Centre name: Central Park Nursing Home
Centre ID: OSV-0000328
Centre address: Clonberne, Ballinasloe, Galway.
Telephone number: 093 45 231
Email address: maguire667@hotmail.com
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: AllanBay Limited
Provider Nominee: Caroline Maguire
Lead inspector: Lorraine Egan
Support inspector(s): Patricia Tully
Type of inspection: Announced
Number of residents on the date of inspection: 48
Number of vacancies on the date of inspection: 16
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, well-being 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 well-being 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.
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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>27 August 2014 10:00</td>
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<td>28 August 2014 09:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

As part of the inspection, the inspectors met with residents, relatives, staff and members of the management team. The inspectors observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files. An inspector reviewed questionnaires completed by residents and relatives.

Throughout the inspection, the provider, person in charge and members of the management team were competent in their roles and showed a commitment to providing a good quality service to residents. The person in charge and the provider were knowledgeable of their responsibilities under the Regulations.
Feedback from residents and families was positive of the care received. Residents were also complimentary of the food and of the staff working in the centre. Residents said they felt safe, were listened to and would speak with the person in charge or provider if they had any concerns.

Inspectors found good practice in areas such as dementia care, governance and management. However, improvements were required including some significant issues. Inspectors issued two immediate actions in relation to risks associated with the window openings and the fire door of the laundry room. The immediate actions are included in the action plan under Regulation 26 (1)(a) and Regulation 28 (1)(a).

Improvement was also required in the following areas:
- reviewing and improving the quality and safety of care in the centre
- review of a number of policy documents
- identification and management of some risks in the centre
- the procedures in place to ensure residents were protected by safe medication management practices
- review of residents’ care plans to ensure care was provided in line with assessed needs
- the procedures in relation to residents’ Do Not Attempt Resuscitation orders
- the use of CCTV in the centre
- screening in a twin bedroom
- the procedures for ensuring residents’ clothing was labelled and returned to residents following laundering.

The findings are discussed in the report and the actions required and the provider's responses are included in the Action Plan at the end of this 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**
The statement of purpose was reviewed by inspectors and found it did not meet all legislative requirements as it did not include some of the information set out in the Certificate of Registration and the arrangements made for consultation with, and participation of, residents in the operation of the designated centre. This was brought to the attention of the provider on the day of the inspection and it was immediately amended to include these items. On review of the amended document an inspector was satisfied that the statement of purpose complied with the regulations and accurately described the aims, objectives and ethos of the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**
There was a clearly defined management structure which identified the lines of authority and accountability in the centre, however, areas for improvement had not been identified through the centre’s auditing and monitoring processes.
The registered provider worked in the centre alongside the person in charge. In addition, the centre had appointed a second director of nursing to manage the dementia specific unit. The provider, person in charge and director of nursing demonstrated responsiveness throughout the inspection by immediately responding to areas for improvement brought to their attention during the inspection.

The person in charge and director of nursing had carried out audits in a number of areas and both the provider and person in charge told an inspector that the centre’s management team reviewed the audits and identified areas for improvement. However, improvement was required to the auditing and monitoring of residents’ care plans and medication practices as an inspector identified a number of areas for improvement, which had not been identified through the management team’s review of audits carried out.

In addition, there was no documented annual review of the quality and safety of care delivered to residents in the centre and the reviews in place had not taken place in consultation with residents and their families.

Judgment:
Non Compliant - Minor

**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:
Contracts had been amended since the introduction of the 2013 Regulations and clearly set out the fee to be charged, the services to be provided and any extra fees payable by the resident, and were in the process of being issued to all residents.

The Residents' Guide met the requirements of the Regulations.

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.

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

No actions were required from the previous inspection.

**Findings:**

The centre was managed by a suitably qualified registered nurse with experience in care of the elderly. She had been person in charge of the centre since it opened and she demonstrated knowledge of the residents’ needs, clinical care and her statutory responsibilities.

