

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sally Park Nursing Home
Centre ID:	ORG-0000092
Centre address:	Sally Park Close, Firhouse, Dublin 24.
Telephone number:	01 452 6482
Email address:	sallyparknh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oaklands Nursing Homes Limited
Provider Nominee:	Simon Brady
Lead inspector:	Linda Moore
Support inspector(s):	Helen Lindsey
Type of inspection	Announced
Number of residents on the date of inspection:	46
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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 June 2014 09:30	03 June 2014 17:45
04 June 2014 07:30	04 June 2014 13:30

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 was an announced inspection which took place over two days and was for the purpose of informing an application to renew the registration of Sally Park Nursing Home. The provider had applied for registration for 46 places. This report sets out the findings of the inspection.

Inspectors found that while the provider had met some of the requirements of 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. There were a significant number of areas of non-compliance. In particular there were major non compliances

regarding, risk management, premises issues, staffing to meets resident's needs and residents rights, dignity and consultation.

During and after the inspection, the provider and person in charge were required to take immediate action to address the following risks to residents:

- The water exceeded the temperatures as required by the Regulations
- Manual handling practices placed residents at risk
- Medication management practices
- Bedrails were loose which may have been an entrapment risk for residents
- Chemicals were left unattended
- Assistance of residents at meal times
- Residents specialist mattresses were incorrectly set
- Management of a resident with epilepsy

The provider had begun to address these issues during the inspection however further action was required. The provider was aware that the premises does not meet the requirements of the Regulations and had applied for planning permission to address this.

The person in charge is Rosario Baldicantos. She is supported in her role by a senior nurse and the provider. Rosario has worked in the centre since 2000 and has been the person in charge since 2005.

Inspectors found that the health needs of residents were met. However care practices did not reflect a person centred approach to care. Residents had access to general practitioner (GP) services, to a range of other health services. There was an active residents' committee. However resident consultation and participation in the centre and their life within it were not reflected in the practices and policies.

Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations.

Inspectors found that eight actions identified at the previous inspection in January 2014 were addressed, one action was partly addressed and seven actions pertaining to risk and the premises were not yet addressed. Improvements were identified in the provision of person centred dementia care, supervision, activation, risk management and premises issues.

These areas for improvement are discussed further in the report and 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that the statement of purpose contained almost all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet. However, the conditions of the registration and the management structure were not included. The provider addressed this immediately.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged. This had been addressed following the previous inspection.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was supported in her role by a senior nurse and the other staff nurses. The provider also worked closely with the director of nursing. There were appropriate deputising arrangements in place.

The person in charge demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. All documentation requested by inspectors was readily available. Inspectors noted that improvements in the governance arrangements were required. Meetings between the provider and person in charge were informal and were not documented. The person in charge said these were held daily. This is discussed further under risk management in outcome seven.

Inspectors observed that she was well known to staff, residents and relatives with many referring to her by her first name and were very complementary of the care they received. She maintained her continuous professional development and had recently completed a course in managing people, train the trainer in elder abuse, palliative care, nutrition and Dysphagia and all other courses mentioned in outcome 18.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Inspectors noted that the Residents' Guide had been made available to residents and was on display in the centre.

The residents register was up to date and reflected schedule three of the Regulations.

An up to date insurance policy was in place for the centre which included cover for resident's personal property. However, it did not comply with all the requirements of the Regulations. The insurance policy provided cover for residents' personal effects subject to a maximum limit of €1,000 per resident but did not indicate if a liability of up to €1000 per item was in place as specified in the Regulations.

Records were not always stored securely as the office was left opened at times during the inspection.

Judgement:

Non Compliant - Minor

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of their responsibility to notify the Chief Inspector of the absence of the person in charge.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that they can use the call bell at any time and the staff will answer this promptly. Residents said "they always feel safe and they could talk to any of the staff and the centre is staffed 24 hours a day". A review of incidents showed that there were no allegations of abuse in the centre.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were concerned that the provider and person in charge had prioritised the safety of residents or had a robust system in place to manage risk.

There was a comprehensive health and safety statement for the centre which related to the health and safety of residents, staff and visitors. A risk management policy was in place, however it did not meet the requirements of the Regulations or guide practice.

There was no formal system in place to identify and respond to risk. While the provider had developed some risk assessments following the previous inspection, they were not comprehensive and were not being adhered to in practice.

The risk management policy did not fully include the arrangements for the identification, recording, investigation and learning from serious incidents. There were a number of risks identified on the previous inspection which were not addressed and other risks were also identified.

