

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Central Park Nursing Home
<b>Centre ID:</b>	OSV-0000328
<b>Centre address:</b>	Clonberne, Ballinasloe, Galway.
<b>Telephone number:</b>	093 45 231
<b>Email address:</b>	info@centralparknursing.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	AllanBay Limited
<b>Provider Nominee:</b>	Megan Maguire
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	12

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 Standards for Residential Care Settings for Older People in Ireland.**

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

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

From: 01 February 2017 10:30 To: 01 February 2017 19:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The purpose of this inspection was to follow up on the actions following the last inspection in March 2016. The inspector focused on the outcomes where noncompliances were identified on the previous inspection. This inspection was unannounced and took place over one day. As part of the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, incident records, medical records and policies and procedure. The inspector also reviewed all incidents notified to the HIQA since the last inspection.

There were 52 residence accommodated on the day of the inspection including one resident who was in hospital. There was significant improvement in the standard of care plans since the last inspection and all of the actions had been addressed. An audit of care plans had been completed by the person in charge and the assistant director of nursing and training on care planning and on dementia had been provided to all nursing staff.

The inspector saw that an improved falls prevention plan was in place and a more comprehensive night time safety checking system for residents was in place. While all actions had been addressed some further areas of improvement were identified in

the area of social care assessment and an action to address this is included in the action plan that accompanies this 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 Standards for Residential Care Settings for Older People in Ireland.**

***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):**

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

**Findings:**

During the previous inspection, the inspector identified the behavioural support plans lacked sufficient details to adequately guide care. The inspector reviewed a sample of care plans for residents with behaviours of concern associated with their dementia BPSD and found that they were more person centred and included a description of the types of behaviours the resident presented with. Proactive and reactive strategies were identified to try and alleviate the residents anxieties and to ensure that staff responded in a consistent manner.

There was a policy on responding to and managing behaviours of concern to guide staff and all staff members had completed training since the last inspection to assist them to respond to the needs of residents. Training records reviewed by the inspector confirmed this. Training on behaviours was also included in induction training for all new staff.

The inspector reviewed the use of restraint. A risk register recorded all restraints in use and the inspector saw that 12 residents used bedrails. The inspector confirmed that some of these had been requested by the resident and this was recorded on the risk assessment completed to ensure the bedrail was safe to use. The inspector noted risk assessments had been undertaken that were subject to regular review. Equipment such as low entry beds and sensor alarms were available as an alternative and were in use by some residents.

An allegation of abuse had been reported by management to the Authority since the last inspection. The inspector saw that this had been appropriately investigated and responded to.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

**Findings:**  
The management of falls was inadequate on the previous inspection. The inspector reviewed the accident and incident log and saw that this had improved. A falls risk assessment was carried out on all residents and those deemed as high risk had a care plan put in place. Those identified as been at risk of sustaining a fall had their charts and beds labelled with a red sticker to alert staff discretely that the resident had a high risk of falling. Residents identified as a high risk wore hip protectors and had bed alarms fitted to their beds. Sensory crash mats were also used and a risk assessment was completed for the residents who had them.

A falls map had been developed and this was displayed in the nurses' station to help identify where falls were occurring. Improved supervision of communal areas was observed and a more robust system was put in place to ensure that hourly checks on residents were being completed by staff at night.

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

**Findings:**  
On the previous inspection, the inspector identified that the route of administration was not indicated on some prescriptions and there was no separate administration sheet for 'as required' ( PRN) medication. The inspector reviewed a sample of medication records and observed one medication round. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The medication administration sheets were signed

by the nurse following administration of medication. Medication was administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

The records reviewed were generally legible and accurately completed. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

**Judgment:**  
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):**

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

**Findings:**

The person in charge and the assistant director of nursing had worked to improve care planning in response to the action plan from the last inspection. Audits of care plans had taken place and those reviewed by the inspector were more person centred and contained more comprehensive information to guide care.

A number of training sessions had been completed by nursing staff on care planning and on using the electronic care planning system. Additional touch-screen devices had been provided throughout the centre to allow staff easier access to the system. There was evidence that residents and or their families were consulted regarding changes to care plans. A named nurse system had been introduced to ensure that all families were invited to attend the centre when care plans were due to be reviewed. The inspector saw that the provider was completing monthly audits to ensure that this was done.

A comprehensive assessment was completed for every resident on admission and there was evidence that these were reviewed every four months. Staff nurses had been designated as champions in specific areas, e.g. falls, nutrition; end of life, behaviours associated with dementia and wound care.

The person in charge had completed a master's degree in dementia care and had developed a weekly training plan for staff on communication and behaviours associated with dementia. The inspector saw that there were now care plans for residents with

dementia there was improved recording of the residents dementia journey. For example, in the sample of care plans reviewed, information regarding the people who the resident still recognised, their level of independence and the activities they could participate in was recorded.