She was engaged in the governance and operational management of the centre alongside the provider. She was observed interacting with the residents and it was clear the residents knew her well and residents spoken with said they would speak with her if they had any concerns.

**Judgment:**

Compliant

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### 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.

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

No actions were required from the previous inspection.

**Findings:**

Records were maintained in a complete and easy to access manner and were kept securely. Residents’ records were stored in a secure manner with staff access on a required basis.
The centre had recently reviewed all policies and had introduced new policies in line with the 2013 Regulations. Some improvements were required to the policy on the prevention, detection and response to abuse and to the risk management policy.

The policy on the prevention, detection and response to abuse did not outline timelines of an investigation into an allegation of abuse. In addition, it did not specify who would be responsible for the investigation if the alleged abuser was the person in charge of the centre and it did not state the centre’s response in the event the alleged abuser was a member of staff or management in the centre.

The risk management policy required updating as it included reference to the events which required notifying to the Authority in line with the 2009 Regulations and had not been updated in line with the 2013 Regulations which came into effect on 1 July 2014.

Judgment:
Non Compliant - Minor

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:
The provider was aware of her responsibility to notify the Authority in the event the person in charge was absent from the centre for 28 days or more.

The provider or the director of nursing for the dementia specific unit take the role of person in charge of the centre in the absence of the person in charge.

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):
No actions were required from the previous inspection.

Findings:
Measures were in place to safeguard and protect residents, however, the policy on the prevention, detection and response to abuse required improvement.

Staff had received training in how to detect, prevent and respond to abuse and staff spoken with knew what to do in the event they received, witnessed or suspected an allegation of abuse. Residents spoken with said they felt safe in the centre and said they would speak to the person in charge, the provider or the nurse on duty if they needed to.

The policy on the prevention, detection and response to abuse required improvement and this is discussed under Outcome 5.

There was a policy and procedures in place for responding to behaviours that challenge and staff had received training in responding to behaviours that challenge. Efforts had been made to identify the cause of behaviours that challenge and the centre had identified and responded to residents’ behaviours which had resulted in the decrease and elimination of behaviours that challenge for some residents. There were clear guidelines in place in regard to the use of chemical restraint and the measures to be taken to identify the cause of the behaviour. Records showed that chemical restraint was not used on a regular basis.

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):
No actions were required from the previous inspection.

Findings:
The centre had policies and procedures in place to protect and promote the health and safety of residents, staff and visitors. However, improvement was required to the identification and management of risks in the centre and two immediate actions were issued in relation to risks in the centre.

The centre’s risk management policy required amendment to ensure it covered all of the Regulations, including, the accidental injury to visitors and the up-to-date list of serious
incidents or adverse events to be notified to the Authority in line with the 2013 Regulations.

The centre had arrangements in place for the identification, recording, investigation and learning from any serious incidents or adverse events involving residents however, this was not included in the risk management policy.

The centre had a comprehensive risk register in place, which identified a range of risks in the centre and the control measures in place. However, some risks identified by inspectors had not been recognised as risks and two immediate actions were issued to the provider in relation to the lack of window restrictors in place and the disengaged self closing spring on the fire door to the laundry room.

Other risks identified by inspectors, which required review were a risk in relation to the unsatisfactory toilet supports, an unsteady dining table which resulted in putting a resident at risk when attempting to stabilise the table, the temperature of the radiators in the dementia specific unit and the disengaged self closing spring on the fire door to a manager’s office. In addition, a risk assessment of the swimming pool area was required prior to it being opened for use. The provider told inspectors these issues would be addressed.

Arrangements were in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property, which included arrangements for responding to a missing resident and missing persons’ drills were taking place in the centre. Some improvement was required to the response to a missing resident as there was no outline of the time lines for contacting An Garda Síochana, next of kin or other relevant persons if a resident went missing from the centre.

Staff had received training in moving and handling and good moving and handling practices were observed.