- The external fire escape led into a small secure gravel covered area at the rear of the centre. The provider explained and inspectors saw that residents would need to be transferred along the side of the centre to the gate at the front. This may be a risk to residents in the event of a fire. The key to open this external gate was stored in the centre and was not maintained in close proximity to the gate.
- There was a 13 inch step to the external fire escape from the first floor and a small step to the external fire escape on the second floor, which would pose a risk to residents should they need to gain access or be assisted to the fire escapes. Staff were not knowledgeable on the evacuation of residents from these exits. There was no risk assessment documented or control measures documented following the previous inspection. Many of the residents who resided on these floors were not mobile.
- There continued to be a large pool of water gathered on the flat roof directly at the top of the fire escape which again posed a risk to residents, this was not addressed despite being raised at the previous inspection.
- There were three exits doors at the rear of the building that were not connected to the alarms despite residents in the centre identified as being at risk of wandering. This was raised at the previous inspection and was not addressed.
- The staff area which contained the medications and liquids which may cause injury to residents was completely accessible to residents. While there was a risk assessment it was not being adhered to in practice and the person in charge was not familiar with the risk assessment or control measures.
- Inspectors noted that despite servicing of the beds, a number of the bedrails were loose and may be an entrapment risk for residents.
- There were records to indicate that staff had attended training in moving and handling, however poor practices were observed during the inspection which may have injured residents. There were no manual handling assessments or plans in place for any residents. Care staff were not aware of the type of equipment required to move residents.
- The medication trolley was left open during the medication round on the first day of the inspection. This was addressed on day two of the inspection.
- Cleaning chemicals were left unattended in bathrooms, this was addressed when raised with the provider.

- The water temperature exceeded that required by the national standards and while this was adjusted the second day of inspection, this was not fully addressed and posed a scald risk to residents.
- Residents specialist mattresses were incorrectly set on the first day of inspection and partly addressed on the second day of inspection. Staff were not familiar with the systems to set the mattresses.
- There was no missing person profile in place for a resident at risk of elopement and while there were in place for some, the picture was black and white and difficult to see.
- Infection control practices required improvement, there was no soap or hand towel in any of the bedrooms and there was an insufficient supply of liquid hand gel in the centre. Staff said they left the residents room and went to a bathroom to wash their hands. A used nasal prongs was noted on the mobile oxygen cylinder in one of the communal bedrooms.
- Inspectors observed that the staff member who worked in the laundry also provided personal care to residents; there were no procedures to guide this multi tasking of activities.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Staff spoken to were aware of the emergency plan. This was revised after the previous inspection. Inspectors noted that the windows on the first and second floor were secured after the previous inspection.

Inspectors were satisfied that apart from the issues raised above fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read the training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire apart from the use of the external stairwell. Staff on night duty had not been involved in a fire drill at night time at told inspectors that they would welcome the opportunity. There were no personal evacuation plans for residents to guide staff. The provider had submitted written confirmation from a competent person that all requirements of the statutory fire authority had been complied with.

Judgement:
Non Compliant - Major

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management. While there was a medication policy, this was not guiding the new practice which was recently introduced. The policy did not include the practice of the administration of MDA's.

New prescription and administration documentation were implemented since the previous inspection. Inspectors read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked a sample of balances and found them to be correct.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. There were no medication errors since the previous inspection, however there was a system to review these incidents to minimise the risk of future incidents. The pharmacist was involved in medication safety and review in the centre.

Medication fridges which had daily temperature checks were available in a locked refrigerator. There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training.

Inspectors were not satisfied with the administration practices in the centre. Medication was signed prior to the administration of medication which contravened best practice. One resident was offered medication from a nurse's hand and not in a medication cup provided.

The process for prescribing and administration of warfarin required improvement, this had begun to be addressed during the inspection. Medication that required to be crushed had not been individually prescribed. The maximum dose of as required medication was not prescribed for all residents.

There was no medication management protocol in place for the resident who may experience status epilepticus. There was no policy to guide staff.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the quality of care and experience of the residents was being monitored and developed on an ongoing basis. There were areas for improvement.

A schedule of audit was in place, which included care plans, elder abuse and medication management. Inspectors found that the results of these audits were used to improve practice and outcomes for residents. There was evidence of improvements being identified following these audits and interventions put in place to address them. These

included a reduction in the number of falls since the previous inspection.

However, apart from staff meetings, which were not always documented, there was no evidence of a formal system in place such as a clinical governance framework, where the provider, person in charge and staff would meet to review this and other information. The person in charge said that she planned to put a system in place to gather information monthly on clinical issues including information relating to falls, incidence of pressure ulcers, and nutrition. The system to review the quality of life of residents in the designated centre needed improvement to include autonomy and independence, routines and expectations, meals and meal times, social contacts and behaviour that challenges.