Residents' healthcare needs were well met. There was evidence that a doctor reviewed residents regularly and residents were transferred to hospital for investigation and treatment where necessary. Residents were reviewed by specialist including physiotherapist, speech and language therapist and chiropody.

There was one resident with a pressure ulcer on the day of inspection. The inspector reviewed this resident's care. A wound care plan was available and measurements of the wound were recorded. The inspector saw that the resident was referred to dietician and to a tissue viability specialist. Pain assessments were completed and analgesics were prescribed for pain management.

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

**Findings:**  
On the previous inspection the inspector found that some end of life care plans were generic. The inspector reviewed the care plan of a recently deceased resident. There was evidence of discussion with the resident and their family regarding the residents' end of life wishes and the daily notes completed indicated that care was provided in accordance with the residents' wishes.

**Judgment:**  
Compliant

***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



<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> On the previous inspection the inspector found that food and fluid intake charts for residents assessed as being at risk of weight loss were not completed in sufficient detail to provide a reliable therapeutic record of the residents' nutritional intake.</p> <p>Five residents were been monitored for weight loss at the time of the inspection. There was evidence that they had been referred to a dietician and their dietary intake was been accurately recorded. Special dietary requirements were communicated to the catering staff. Audits of these records were completed by the person in charge to ensure they were been fully completed.</p> <p>The inspector observed that those residents with an impaired swallow were seated in an upright position in accordance with the advice of the Speech and Language therapist to prevent aspiration. Nutritional care plans included the advice of the dietician. The inspector verified with staff that the residents were was receiving the appropriate supplements.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 16: Residents' Rights, Dignity and Consultation</i></b> <b><i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.</i></b></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> On the previous that there was poor evidence of meaningful activities which reflected residents' specific interests. The inspector reviewed a sample of social care assessments and care plans during the inspection. There was a comprehensive description of the residents' interests recorded and the activities they enjoyed in most care plans. The residents' ability to take part in various activities was noted. The staff who spoke with the inspector could describe what the resident liked to do and the activities they enjoyed. Some had not yet been reviewed and still contained generic material. Staff</p>

who spoke with the inspector said that they were in the process of developing social care plans.

An activities schedule was in place seven days each week which included individual one to one therapies. Two staff co-ordinated the programme. On the previous inspection, there was poor evidence that residents were consulted regarding the running of the centre. The inspector spoke with residents and reviewed minutes of a recent resident's council meeting. Meetings were held every two months chaired by an independent advocate and the inspector saw that the issues arising were discussed at a management meeting afterwards and an action plan put in place to address them.

The inspector also verified that residents were facilitated to vote. This was an action from the last inspection. The person in charge confirmed that the admission process now includes a procedure to ensure residents are included on the electoral register. She confirmed that a postal vote would be organised for those unable to leave the centre.

**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

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

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

**Findings:**

On the previous inspection the inspector found that the deployment of staff was not adequate to ensure appropriate supervision of residents and to ensure a high standard of evidence based nursing care.

The inspector reviewed the staff roster which was completed in the 24 hour clock. Staffing levels had been reviewed since the last inspection. In addition to the person in charge, assistant director of care and director of development there were two nurses and 8 care assistants on duty during the day. In the evening there were two nurses and 9 care assistants on duty at night there was one nurse and 4 care assistants on duty. Three new staff nurses had been appointed since the last inspection to replace staff that had retired or left the centre. Further recruitment was in process.

The person in charge said that staff had been redeployed to ensure that there was appropriate supervision at all times and this was evident during the inspection. There was evidence of regular staff meetings and the inspector saw that supervision of residents was a constant theme.

The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations including a vetting disclosure from the National Vetting Bureau of An Garda Síochána.

The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Marie Matthews  
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>	Central Park Nursing Home
<b>Centre ID:</b>	OSV-0000328
<b>Date of inspection:</b>	01/02/2017
<b>Date of response:</b>	02/03/2017

**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:**

On one medication administration record reviewed the nurse had signed the record before administering the medication.

**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:**

Please see factual inaccuracy form.

**Proposed Timescale:** 02/03/2017

## **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:**

Some social care plans had not been reviewed or developed to provide guidance to staff on their specific social care needs.

### **2. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The social care plans along with all other care plans are reviewed and updated every 4 months as per regulation. However, when updating nurses were reviewing all steps and updating the ones which needed to be updated along with its date. They were not updating the dates of steps which were still relevant to the resident. Going forward, our practice has improved and reviewing nurses are updating all steps even if there are no changes to be made.

**Proposed Timescale:** Completed by 22/02/2017

**Proposed Timescale:** 22/02/2017