Suitable fire equipment was provided in the centre and records showed that all equipment had been serviced. The fire alarm and emergency lighting had been serviced and written confirmation that the centre complied with all requirements of the statutory fire authority had been submitted with the centre’s application to register the centre. Staff had received training in fire prevention and staff spoken with were clear in what to do in the event of a fire. Fire drills were taking place on a regular basis and at different times of the day.

Judgment:
Non Compliant - Major

**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:
Measures had been implemented to ensure residents were supported by appropriate medication management however, significant improvements were required.

The centre had policies relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to the procedures in place to ensure residents were safeguarded by appropriate medication practices.

Residents’ prescription sheets required improvement as not all prescription sheets specified the route of medication and the maximum dose of PRN (as required) medication. In addition, the medication sheets required clarification regarding the dosage of medication as different methods were used on the same sheet to denote the times of administration, which could increase the risk of a medication error.

Some medications were not signed as administered on drug recording sheets and there was no reason identified for this. This was brought to the immediate attention of the person in charge who stated she had not identified this nor had it been brought to her attention by nursing staff.

Some medications, which were prescribed to be administered on a regular basis, were being administered as a PRN medication. The nurse spoken with stated that these medications were not required as a regular medication and while prescription sheets were dated as reviewed by the general practitioner (GP) these medications had remained as regular medications on the prescription sheets. This was brought to the immediate attention of the director of nursing.

Not all medications were administered at times prescribed on the prescription sheet. For example, a medication was administered at night instead of morning. The staff nurse spoken with stated this was in line with the centre’s practice of administering other medications of this type. This was brought to the immediate attention of the person in charge.

An inspector viewed one of the fridges used for storing medications and found items that should have been returned to the pharmacy for disposal including medication for residents who had passed away and discontinued medication for residents living in the centre. In addition, an item which required disposal after one month of opening did not contain the date of opening and had been prescribed in April 2014. The staff nurse stated the resident was no longer receiving this medication and the prescription sheet viewed verified this. The fridge contained a PRN medication, which had been prescribed for a resident and which the staff nurse and Director of Nursing stated had not been administered to the resident. However, the number of the medication contained in the fridge was inconsistent with the number that should have been present. The Director of Nursing said that the remainder of the medication was stored in the centre’s other fridge. This could not be verified as being accurate as there was no documentation as to
the reason for this medication being removed from the packaging detailing the resident’s name, date of prescription and amount contained and removed to the fridge in the other part of the centre. The auditing of medication practices in the centre required improvement. The director of nursing stated she would be implementing a monthly audit of the medication fridge to ensure all items no longer in use would be returned to the pharmacy.

There were arrangements in place for the storage of medications, which required strict control measures and these medications were counted by two nurses at the change of each nursing shift. Medications were packed by the pharmacy and were administered directly from the pharmacy packed aid.

**Judgment:**
Non Compliant - Major

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**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:**
Notifications had been submitted to the Authority as required and the person in charge and provider were aware of their responsibilities in relation to notifications.

**Judgment:**
Compliant

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**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:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Care plans were reviewed on a regular basis and assessments had been carried out to ensure residents’ needs were identified however, improvement was required to ensure assessments which identified a need were followed up with a care plan. For example, oral cavity assessments and tissue viability assessments identified needs for a number of residents which had not been addressed.

Residents were supported to access allied health professionals as required and there was timely access to allied health professionals. Residents had a choice of remaining with their current GP or the centre would support residents to choose a GP.

The centre had employed a full time activities coordinator with SONAS training, for the dementia specific unit and there was evidence of activity programmes being designed around the needs of residents including group and individual sessions. Outings and activities had been arranged to suit residents needs and the residents had requested an outing, which was being facilitated the following week.

A part time physiotherapist was employed by the centre and she provided group physiotherapy session and one to one private sessions where required.

Judgment:
Non Compliant - Moderate

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 centre was a one storey building which was well maintained, nicely decorated and well furnished. It was warm, clean and pleasant throughout.