An environmental audit was carried out annually by an external consultant, the provider also completed environmental audits and addressed the maintenance issues identified.

The family meetings and residents forum continued from the previous inspection and the feedback from these meetings was one of satisfaction with the service.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that the residents healthcare needs were met to a good standard, however residents were not all provided with opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Inspectors reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines. While many of the care plans had been updated, the date and signature was recorded only, therefore inspectors could not ascertain what changes if any were made. Overall care plans contained some information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors. However, there was evidence that the care plans as discussed under outcome 14 and 15, did not guide the practice in place and did not consistently reflect the assessed needs of residents. Care plans for a resident with epilepsy and a resident with dementia who chose to wander around the centre did not guide the care. There was evidence that audits were completed on care plans to ensure compliance with the centre's policies and procedures and the person in charge was addressing the issues raised with staff.

Falls Management

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Access to the physiotherapist was provided weekly.

Wound Care

None of the residents had pressure sores in the centre. Adequate records of assessment and appropriate plans in place to manage the wounds. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Nutrition

Policies on nutrition and hydration, on the whole were being adhered to and supported good practices but there were areas for improvement as identified in outcome 15.

Restraint Management

Inspectors found that while restraint in the form of bedrails was only used as a last resort, there were areas for improvement. There was a restraint register in the centre. There was an evidence-based policy in place. Inspectors noted that that risk assessments were completed. The assessment did not always include evidence of the alternatives tried and for how long. Residents had been provided with low low beds and crash mats to reduce the use of restraint.

Inspectors noted that while there were some activities for residents in the afternoon, there was limited access to any activation for residents in the morning time, particularly for those with a cognitive impairment. While a staff member was allocated to the three day room on the mornings of the inspection, there was little meaningful activation provided.

Inspectors observed institutional practices throughout the two days of the inspection. Residents sitting on chairs lined against the walls of the sitting rooms. This did not support social interaction among residents. Inspectors observed periods of time where up to ten residents sat in a sitting room and while staff popped in and out there was no constant presence of staff in the room. See outcome 16 and 18.

The majority of residents had dementia, inspectors noted that residents who had a communication difficulty were often ignored by staff. Staff interacted with the same residents who could converse during the morning. Inspectors observed that two members of staff read the same piece of the news paper to the same resident and one resident sat with a children's colouring book on both days of the inspection. Another resident was engaged in polishing the brass. The main source of stimulation in one of the sitting rooms was a television on in the background, while most of the residents slept.

While two of the staff had training in Sonas programme (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation) ,and provided this weekly, It was evident that all staff did not have training in dementia care or activation provision. Social care assessments had not being completed in respect of the residents and residents did not have care plans to guide the social care services delivered.

Judgement:

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The premises consists of an existing building and two extensions. Due to the age and layout of sections of the premises it poses significant challenges to the provider in meeting the requirements of the Regulations and National Standards. There were two four bedded rooms, one three bedded room and a twin room that did not meet the needs of residents. There was insufficient space between the beds in these bedrooms for the use of assistive equipment and residents were gotten up in the morning based on the access to the beds with the equipment and not based on individual needs and preferences. The provider had applied for planning permission to address the deficits identified.

There were an insufficient number of toilets available on the first and second floors, residents used the sluice room on the first floor which included an assisted toilet and a bedpan washer. Many of the residents, particularly those in shared rooms used commodes in their bedrooms at night due to the location of the bathroom from their

bedroom. There were no showers on the first or second floor and residents were taken to the ground floor for a shower, which may have impacted on their privacy and dignity.

The provider furnished the Authority with a certificate of compliance with planning orders and building regulations.

Residents and visitors said the homely and warm environment was key to their decision to choose this home. The environment was bright, clean and well maintained throughout. Hand rails were available to promote independence. There was a small secure courtyard for use by residents who wanted fresh air, however this was not used throughout the inspection. While residents sat at the front of the building, there was no secure garden available for residents use.

There were handrails and safe floor covering throughout the centre. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date.

Inspectors visited some residents' bedrooms and found that most were personalised with their possessions however, there was no system to support residents to identify their doors or to aid orientation. All bedrooms had television and telephone.

There was an insufficient changing area provided for staff, who changed in a very small room which did not contain sufficient space to store valuables. While the provider said that the catering staff were allocated a toilet for their use, inspectors observed that this was used by visitors and other staff.

Storage was a challenge in the centre. Trolleys, resident's equipment and linen skips were stored in the bathrooms, sluice room and residents bedrooms when not in use.

Judgement:

Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

Complaints were well managed. The complaint's policy met the requirements of the Regulations. The complaints procedure was on display at the entrance the centre. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. A complaints log was maintained and inspectors found that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. The complaints register was reviewed regularly by the provider and the person in charge.

