

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Parke House Nursing Home
<b>Centre ID:</b>	OSV-0000083
<b>Centre address:</b>	Boycetown, Kilcock, Kildare.
<b>Telephone number:</b>	01 610 3585
<b>Email address:</b>	parkehousenh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Parke House Nursing Home Limited
<b>Provider Nominee:</b>	Alan Shaw
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	109
<b>Number of vacancies on the date of inspection:</b>	26

## 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 February 2016 10:00 To: 17 February 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This monitoring inspection of Parke House Nursing Home took place over one day. In August 2014 the centre had increased its bed capacity from 66 to 135 residents'. This was the first inspection since the certificate of registration had been issued to the provider.

As part of the inspection the inspector spoke with staff, management, residents and family members, visited part of the original nursing home and the new extension, and examined documentation such as care plans, medication management documentation and staffing rosters. One unit in the old section of the centre was in the process of being refurbished so the inspector did not visit this unit. The 18 beds were currently closed to residents. Residents had been moved into the new area and appeared quite settled.

Residents spoken with reiterated their satisfaction with the high standard of care and attention they received. The positivity was echoed from all residents spoken with. The inspector saw that staff were kind, gentle caring and patient with residents at all times. The director of nursing, assistant director of care, senior staff nurse, health care assistant manager and senior health care assistants were all visible supervising care being delivered on the floor.

There was evidence of a high standard of care amongst the current residents and there was improvement in relation to care planning since the last inspection. The inspector noted that medication records and nursing records in relation to falls, restraint assessment, comprehensive and care planning updates post return from hospital required further development. These are further discussed in the body of the report and in the action plans at the end of the report.

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

There was a statement of purpose which described the services and facilities provided. It was kept under review having been updated in January 2016.

There were a number of copies available throughout 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:**

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. The management team in place was strong, it included the provider, assistant director of care and support services manager all of whom worked full time in the centre. The assistant director of care deputises in the absence of the person in charge.

The inspector observed that the person in charge and the assistant director of care were well known to staff, residents and relatives.

An annual review of the quality and safety of care and the quality of life of residents had been completed in January 2016. It stated that residents were consulted with about the service by means of an annual resident survey and the response was positive. It was the first annual review carried out by the management team. Further details under each area of practice and service could enable the management team to determine what areas of care or/and service could be improved upon and enable them to develop an improvement plan for 2016.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

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 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 in a person-centred manner. All documentation requested by the inspector was readily available.

The inspector observed that she was well known to staff, residents and relatives.

**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:**

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

The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Staff had received training on identifying and responding to allegations of elder abuse. The inspector was satisfied that two incidents of alleged abuse reported to the Authority had been dealt with thoroughly in-line with the centres policy.

Residents spoken to stated they felt safe and secure in the centre. They attributed to what they referred to as kind, gentle and caring staff who worked in the centre.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors was satisfied that residents were protected by safe medication management practices, however, one area of practice required improvement. It related to crushed medications not being prescribed as per policy.

The inspector read completed prescription and administration records and saw that they were mostly in line with best practice guidelines. Medications that required to be crushed had not been individually prescribed which contravened the policy. An indication for each medication was not written on the prescription chart. There was evidence that three-monthly reviews of each residents medications were carried out.

Staff nurses involved in the administration of medications had undertaken training updates in best practice in medication management and good practices were observed. Medication errors were being recorded on the centre's computerised system. This enabled audits of practice to be carried out in a more efficient manner.

**Judgment:**

Substantially Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector was satisfied that residents healthcare needs were met to a good standard and that each resident had 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. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector 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. Care plans had improved since the previous inspection; they contained clear guidance on how to care for resident needs. There was evidence that residents and/or relatives were involved in the development and reviewing of their care plans. However, there was evidence residents assessments and care plans were not updated on a residents return from a hospital stay.

The inspector reviewed the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised or updated post each fall. Each resident who sustained a fall was assessed by the in house physiotherapist. Preventative measures undertaken included the use of bed alarms and hip protectors. There was a policy in place on falls prevention to guide staff. All falls were recorded on

the computerised system. However, the inspector noted that some details such as the time, date and name of the family member contacted were not always recorded. Also, it was not always clear if the resident's general practitioner had actually been told verbally about the fall or had physically reviewed the resident.

The inspector observed that there was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was a policy in place on falls prevention to guide staff.

The inspector found that there was a restraint register in place. There was an evidence-based policy in place and training had been provided to staff on the use of restraint since the last inspection in 2014. Risk assessments were completed and kept updated and there was evidence of some alternatives available. However, there were not consistent records maintained of the alternatives tried.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Findings:**

The staffing levels and skill mix were adequate to meet the needs of the residents.

Residents who spoke with the inspector had high praise for the staff. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. Staff spoken with confirmed that they were well supported by person in charge and provider.

The staffing levels, qualifications and skill mix were appropriate to meet the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty during the day and night.

There was a recruitment policy in place and staff recruitment was in line with the Regulations. 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 were completed on an annual basis.

<b>Judgment:</b> Compliant
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### **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:***

Sheila McKevitt  
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 report<sup>1</sup>

<b>Centre name:</b>	Parke House Nursing Home
<b>Centre ID:</b>	OSV-0000083
<b>Date of inspection:</b>	17/02/2016
<b>Date of response:</b>	07/03/2016

#### 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 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:**

Medications to be crushed were not prescribed as per professional guidelines and the centre policy.

**1. 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

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

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:**

PHNH has liaised with the pharmacy and GP and have agreed the required changes to the documentation to meet the required regulations of the medication management policy.

**Proposed Timescale:** 07/03/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

The restraint assessments for residents with bedrails in place as a form of restraint did not always identify any alternative tried prior to bedrails being used.

**2. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

PHNH have undertaken a review all incidences of the use of bedrails to ensure that in all cases that a 'Use of Bedrail' assessment document is completed fully and followed.

PHNH will ensure that any and all alternatives considered are documented before the use of bedrails is permitted.

**Proposed Timescale:** 04/04/2016

**Theme:**

Effective care and support

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

Residents assessments and care plans were not updated when residents returned from a hospital stay.

**3. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the

person's admission to the designated centre.

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

PHNH will ensure that all residents returning from hospital are fully assessed upon re-admission. PHNH has educated all staff to reflect any required changes to the resident's care plan; management will monitor the adherence to same.

**Proposed Timescale:** 02/03/2016