The centre comprised of a main unit and a unit which was designed specifically for residents with dementia. Bedrooms, sitting rooms and communal areas were provided in both units with the dementia specific unit arranged to resemble a house with a sitting room and kitchen. Bedrooms were single or twin rooms and each bedroom contained a bed, wardrobe and bedside locker with lockable storage for each resident. Some bedrooms had ensuite bathrooms with assisted showers. Bedrooms had call bell
facilities and televisions were provided in resident bedrooms where requested. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

A variety of communal day and dining space was provided. The day and dining rooms were bright and comfortably furnished. The dementia specific unit contained an outdoor mural painted on some walls. There was a treatment room available for visiting therapists and GPs to see residents in private. A hairdressing room was in use one day per week.

A swimming pool was also provided in the centre however, this had not opened for use since being built. The provider said the pool would be accessible in approximately six weeks and a risk assessment would be carried out prior to use.

There were assisted toilets located in each unit and an assisted bath in one bathroom. A relaxation room with sensory equipment and a water bed was located in the dementia specific unit.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas. One could be accessed from the dementia specific unit and both contained flowers and plants which had been planted and tended to by residents. In addition, the inspector was told that residents had painted the fence around the dementia specific unit and the boxes the plants and flowers were planted in. The garden also contained an enclosed area for the centre’s pet chickens.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order.

**Judgment:**
Compliant

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**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:**

Procedures were in place for the management of complaints. However, these required some improvement as the person identified by the provider as responsible for ensuring all complaints are appropriately responded to and records are maintained was not detailed in the procedure. In addition, the procedure did not contain detail regarding the
investigation of complaints in the event a complaint was received in relation to the person in charge.

There was evidence that complaints had been responded to and a detail of complaints received was maintained. However, there was no log of complaints maintained in the centre.

Improvement was required to the summary of the complaints procedure displayed in the centre as it was located in an elevated position and the writing was in a small font size.

**Judgment:**
Non Compliant - Minor

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**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:**
There was a policy in place to provide guidance around end of life care and facilities in place to accommodate visitors to remain overnight with residents when they were at end of life.

An inspector viewed a sample of end of life care plans and found that improvement was required as some parts of the care plans were generic. For example, the care plans stated that family would be involved in the resident’s end of life care wishes. However, there was no identification of which family members the resident would like to assist them with identifying their end of life wishes. In addition, the care plans did not provide adequate detail regarding residents’ specific wishes for their end of life care.

Improvement was required to the centre’s procedures in relation to Do Not Attempt Resuscitation (DNAR) orders to ensure these were clearly documented as a clinical decision where residents did not have the capacity to make this decision. The director of nursing addressed an issue in relation to this on the day of inspection and stated that the centre would ensure all DNAR orders were clearly documented as a clinical decision. In addition, the centre’s assistant manager had drafted a policy outlining the procedure pertaining to DNAR orders which the centre was intending to introduce.

Improvement was required to the storage of residents’ belongings when they passed away.

**Judgment:**
### 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:**
There was a policy and procedures in place to ensure residents were supported to experience good nutrition and hydration. Resident care plans showed that residents had been referred for nutritional support where required. However, documentation of modified consistency diets required improvement.

Mealtimes took place in the dining rooms, day rooms or in residents’ bedrooms if the resident preferred. The dining room was bright, warm and suitably decorated and the atmosphere was one of a social occasion. A choice of meals was available and extra portions were offered to residents. Crockery had been sourced to suit the assessed needs of residents in the dementia specific unit.

An inspector sampled the food and found it was flavoursome, suitably heated and nicely presented. Residents spoken with stated they enjoyed the food. Assistance offered during mealtimes was discrete and respectful. The menu was based on residents’ preferences and there was evidence residents were accommodated in relation to their food preferences.

Snacks and drinks were available throughout the day and residents’ dietary requirements were catered for. An inspector met with the chef and noted there were adequate supplies of fresh and frozen food and the chef had the autonomy to order food supplies when required. The chef and kitchen staff had access to all relevant information about residents assessed diets. However, documentation of modified consistency diets required improvement as different terminology was in use in the centre and in some care plans, which could increase the risk of residents receiving diets inconsistent with their assessed needs.