Judgement:
Compliant

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:

No actions were required from the previous inspection.

Findings:

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. However there were areas for improvement.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by inspectors. The person in charge had identified the policy and additional training as areas for improvement in the self assessment. These had been completed. While new documentation was implemented to capture resident's wishes, these were in the process of being completed. One resident had a care plan to guide the care being delivered, which included the management of symptoms; this was not consistent for all residents. This is discussed under outcome 11.

Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and were documented as required. While some of the residents resided in single rooms, others were in multi occupancy rooms and a single room was not always facilitated for end-of-life care.

Overnight facilities were not provided for visiting family members who wished to stay with their loved one; however the provider said that he would facilitate a family member to stay in residents bedrooms if they were in a single room. Inspectors noted that one resident was currently receiving support from the local palliative care team when required. This service was accessible upon referral by the GP and inspectors saw that there was prompt access to the service when required including out of hours.

Records showed that a number of staff had received training in end-of-life care in 2014.

Mass was provided weekly. Access to other religious representatives from other faiths was available if requested.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge informed the residents.

Judgement:

Non Compliant - Minor

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:

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

Findings:

Residents received a varied and nutritious diet that overall was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of the documentation, the provision of modified consistency diets and the care plans which did not fully direct care to be delivered.

The self assessment for nutrition was submitted prior to the inspection and reviewed by inspectors. The areas for improvement identified were addressed in that additional training in nutrition was provided to staff.

Inspectors noted that meals were well presented and all residents expressed satisfaction with their meals. Overall staff were seen assisting residents discreetly and respectfully as required. However the assistance of one resident required improvement. Inspectors observed that the resident was not sitting in an upright position during the meal, which may have placed the resident at risk. This was not fully addressed when raised with the person in charge on the first day of the inspection. Inspectors were satisfied that residents received a varied main meal that offered choice on the day.

Residents who needed their food served in an altered consistency such as pureed had the same choice of main menu options as others and this was well presented. However, the information pertinent to the meal time was not consistent with the information in the resident's files as prescribed. One resident did not receive a meal in the modified format as prescribed by the speech and language therapist, this was addressed when raised with the person in charge on the first day of the inspection.

Inspectors saw residents being offered a variety of drinks throughout the day. Inspectors met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Inspectors also observed that a drinks trolley was available to residents during the day.

Records showed that some residents had been referred for and received a recent dietetic and SALT (speech and language) review. The treatment plans for these residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered as prescribed and meals were fortified as required.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. However inspectors noted that these malnutrition universal screening tools (MUST) were incorrectly completed in some instances and therefore the residents did not have a nutrition care plan to guide care.

Menu's were described by catering staff as routine, the one week menu was repeated each week, which was not varied for the residents. Inspectors also noted and staff confirmed that the choice at the evening meal was limited for those on altered consistency diets. The choice was not included on the menu but the chef described choices such as semolina, puree peach and plum and fruit cocktail. Despite training in this area in 2014, inspectors found therefore that this meal was not suitably varied and could be monotonous for some residents.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The privacy of residents was maintained as much as possible within the challenges of the environment. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner.

A residents' committee and family meetings had continued. The minutes showed that issues identified were responded to by the provider and person in charge. Residents also said they had opportunities to discuss issues as they arose with the provider, person in charge or any staff members. Changes to the lighting in the sitting rooms were provided as a result of the recent meeting. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing. Relatives were pleased to be involved in care planning process.

Residents were provided with the opportunity to vote in the recent election. Residents had access to newspapers, television and the radio.

As identified in outcome eleven inspectors observed some routine institutional care which did not promote the rights of residents. Residents were provided with blue plastic "bibs" for the tea in the morning without always seeking consent from the resident and there was no choice or alternative provided.

Staff described how five residents with dementia were assisted with breakfast at 7.30am as they required more time to assist with their meal. These residents were asleep at 8am when inspectors visited these residents. This was described as routine practice and was not based on the assessed needs of residents.

Judgement:
Non Compliant - Major

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:
No actions were required from the previous inspection.

Findings:
Residents could have their laundry attended to within the centre. Inspectors spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. There were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. However the space in some of the bedrooms was limited and resident's clothes were stores in wardrobes outside of their room. There was a policy in place of residents' property in line with the Regulations, however it was not been implemented in practice, there were no residents' property lists maintained. The provider said they do

not manage resident's personal finances.

Judgement:
Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there was a committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider.

