Centre name: Parke House Nursing Home
Centre ID: ORG-0000083
Centre address: Boycetown, Kilcock, Kildare.
Telephone number: 01 610 3585
Email address: parkehousenh@gmail.com
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: Parke House Nursing Home Limited
Provider Nominee: Alan Shaw
Person in charge: Judy Glennon
Lead inspector: Julie Pryce
Support inspector(s): None
Type of inspection: Announced
Number of residents on the date of inspection: 66
Number of vacancies on the date of inspection: 0
About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
05 June 2014 08:30 05 June 2014 17:30
06 June 2014 11:00 06 June 2014 15:30

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

| Outcome 01: Statement of Purpose |
| Outcome 02: Contract for the Provision of Services |
| Outcome 03: Suitable Person in Charge |
| Outcome 04: Records and documentation to be kept at a designated centre |
| Outcome 05: Absence of the person in charge |
| Outcome 06: Safeguarding and Safety |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Medication Management |
| Outcome 09: Notification of Incidents |
| Outcome 10: Reviewing and improving the quality and safety of care |
| Outcome 11: Health and Social Care Needs |
| Outcome 12: Safe and Suitable Premises |
| Outcome 13: Complaints procedures |
| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |
| Outcome 16: Residents Rights, Dignity and Consultation |
| Outcome 17: Residents clothing and personal property and possessions |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection
This inspection of Parke House Nursing Home took place over two days following an application to vary the conditions of registration in relation to an extension of 69 beds to the current nursing home.

As part of the inspection the inspector spoke with staff, management, residents and family members, visited both the original nursing home and the new extension, and examined documentation such as policies, care plans, medication management documentation and existing and proposed staffing rosters. Relatives questionnaires which had been returned either to the Authority or to the Nursing Home were also reviewed.
The inspector visited the new part of the building which was complete apart from some work to extend the existing kitchen and to finalise work on a new salon and spa. The building was finished to a high standard, bedrooms were ready for occupancy and additional facilities in order to manage the increase in numbers of residents were included. The original wing of the nursing home had for the most part also been refurbished to a high standard. There was evidence of careful planning in terms of the layout and decor of the home in order to suit the needs of residents.

The inspector found that adequate preparation had been put in place to manage the increase in the number of residents, including an admission plan, staffing resources and management structures.

There was evidence of a high standard of care amongst the current residents and significant improvements had been made for example in relation to care planning since the last inspection.

Some further improvements were required in the areas of care planning and the management of restraints, and these are further discussed in the body of the report and in the action plan at the end of the report.
### Outcome 01: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The Statement of Purpose included all the requirements of the Regulations.

### Outcome 02: Contract for the Provision of Services

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The inspector was satisfied that structures and processes were in place to manage the significant increase in the number of residents.
**Outcome 03: Suitable Person in Charge**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The inspector was satisfied that structures and processes were in place to manage the significant increase in the number of residents. Both the Person in Charge and her deputy were sufficiently skilled, experienced and qualified to safely administer the increase in number of both residents and staff, and new management structures and processes were planned to support the transition.

**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:**
Compliant

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

**Findings:**
The inspector was satisfied that system for documentation and recording keeping was sufficient for the additional capacity.
**Outcome 05: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The inspector was satisfied that deputising arrangements in place was sufficient for the significant increase in the number of residents.

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**Outcome 06: Safeguarding and Safety**

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

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
There was evidence that the provider had put provisions in pace to safeguard the safety of residents during the transition period of admitting new residents.

An admissions schedule had been planned with a maximum of 5 admissions a week, and a planned staffing roster to facilitate these increases was available. Adequate arrangements had been made to the management structures of all departments including catering and nursing.

There was evidence that management had discussed and managed aspects of safety and management of the transition, and systems were in place to monitor the quality and safety of care delivery.

Residents reported that they felt safe and comfortable in the home, and some short term residents were also able to describe the welcome which awaited them at the door.
of the home on their transfer from acute services.

**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:**
Compliant

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

**Findings:**
The risk management policy had been reviewed and updated and included all the aspects required by the Regulations.

The infection control policy was detailed enough to guide practice, and there was clear evidence of practice reflecting this.

Accidents and incidents were managed by the use of a software package whereby the implementation of action plans following incidents was clearly monitored, and any trends in incidents were identified.

Fire safety in the nursing home is well managed, and all required safety features were in place in the new wing.

**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
Following review of the actions required form the last inspection, there was clear evidence of the action plan having been implemented. The medication policy was detailed enough to guide staff, and there was a policy on the use of crushed medication
in place. There was evidence of the input of the pharmacist into staff training, audit, liaison with the General Practitioner and safe medication management.

**Outcome 09: Notification of Incidents**  
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Care and Support

**Judgement:**  
Compliant

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

**Findings:**  
The inspector was satisfied that the person in charge was aware of the requirements to notify the Chief Inspector as detailed in the Regulations.

**Outcome 10: Reviewing and improving the quality and safety of care**  
*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**  
Effective Care and Support

**Judgement:**  
Compliant

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

**Findings:**  
The inspector was satisfied that there was sufficient structures and processes in place to review the quality and safety of care and implement changes required.
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. 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:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome was examined in relation to the action plan from the previous inspection, and significant improvements had been made in care planning. There was evidence of care planning around the management of challenging behaviour, and care plans were reflecting residents' assessments. For example where residents had falls assessments there were care plans in place to guide staff in the management of safety in this areas.