**Judgment:**
Non Compliant - Minor
### 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:**
Systems were in place to ensure residents' rights and dignity were respected and that residents were consulted however, improvement was required to respecting privacy in regard to use of CCTV in communal spaces and screening in one bedroom.

There was evidence that residents were consulted in relation to how the centre was run and that residents’ feedback was sought which informed practice in the centre. Resident Committee Meetings were taking place on a monthly basis and there was evidence that items requested by residents at these meetings were being facilitated.

A phone was available for residents to make or receive phone calls in private. A room was available for residents to meet with visitors in private and there were no restrictions on visits. Newspapers, televisions, radios and internet access were available.

Residents were facilitated to vote in the centre or in the local village voting centre and access to an independent advocate was available.

Inspectors observed respectful interaction between residents and staff with staff communicating with residents in line with residents assessed requirements. Residents were supported to access community events and services external to the centre where required and there was evidence of external services being provided in the centre, such as hairdressing.

Activities were taking place in line with residents’ requests such as a traditional music group who would be providing a music session for residents on a six weekly basis and other events such as a 1950’s music session.

Improvement was required to the centre’s facilities as CCTV was in use in the sitting rooms, day rooms and dining rooms and screening in a twin bedroom was not adequate.

**Judgment:**
Non Compliant - Moderate
**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:**
Systems were in place to protect residents clothing and personal possessions, however, improvement was required to labelling of clothing so that all clothes were returned to their owners.

The centre had a policy on residents’ personal property and possessions and procedures were in place to ensure residents’ property was safeguarded. A property log was maintained of residents’ personal property and residents were encouraged and facilitated to bring their belongings to the centre and personalise their bedrooms.

There was a system in place for safeguarding residents’ money.

A sample of residents clothing was viewed and labels were evident on the clothing. However, the laundry contained a box of clothing that the laundry staff did not know who the clothing belonged to. Laundry staff said family members were asked to bring any new clothing to the laundry for labelling prior to placing the items in the residents’ bedroom.

**Judgment:**
Non Compliant - Minor

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**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:
An inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The provider stated that staffing levels and skill mix were reviewed regularly based on residents’ dependency levels and were adjusted in response to residents’ needs.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including person centred care, infection control, end of life care, nutrition and diet, dementia care, bereavement and behaviours that challenge. All staff received relevant training as part of a formal induction and on an annual basis thereafter. The person in charge of the centre was a trained trainer in a number of areas including FETAC Level 5 Care of the Older Person, FETAC Level 5 Care Skills, moving and handling, first aid and CPR. In addition, the centre’s physiotherapist was a trainer in moving and handling.

Staff files met the requirements of the Regulations and staff nurses had up-to - registration with their relevant professional body.

Records showed that staff meetings took place and that a variety of areas been addressed at staff meetings.

An annual staff appraisal system was in place and identified areas of strength along with areas for improvement.

Staff spoken with were knowledgeable of their roles, residents’ needs, the centre’s policies and procedures and the measures to be taken if they received an allegation of abuse or a complaint.

There was one volunteer in the centre and the person in charge provided support and supervision to the volunteer. The volunteers file was viewed by an inspector and it met the requirements of the Regulations.

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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Central Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000328</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27/08/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/10/2014</td>
</tr>
</tbody>
</table>

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not prepared a documented annual review of the quality and safety of care delivered to residents in the centre.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Reviews of the quality and safety of care that have been conducted weekly will now be audited annually.

**Proposed Timescale:** 25/11/2014

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reviews carried out had not taken place in consultation with residents and their families.

**Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
Reviews in the future will be taken place in consultation with residents and their families and will be communicated to them at the end of each year along with our newsletter.

**Proposed Timescale:** 04/12/2014

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to the auditing and monitoring of residents’ care plans and medication practices.

**Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Auditing and monitoring of residents’ care plans are done every three months. There is an audit tool in place and the person in charge will audit all care plans on the last working day of each month for each resident.