Inspectors were not satisfied with the supervision arrangements in the sitting area on the morning of the inspection. Residents were left unsupervised at times during the morning and staff concurred that this was the case on other days. Inspectors observed that a resident drank from the juice jug and attempted to sit on other residents knees when the staff were not in the room. This did not maintain the dignity for this or other residents. Residents said that they were worried about residents who wandered.

Relatives and staff stated that at other times, there were adequate levels of staff on duty. Inspectors were not satisfied with the staff nursing numbers on night duty based on the layout of the centre. There was one nurse and two care assistants on duty over night with a twilight care assistant on duty until ten pm. However inspectors were concerned that the medication round took up to 1.5 hours and the nurse would not be in a position to supervise and deliver care over three floors. The provider and person in charge showed inspectors the minutes of staff meetings held with night staff in October 2013 where the practices were reviewed. The provider and person in charge also said they were satisfied with the staffing numbers and would often visit the centre at night time.

There was a recruitment policy in place and inspectors was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and inspectors noted that all relevant documents were present. A checking system was in place to ensure that all documents required by the Regulations were in place. There was

an orientation programme for new staff and staff appraisals in place.

Staff told inspectors they had received a broad range of training which included, nutrition, falls and medication management and there was evidence to support this. All staff had completed mandatory training. A training plan for 2014 was shown to inspectors. This included behaviours that challenge. All care assistants apart from one had completed Further Education and Training Awards Council (FETAC) level five. The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

There were volunteers in the centre. Inspectors noted that they were appropriately vetted.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss residents needs. These forums were also used to review and improve the service. Such as the nurses and care assistant meetings. The person in charge said she did not document these meetings.

Judgement:
Non Compliant - Major

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 all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sally Park Nursing Home
Centre ID:	ORG-0000092
Date of inspection:	03/06/2014
Date of response:	26/06/2014

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

Theme:

Leadership, Governance and Management

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

Residents records were not always maintained securely.

Action Required:

Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

We will ensure the office is locked when not in use. A new keypad has been fitted to ensure the door remains locked when the office is not in use.

Proposed Timescale: 03/06/2014

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

Theme:

Leadership, Governance and Management

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

The insurance policy did not meet the requirements of the Regulations.

Action Required:

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

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

The Insurance policy covers personal/guest effects to the value of €1,500. This complies with the requirements of the regulations.

Proposed Timescale: 01/07/2014

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:

Infection control practices required improvement as outlined in outcome seven.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Having reviewed infection control practices, the following actions have taken place. Liquid hand gel is provided in all areas. Hand towels and soap are provided in all bedrooms. Hand towel dispensers are now provided in communal bedrooms. The nasal prongs in the communal bedroom has been removed.

Proposed Timescale: 30/06/2014

Theme:

Safe Care and Support

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

A number of risk issues were identified on inspection.

- There continued to be a large pool of water gathered on the flat roof directly at the top of the fire escape
- There were three exits doors at the rear of the building that were not connected to the alarms despite residents in the centre identified as being at risk of wandering.
- The staff area which contained the medications and liquids which may cause injury to residents was completely accessible to residents.
- A number of the bedrails were loose and may be an entrapment risk for residents.
- Poor manual handling practices were observed during the inspection which may have injured residents. There were no manual handling assessments or plans in place for any residents.
- The medication trolley was left open during the medication round on the first day of the inspection.
- Cleaning chemicals were left unattended in bathrooms
- The water temperature exceeded that required by the national standards.
- Residents specialised mattresses were incorrectly set
- There was no missing person profile in place for a resident at risk of elopement and while there were in place for some, the picture was black and white and difficult to see.

Action Required:

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

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

A full review of Risk management within Sally Park Nursing Home has now taken place in light of concerns raised in your report.

A revised risk management policy and procedures are currently being developed. This policy will include arrangements for identifying, recording, investigating and learning from serious incidents. This policy will inform the quality improvement structure currently being developed within Sally Park. It is anticipated that the Risk management policy will be in place by Sept 14, 2014.

A Risk register is currently being compiled and will complement the risk management policy and procedures.

A clinical governance committee is being established and it will meet in Sept 2014.

This committee will outline clear lines of responsibility for its members. It is anticipated that that a staff nurse and a carer will have a rotating role on the committee.

Through the clinical governance meetings all issues will be discussed, all incidents will be investigated and this will become part of our quality improvement cycle to allow learning from serious incidents to take place.

Audits will continue to take place on a monthly basis or where necessary. The risk register will be reviewed and updated accordingly. We have sought and continue to seek guidance from an external consultant on Risk management.

Non slip matting is now in place to ensure the roof is safe for residents and staff in the event of an emergency. The Fire officer has visited Sally Park on June 17 regarding this exit and has confirmed that this exit is surplus as a means of escape. Signage has been removed from this escape and all staff have been updated regarding same. This was confirmed and agreed with both our Fire consultant and Dublin Fire Brigade.