However some improvements were required. For example whilst some of the care plans around the use of restraints gave clear evidence of all alternatives to the restraint having been tried or considered, this was inconsistent in that it was not in place for all residents. In addition a care plan examined by the inspector in relation to the care of a resident with epilepsy lacked clarity regarding the emergency management of seizures. In addition the management of seating for one resident did not reflect the guidance in the care plan.

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

### Findings:
The new wing of the nursing home will accommodate an additional 69 residents and included en suite bedrooms, adequate bathroom facilities, sluice areas and kitchen facilities. There was spacious and comfortable sitting, recreational and dining space, furnished and decorated to a high standard. One of the living areas looked out onto a realistic shopscape, complete with street lighting, pavements and benches for residents to relax on.

The reception area was presented in a similar way to a hotel foyer, complete with a reservations area at which residents may book appointments at the spa or salon.

The entire building was spacious, complete with fixtures and fittings of a high standard, and decorated in a tasteful and homely manner.

It was evident that consideration had been given to the needs of the type of residents identified in the Statement of Purpose, and in addition the original wing of the nursing home had for the most part also been refurbished.

<table>
<thead>
<tr>
<th>Outcome 13: Complaints procedures</th>
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<tbody>
<tr>
<td>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.</td>
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<th>Theme:</th>
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<tr>
<td>Person-centred care and support</td>
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<th>Outstanding requirement(s) from previous inspection:</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<tr>
<th>Findings:</th>
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<tbody>
<tr>
<td>The inspector was satisfied that system in place for the management of complaints was sufficient to manage the significant increase in the number of residents.</td>
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<th>Outcome 14: End of Life Care</th>
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<tr>
<td>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.</td>
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<tr>
<td>Person-centred care and support</td>
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Judgement:  
Compliant

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

Findings:  
The inspector was satisfied that structures and processes were in place to manage the significant increase in the number of residents.

Outcome 15: Food and Nutrition  
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:  
Person-centred care and support

Judgement:  
Compliant

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

Findings:  
The inspector examined the facilities in the new extension, the arrangements in place for catering for the increase in numbers, and the current facilities and practices in relation to food and nutrition.

The extension included a large spacious comfortable main dining area and two smaller dining areas in the areas where people who would require more assistance would be served. It also included a kitchen area adequate for the service of meals which it was intended would be supplied in a large heated bain-marie trolley from the main kitchen.

The inspector was satisfied that the catering manager and head chef had a clear plan for the service of meals, had been involved in the planning for the management of increasing numbers and were fully prepared for the transition.

Preparation and service of the main midday meal was observed by the inspector during the inspection. Food was nutritious, plentiful, hot and well presented. Residents were afforded several occasions to make choices, and all who spoke to the inspector praised the standard of meals and snacks served to them. Modified diets were well managed and presented.
### 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.*

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

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

**Findings:**
The inspector was satisfied that structures and processes were in place to manage the significant increase in the number of residents.

### Outcome 17: Residents clothing and personal property and possessions

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

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

**Findings:**
The inspector was satisfied that structures and processes were in place to manage the significant increase in the number of residents.
**Outcome 18: Suitable Staffing**

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

**Theme:**  
Workforce

**Judgement:**  
Compliant

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

**Findings:**  
The inspector examined the current staffing levels, supervision structures and management systems, and reviewed the plans for managing these both during the transition and for full capacity of the new extension.

The staffing levels and skill mix were adequate to meet the needs of the residents. The projected staff intake was adequate to meet the needs of the increasing number of residents.

A staff appraisal system was in place, and there was a satisfactory plan for the change of management structure to accommodate the increasing numbers of staff in all departments. An induction process was in place for new staff members, and the plan for the transition included moving existing staff into the new wing initially.

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**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:**

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

**Centre name:** Parke House Nursing Home

**Centre ID:** ORG-0000083

**Date of inspection:** 05/06/2014

**Date of response:** 19/06/2014

**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 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:**

Guidance in care plans was not always implemented.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

On the day of the inspection the seating of one resident did not reflect the guidance in the care plan. This resident was referred to the Occupational Therapist on the day of the inspection and an appointment has been made with them to come to Parke House Nursing Home to assess the resident. In the meantime the chair has been altered and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
now meets the resident’s needs and this is reflected in their care plan.

All care plans for residents with epilepsy have been updated and there is now clear guidance to all staff in the management of seizures.

All residents in the restraint register now have clear evidence in their care plans of all alternatives to restraint that have been tried and discussed with the resident and/or their family.

Since the day of the inspection an internal audit has been carried out on all care plans.

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<td><strong>Theme:</strong> Effective Care and Support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some aspects of care plans were incomplete or unclear.

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

**Please state the actions you have taken or are planning to take:**
Further Care Plan Training and Education will be provided to staff on all issues identified.

Internal and External Care Plan Audits will continue to ensure all care plans meet the regulations.

A plan has been put in place to put all care plans on an electronic residential care planning system.

| Proposed Timescale: 28/06/2014 |