We will implement a new system of auditing and monitoring medication practices where the Person in Charge and the Director of Nursing will swap areas and the Person in Charge will audit the Dementia Unit and the Director of Nursing will audit the main building monthly.
**Proposed Timescale:** 01/10/2014

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td>The <strong>Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The policy on the prevention, detection and response to abuse did not identify the timelines of the investigation and it did not state the centre’s response in the event the alleged abuser was a member of staff or management in the centre. In addition, it did not specify who would be responsible for the investigation if the alleged abuser was the person in charge of the centre.</td>
</tr>
<tr>
<td>The events which required notifying to the Authority listed in the risk management policy required updating in line with the 2013 Regulations.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Changes to the Elder Abuse and Risk Management policies will be made to meet regulation.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 20/10/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td>The <strong>Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The risk management policy did not include the measures in place to control accidental injury to visitors.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The risk management policy will include the measure in place to control accidental injury to visitors.</td>
</tr>
</tbody>
</table>
**Proposed Timescale:** 20/10/2014  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The risk management policy did not include the arrangements in place for the identification, recording, investigation and learning from any serious incidents or adverse events involving residents.

**Action Required:**  
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**  
The risk management policy will include arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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**Proposed Timescale:** 20/10/2014  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Immediate actions were issued in relation to the lack of window restrictors in place and the disengaged self closing spring on the fire door to the laundry room.

Some risks in the centre had not been identified such as a risk in relation to toilet surrounds which were not fixed, an unsteady dining table, the temperature of some radiators and disengaged self closing spring on the fire door to a manager's office.

**Action Required:**  
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**  
Window restrictors were ordered immediately during inspection and were fitted to all windows by 25/09/2014.  
The laundry personnel were informed immediately never to disengage the self-closing spring on the fire door and was fixed immediately. Staff were also notified and were reminded not to disengage fire doors.

The toilet seat had become loose from its fitting on the day of inspection and was repaired immediately.
The unsteady dining room table and the temperatures of the radiators were addressed immediately by maintenance. We will include temperature controls on radiators and risk assessment of self-closing springs on fire doors to our current hazard identification and assessment of risks throughout the centre.

**Proposed Timescale:** 08/10/2014  
**Theme:**  
Safe care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The time frames for contacting An Gardaí Síochána, next of kin or other relevant persons were not included in the procedure to be followed in the event a resident was missing from the centre.  

**Action Required:**  
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.  

**Please state the actions you have taken or are planning to take:**  
There is currently a plan in place that is missing time frames. This will be amended.

**Proposed Timescale:** 07/10/2014  
**Theme:**  
Safe care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Self closing springs on fire doors had been disengaged rendering the fire doors being ineffective in the event of a fire.  

**Action Required:**  
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.  

**Please state the actions you have taken or are planning to take:**  
An emergency meeting with all staff is organised for 23rd September 2014 to address the issue of self-closing springs on fire doors being disengaged. Daily audits will commence immediately to check that all fire door’s self-closing springs are engaged.  

**Proposed Timescale:** 23/09/2014
### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some medications had not been signed as administered to residents.

Not all medications had been administered at the prescribed time.

Medications which were prescribed as a regular medication were being administered as a PRN medication.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
A meeting was held with all nurses and were informed of all medication concerns immediately after inspection. The pharmacist was consulted with immediately in line with the GP in regards to the medication charts and more specifically in regards to PRN medications. Also, as stated in a previous action, we will audit these medication practices monthly. Medication Training to be held with pharmacist and all nurses on 23rd September 2014.

**Proposed Timescale:** 01/10/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Out of date medication, medication no longer prescribed as required by current residents and for residents who had passed away were stored in a medication fridge.

These items had not been stored or disposed of in line with the centre's policies and procedures.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.
Please state the actions you have taken or are planning to take:
The Director of Nursing has implemented a monthly audit of the medication fridge to ensure all out of date medications by current residents and residents who have passed away are returned to the pharmacy in line with our policy on the first of each month.