The three exits doors at the rear of the building are now connected with a sensor alarm to alert staff if a resident exits on July 7. Residents are not at risk of elopement as these doors lead onto a secure area. There is a key to these gates located right beside the gates.

We have further risk assessed the staff area since your inspection to ensure that residents can not cause injury or endanger themselves. Locks are now provided on July 21 on all storage to ensure residents cannot access. A full review of risk management to encompass all areas of Sally Park will be complete by September 14, 2014.

We have risk assessed all bed rails in use in Sally Park to ensure all bed rails are fitted in line with the safe fitting of a bed rail from the HSE policy on the use of physical restraints in designated residential care units for older people. We have purchased different types of bed rails to ensure we have the safest bed rails possible for our residents to ensure against the risk of entrapment.

All staff have been updated regarding the manual handling procedures for each resident. Manual handling charts and assessments are in place for all residents within their care plan. A complete care plan on all activities of daily living including manual handling charts are discreetly displayed in all resident's bedrooms to ensure all staff are aware of the manual handling procedures for each resident. Manual Handling refresher training will be provided for staff on Sept 16, Sept 23 and Oct 9, 2014.

The medication trolley was closed but unlocked in error. We believe this was an isolated incident. The risk has been added to our risk register with controls put in place to ensure all staff are aware. The issue was also raised at medication management training.

Cleaning chemicals were removed straight away as noted in your report. All cleaning staff have been made aware of the dangers of access to chemicals for residents of the home.

Water temperatures are now regulated by thermostatic controls to ensure they do not exceed maximum temperatures. Weekly checks on water temperatures are in place.

Resident's specialised mattresses are now correctly set in line with manufacturers guidelines. The specified settings are displayed on each mattress to ensure staff know and can check the mattress is at the correct setting before use. Daily and Weekly checks are in place to ensure all mattresses are correctly set and working properly.

Missing person profiles are in place for all residents at risk of elopement.

Proposed Timescale: 14/09/2014

Theme:

Safe Care and Support

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

There was no formal system in place to identify and respond to risk. This was not set out comprehensively in the policy.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

A full review of Risk management within Sally Park Nursing Home has now taken place in light of concerns raised in your report.

A revised risk management policy and procedures are currently being developed. This policy will cover but not be limited to, the arrangements for identifying, recording, investigating and learning from serious incidents.

This policy will inform the quality improvement structure currently being developed within Sally Park. It is anticipated that the Risk management policy will be in place by Sept 14, 2014.

A Risk register is currently being compiled and will complement the risk management policy and procedures.

A clinical governance committee is being established and it will meet in Sept 2014. This committee will outline clear lines of responsibility for its members. It is anticipated that that a staff nurse and a carer will have a rotating role on the committee.

Through the clinical governance meetings all issues will be discussed, all incidents will be investigated and this will become part of our quality improvement cycle to allow learning from serious incidents to take place. Audits will continue to take place on a monthly basis or where necessary. The risk register will be reviewed and updated accordingly. We have sought and continue to seek guidance from an external consultant on Risk management.

Proposed Timescale: 14/09/2014

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 fully include the arrangements for the identification, recording, investigation and learning from serious incidents. There were a number of risks identified on the previous inspection which were not addressed and other risks were also identified.

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:

A full review of Risk management within Sally Park Nursing Home has now taken place in light of concerns raised in your report.

A revised risk management policy and procedures are currently being developed. This policy will cover but not be limited to, the arrangements for identifying, recording, investigating and learning from serious incidents.

This policy will inform the quality improvement structure currently being developed within Sally Park. It is anticipated that the Risk management policy will be in place by Sept 14, 2014.

A Risk register is currently being compiled and will complement the risk management policy and procedures.

A clinical governance committee is being established and it will meet in Sept 2014. This committee will outline clear lines of responsibility for its members. It is anticipated that that a staff nurse and a carer will have a rotating role on the committee.

Through the clinical governance meetings all issues will be discussed, all incidents will be investigated and this will become part of our quality improvement cycle to allow learning from serious incidents to take place. Audits will continue to take place on a monthly basis or where necessary. The risk register will be reviewed and updated accordingly. We have sought and continue to seek guidance from an external consultant on Risk management.

Serious incidents are at a minimum in our home.

Proposed Timescale: 14/09/2014**Theme:**

Safe Care and Support

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

There was not adequate means of escape as stated in outcome seven.

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

The Fire officer has visited Sally Park on June 17 regarding this exit and has confirmed that this exit is a surplus to the needs of our residents in an emergency situation.

