements had been made and Garda Síochána clearance had been procured. The provider also stated that written agreements had been made regarding such services. One agency provides the cleaning personnel for the centre. The provider was in receipt of confirmation from the agency of the required documentation and training. He had procured Garda Síochána vetting on four of the personnel but not on one and this information was not available for another volunteer. There was no evidence of police clearance being sought for person from other jurisdictions. Evidence of professional registration with relevant professional bodies was available for nursing staff with the exception of two. The provider agreed to revert to the inspector in relation to this.

Documentary evidence of completed (FETAC) Further Education and Training Awards Council, level 5 training for the care assistant staff was not available but the provider informed the inspector that all except one had completed this training. The availability of records in relation to other staff training such as elder abuse and fire training had improved however. In terms of additional training pertinent to the resident population the provider stated that all staff underwent falls prevention training in December 2013, the person in charge had undergone infection control training and the provider had undertaken training in emergency management. Comments from residents were very positive as to staff kindness and response to them and communication as observed by the inspector was respectful.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Sally Park Nursing Home
Centre ID: ORG-0000092
Date of inspection: 21/01/2014
Date of response: 03/03/2014

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:
Additional charges were being levied or services which are currently governed by the overall fees 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:
Resident Contracts do include all items that will be charged for on an individual basis, in Sally Park NH we do not charge for group activities.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 28/02/2014

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

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records required by Schedule 2 were not complete.

Action Required:
Under Regulation 24 (1) you are required to: Maintain, in a safe and accessible place, a record of the name, date of birth and details of position and dates of employment at the designated centre of each member of the nursing and ancillary staff; details of the qualifications and a copy of the certificate of current registration of each member of the nursing staff employed; and appropriate weekly duty rosters covering 24 hour periods.

Please state the actions you have taken or are planning to take:
Certificates of registration with An Bord Altrantais for the two nursing staff are now available.

Proposed Timescale: 28/02/2014

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:
A number of potential risks had not been identified. These included unrestricted windows on the first and second floor. No call-bell was available in one bathroom. No risk assessments had been undertaken on residents who remain in their rooms on the second floor. Some exit doors were alarmed exit doors. and the staff area had not been assessed for risk of accidents to residents.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
The Risk management policy covers precautions in place to control the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Risk assessment and management of such risks are updated on a regular basis for
additional risks identified. All risks identified will be assessed and managed as they occur. Risks identified on your visit have been assessed with controls put in place to manage such risks.

| **Proposed Timescale:** 28/02/2012 |
| **Theme:** Safe Care and Support |

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

There was no adequate system for identification, investigating and learning from adverse events.

**Action Required:**
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Risk assessment and management of same risks will continuously be assessed, monitored and precautions put in place for all such risks as they occur so as to prevent re-occurrence. Auditing of all incidents and accidents are completed on a regular basis to ensure we learn from all incidents and near misses.

| **Proposed Timescale:** 28/02/2014 |
| **Theme:** Safe Care and Support |

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

No arrangements had been made in the emergency plan for access to an alternative power source in event of a power loss.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
We are currently on a priority supply line with our Electricity provider; however, We are investigating the supply of an alternative power source (Generator) in the event of a power loss.

| **Proposed Timescale:** 31/03/2014 |
| **Theme:** Safe Care and Support |
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Means of access from the top floor of the premises in the event of a fire required review.

**Action Required:**
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

**Please state the actions you have taken or are planning to take:**
The means of access from the top floor have been reviewed. A full risk assessment is now complete with controls and precaution put in place to manage same risk.

**Proposed Timescale:** 28/02/2014

### Outcome 08: Medication Management

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practices in the management of prescribed medication and administration were not consistently satisfactory.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
Practices in the prescription and administration of medication have now been updated in consultation with our pharmacist.

**Proposed Timescale:** 28/02/2014

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practices in the disposal of unused and discontinued medication were not consistent and in accordance with the policy.

**Action Required:**
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations,
guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Please state the actions you have taken or are planning to take:
Disposal of unused and discontinued medication are now consistent and in accordance with our medication management policy.

Proposed Timescale: 28/02/2014

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:
Activities available were not inclusive of all residents needs 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:
A full activity program is in place within Sally Park NH, Activities take place on a daily basis. Sally Park NH has commenced a Sonas activity program and study taking place over a six month period this year for our residents to ensure we include all residents of all capacities. This study will map the effect of multi-sensory stimulation on quality of life, depression, anxiety, agitation and communication in nursing home residents with moderate to advanced dementia.

Proposed Timescale: 30/09/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records and evidence of referral to allied health services were not maintained in all instances.

Action Required:
Under Regulation 9 (4) you are required to: Maintain records of all health care referrals and follow-up appointments.

Please state the actions you have taken or are planning to take:
Records of all referrals to allied health services will be maintained. In Sally Park NH we have direct access to specialist services.
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:
Two four-bedded and one three-bedded room will not meet the requirements for 2015.

A number of single and twin rooms were of insufficient size to meet the current requirements of the Standards.

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:
The provider is aware of the regulations and standards in relation to room occupancy and room sizes and is in the process of seeking planning permission. Final plans are nearing completion to comply with the above.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient storage space for equipment required for residents.

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:
Additional provision for storage of equipment is included in the renovation plans.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There is an insufficient number of suitable baths and showers in easily accessible locations to meet the needs of the residents.

Action Required:
Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

Please state the actions you have taken or are planning to take:
There are sufficient numbers of baths and showers, however new bathrooms are included in the plans in appropriate locations.

There are currently three assisted showers, one assisted bath, one additional shower and one additional bath in the home.

Proposed Timescale: 31/05/2015

Outcome 18: Suitable Staffing
Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Given the size and layout of the premises the staffing levels and skill mix at night require review.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
A full review of staffing levels and all aspects of the care and welfare of our residents at night was undertaken following our last inspection. Changes in practices and procedures were implemented following this review as outlined to you on your visit. Current night staff are very well experienced, educated and provide excellent care to all our residents. We will continuously review staffing levels and skill mix to ensure we provide care to the highest standards.

Proposed Timescale: 28/02/2014

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no designated nurse in charge of the centre in the absence of the person in charge.

Action Required:
Under Regulation 16 (2) you are required to: Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and
maintain a record to this effect.

Please state the actions you have taken or are planning to take:
We will ensure that the deputy person in charge is available at all time to deputise for the Person in charge when she is on annual leave.

Proposed Timescale: 28/02/2014
Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the documentation for staff required by the Regulations had not been sourced..

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
The most recently recruited staff member now has photographic identification, and evidence of physical and medical fitness. All staff files are now updated with regulatory requirement in relation to the necessary documents. All references are checked to ensure authenticity.

Proposed Timescale: 28/02/2014