**Proposed Timescale:** 01/10/2014  
**Theme:** Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
A PRN medication had not been administered as prescribed.

**Action Required:**  
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:  
The nurse in question has since read our medication policy and has undergone the medication DVD training also. Tighter auditing of medications are now in place.

**Proposed Timescale:** 03/09/2014

**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:  
Some residents' needs which had been identified through assessments did not have care plans in place to ensure the assessed needs were being met.

**Action Required:**  
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:  
The person in charge will now audit all care plans on a continuous basis and will assign a nurse to each resident so that all assessed needs are identified and a care plan is put in place to address these needs.

**Proposed Timescale:** 29/09/2014
### 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:**
The complaints procedure did not contain detail regarding the investigation of complaints in the event a complaint was received in relation to the person in charge.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The complaints procedure was amended during the inspection to contain detail regarding the investigation of complaints in the event a complaint is received in relation to the person in charge.

**Proposed Timescale:** 28/08/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Improvement was required to the summary of the complaints procedure displayed in the centre as it was located in an elevated position and the writing was in a small font size.

**Action Required:**
Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
The complaints procedure that was on display was amended, retyped in a bigger font and displayed in a better location at eye level on our notice board. This was completed during the inspection.

**Proposed Timescale:** 28/08/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person identified by the provider as responsible for ensuring all complaints were appropriately responded to and records were maintained was not detailed in the
Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
The complaints policy has now stated an identified person as responsible for ensuring all complaints were appropriately responded to and records were maintained.

Proposed Timescale: 15/09/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to the storage of residents’ belongings when they passed away

Action Required:
Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident’s wishes in so far as they are known and are reasonably practical.

Please state the actions you have taken or are planning to take:
When a resident passes away their belongings are now stored in the end of life bags and are stored in the designated storage room in Memory Lane until it is convenient for a family member to collect them.

Proposed Timescale: 15/09/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to end of life care planning to ensure residents’ specific needs and wishes were clearly documented to ensure residents received end of life care in accordance with their wishes.

Improvement was required to the centre’s procedures in relation to Do Not Attempt Resuscitation (DNAR) to ensure this was clearly documented as a clinical decision.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The Person In Charge will make sure that a clinical decision will be documented in the resident’s records whether the resident is of a DNAR status or not. The nurse in charge has spoken to all residents regarding DNAR and this information will be inputted into their respective care plans by 30/09/2014. End of Life care plans will be commenced on admission and ongoing in adherence to resident’s wishes.

We have the Preferred Priorities of Care Booklet in place and will be distributed to all residents and families to establish their wishes in regards to DNAR and end of life care. We aim to have all responses by the 30th November 2014.

**Proposed Timescale:** 18/10/2014

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**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Documentation pertaining to modified consistency diets required improvement as different terminology was in use in the centre and in some care plans which could increase the risk of residents receiving diets inconsistent with their assessed needs.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
One word will now be used to describe the consistency of the diet to avoid confusion among staff in the future. A reference chart will be made to illustrate exactly the different consistencies.

**Proposed Timescale:** 18/10/2014

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**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
CCTV was in use in the sitting rooms, day rooms and dining rooms.

The screening in a twin bedroom was not adequate.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
The registered provider has now removed CCTV surveillance in sitting rooms, day rooms and dining rooms. All cameras within these areas have been removed since 26/09/2014.

Actions are being taken to ensure adequate screening is provided in that twin room where there is one resident residing currently.

**Proposed Timescale:** 18/10/2014

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**Outcome 17: Residents' clothing and personal property and possessions**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvement was required to ensure all clothing was labelled and returned to their owners

**Action Required:**
Under Regulation 12(b) you are required to: Ensure each resident’s linen and clothes are laundered regularly and returned to that resident.

**Please state the actions you have taken or are planning to take:**
Notice to resident’s family members and friends will be communicated via newsletter that when bringing in gifts and/or clothing to drop it into the nurse’s station with their name on the bag so it will be transferred to the laundry room for labelling immediately.

**Proposed Timescale:** 18/10/2014