Signage has been removed from this escape and all staff have been updated. A report was sent to Dublin Fire brigade regarding this exit and they have confirmed that they have received same.

Proposed Timescale: 30/06/2014

Theme:

Safe Care and Support

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

Staff spoken with were not knowledgeable of the procedure to follow in the event of a fire with the use of the external evacuation.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

All Staff have been updated regarding the external evacuation of this fire escape. Following the Fire officers visit on June 17, This exit is surplus to the needs of our residents and staff in an emergency situation, However the Fire officer signalled that the exit should remain.

Personal Evacuation plans for each resident are currently being set up to guide staff.

Fire safety training and drills are completed regularly as shown to you on your inspection to ensure all staff are familiar with the procedures to follow in the event of a fire or emergency situation including the use of external evacuation. In Sally Park we practise progressive horizontal evacuation in the first instance in the case of emergency in line with best practice.

Proposed Timescale: 14/09/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

medication management policies and practices required improvement as outlined in outcome eight.

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:

The medication management policy is now updated to include the practice on the use of the new medication administration records, the administration of MDA's, the prescribing and administration of warfarin, medications that require crushing and maximum dosage of as required medications.

Maximum dosage on all as required medication is now prescribed.

Medication that is required to be crushed is now individually prescribed.

Medication management and a comprehensive care plan to guide staff are in place for the resident with epilepsy.

Medication management training is completed six monthly to ensure all nurses comply with best practice in relation to the administration of medication.

Medication management training is provided through our pharmacy with any changes to policy or updates in relation to medication management.

Proposed Timescale: 30/06/2014

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

Theme:

Effective Care and Support

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

The system for reviewing the quality of care and quality of life of residents required improvement.

Action Required:

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

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

A monthly record and audit of clinical issues has recommenced in Sally Park NH.

Our Clinical governance meetings will review the quality of life for residents. This quality improvement for all residents will include their autonomy, independence, routines, expectations, meal times, social contacts and behaviour that challenges.

We plan to have this in place by October 31, 2014 to maintain and improve the quality of life for all.

Proposed Timescale: 31/10/2014

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:

A high standard of evidenced based nursing care was not delivered in relation to the nutritional needs of residents.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

While weights will continue to be monitored monthly or more often if required, the Malnutrition Universal screening tool will be completed correctly three monthly and not monthly as before to ensure effective nutritional care for all residents.

We have reviewed residents on altered consistency diets in conjunction with our nutritional chef advisor on Dysphagia to improve menu choices.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

All residents were not provided with opportunities to participate in activities appropriate to his or her interests and capacities.

Action Required:

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

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

We have commenced the role of activity co-ordinator within Sally Park NH to ensure we provide all residents with opportunities to participate in activities. The co-ordinator will organise activities for each resident suitable to their needs and capacity. They will work alongside our daily activity program in place in Sally Park NH. Residents are assessed on a daily basis to ascertain how they would like to enjoy their day.

The current activity program is being reviewed in conjunction with the residents to ensure we have activities suitable for their identified needs.

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. This study also includes the effect of reading sessions

for residents with reduced capacity.

In Sally Park NH we have activity such as Sonas therapy, Reading programs, doll therapy, exercise classes, extend classes to music, music and dancing sessions, drama therapy, dog therapy. Our residents can enjoy art/crafts and colouring. Residents play bingo, partake in quizzes, crosswords and word-searches for fun. We have hand massage, nail painting and help with make up to ensure our residents always look their best. Our Hairdresser visits weekly. Our Physiotherapist also conducts group classes as well as individual sessions for each resident as required. We celebrate mass, and communion service, the rosary is celebrated each evening which is so important to our residents. Residents can enjoy our extensive gardens when the sun shines. Residents can take walks around our extensive gardens.

Some of our residents enjoy housekeeping tasks based on their former interests.

We are completing social care assessments in conjunction with each resident and / or their family including 'a key to me' for each resident that captures their interests to direct activity for each resident.

Proposed Timescale: 30/09/2014

Theme:

Effective Care and Support

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

some of the care plans did not guide care delivered.

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:

The care plan in relation to the resident with epilepsy is now updated.

The care plan in relation to the resident that wanders is also updated.

Proposed Timescale: 16/06/2014

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, one three bedded and a twin room did not meet the needs of residents or the requirements of the Regulations.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The provider is aware of the current regulations and standards in relation to room occupancy and room sizes. Planning permission has been approved by the County Council, however permission has been appealed to An Bord Pleanala.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

There were an insufficient number of baths and showers available in easily accessible locations to meet the needs of residents.

Action Required:

Under Regulation 19 (7) (d) part 1 you are required to: Provide a sufficient number of baths and showers having regard to the number of residents in the designated centre.

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

Planning permission is now granted for extension to Sally Park NH which will include additional bathrooms in easily accessible locations for the use of residents. An appeal has been lodged with An Bord Pleanala however.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

There were an insufficient number of toilets available to meet the needs of residents.

Action Required:

Under Regulation 19 (7) (b) part 1 you are required to: Provide a sufficient number of toilets having regard to the number of dependent residents in the home.

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

Planning permission is now granted for extension to Sally Park NH which will include additional toilets in easily accessible locations for the use of residents. An appeal has been lodged with An Bord Pleanala however.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

There was no secure garden available for residents use.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

There are extensive mature gardens in Sally Park NH where our residents can enjoy the sunshine all day. This is the garden of choice for many. These gardens are extremely suitable and safe for use by residents. There is also a secure garden between the dining room and the original building.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

There was an insufficient changing area provided for staff and the toilets provided for catering staff were used as communal toilets.

Action Required:

Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

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

In Sally Park Nursing Home we have a very low turnover of staff which is so important to the continuity of care for our residents. Staff changing areas will be upgraded in the renovation plans.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

Suitable provision was not made for storage.

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: 30/06/2014

Theme:

Effective Care and Support

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

suitable storage was not provided for some of the residents clothing.

Action Required:

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

The room in question is a twin room part of the original building. There are three large windows in this room which makes it an extremely bright and a most sought after bedroom with views to the Dublin mountains. Wardrobes are situated directly and discreetly outside this room in an alcove. We have consulted with both the residents and the resident families from this room to ensure they are extremely satisfied with this arrangement.

Proposed Timescale: 30/06/2014

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:

Due to the layout of the premises a single room was not available to provide choice to residents at their end of life.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

A single room will always be provided where possible to provide choice to residents at their end of life.

Proposed Timescale: 01/07/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

One resident was not provided with the modified consistency diet as prescribed by the SALT.

Action Required:

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

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

We have a system in place to ensure that all residents receive the correct modified consistency diet including complete instructions for catering staff.

This resident was receiving the correct modified consistency as prescribed by the Speech and Language therapist, This issue was a clerical error in the person in charge's notes. This was addressed immediately when you raised it with the person in charge and confirmed to you by staff.

Proposed Timescale: 30/06/2014

Theme:

Person-centred care and support

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

Appropriate assistance was not provided to one resident with eating and drinking.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

The care plan for this resident has been reviewed to ensure appropriate assistance is provided during her meals. We have new seating arrangements in place that are non slip to ensure the resident is sitting correctly.

There is always a staff nurse supervising the dining room at meal times to ensure that all residents receive appropriate assistance, are seated in a suitable manner and are receiving the correct diet.

The Person in charge and Registered provider are in attendance in the dining room on a daily basis to receive feedback from residents to ensure the enjoyment and satisfaction of all.

Proposed Timescale: 30/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Routines and practices did not facilitate or maximise residents independence or choice.

Action Required:

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

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

We have new practices in place regarding the residents that require assistance with their breakfast. Morning staff will assess these residents each morning to ensure they receive appropriate assistance based on their needs.

At all times we seek consent before activity and we recognise that this is an absolute right. This practice has been reinforced within Sally Park NH and all staff have been advised of procedures to be followed. Alternative clothes protectors are now freely available to residents to enhance their choice and independence.

Proposed Timescale: 30/06/2014

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:

There was no property lists maintained for residents.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

Property lists for all residents have been completed in line with Schedule 3 of the regulations.

Proposed Timescale: 15/07/2014

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 staff nurse levels on night duty 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:

Our night staff strive at all times to ensure the needs and requirements of all our residents are met to the highest standards.

At all times we endeavour to ensure we have robust and appropriate supervision of all residents. Staffing levels are under constant review.

Following our most recent review, an additional nurse will assist with the medication round at night time until 10pm. This will ensure appropriate supervision of our residents.

Both the person in charge and registered provider are in attendance in the centre at different times during the day and night.

Staff on night duty have up to sixteen years' experience in Sally Park NH. They care for and know the needs and wants of all our residents. Revised staffing arrangements will ensure that the highest quality of care is provided at all times.

Proposed Timescale: 31/07/2014

Theme:
Workforce

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

Residents were not appropriately supervised at times throughout the inspection.

Action Required:

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

We have commenced an additional role of activity co-ordinator to the staff of Sally Park NH. This role provides all residents with opportunities to participate in activities suitable to their needs and capacity.

The role also provides supervision within the day rooms at all times to meet the resident needs and ensure their autonomy and independence.

Supervision of residents to ensure their safety is of paramount importance to us.

Proposed Timescale: 31/07/2014