

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Central Park Nursing Home
Centre ID:	OSV-0000328
Centre address:	Clonberne, Ballinasloe, Galway.
Telephone number:	093 45 231
Email address:	caroline@centralparknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	AllanBay Limited
Provider Nominee:	Megan Maguire
Lead inspector:	Marie Matthews
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	6

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 August 2017 10:00 To: 31 August 2017 20:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of a registration renewal inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration of the designated centre.

The inspectors reviewed the centres' history of compliance over the 3 years since the last registration. Issues identified on previous inspections had been addressed and a positive attitude to compliance was evident.

The centre is a purpose-built single-storey building with accommodates 64 residents and includes a specific dementia wing known as Memory lane that accommodates 16 residents. It has two enclosed gardens for residents. The centre is located a rural area in the village of Clonberne in county Galway. Clonberne is located 17 km from Tuam, 42 km from Ballinasloe and 50km from Galway city.

Inspectors met with residents and relatives visiting the centre, the provider, person

in charge, the assistant director of nursing, the director of development and staff members. Questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents and some relatives during the inspection. The feedback from residents and relatives was positive regarding the care and the service provided.

The centre is a family run business and the provider, person in charge and management team worked to ensure that the service provided to residents was safe. The centre was well laid out to meet the needs of dependent older people and provided a comfortable environment with a range of communal areas available to residents.

Residents were consulted with and participated in the organisation of the centre and told inspectors they felt safe. Staff had completed training in safeguarding and in the management of behaviours and symptoms associated with dementia and residents said they felt protected.

Residents had access to general practitioners (GP) and allied health professionals including speech and language therapist, dietetic service and occupational therapy were available. Residents were well cared for and their nursing and care needs were being met.

Some improvements were identified to further enhance the service provided. Some staff were overdue refresher training in fire safety and the recorded fire drills that took place didn't note the duration of the drill. The provider was also in the process of redeveloping the enclosed garden area and appropriate garden furniture had not yet been provided for residents. The provider had completed a range of audits however the overall report on the quality and safety of care required review to include all aspects of the service. Only one nurse was on duty at night time to supervise nursing care between the main unit and the dementia unit and while the person in charge said that the staff mix at night-time worked well she was asked to complete a review to ensure that residents' needs were not impacted by staffing levels.

These findings are discussed in the report and the actions required and the provider's responses are included in the Action Plan at the end of this report.

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 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in August 2017. There was a defined management structure in place with which staff were familiar.

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:

Inspectors found that there was a management structure in place to ensure the effective governance of the centre and the provider representative, person in charge, Assistant Director of nursing (ADON) and Director of Development worked closely

together to ensure residents needs were met. There was evident of regular meetings of the management team and meetings with the staff.

There were systems in place to ensure policies were reviewed in line with evidence based practice and to ensure that policies were read by staff. The inspectors also saw that there were management systems to monitor the services provided to residents and quality improvement strategies were developed where necessary. A range of monthly audits of clinical care were completed on a weekly to ten day basis which included pressure wounds, infections, medications, bedrails, complaints, any resident experiencing pain and any fall or serious injury sustained. The information was collated and reviewed by the person in charge on a monthly basis.

The provider demonstrated a positive attitude to compliance during the inspection and there was evidence of improvements in many aspects of the service, for example the enclosed courtyard had been re-seeded and the paving resurfaced.

An annual report on the quality and safety of care was compiled for 2016 and copies were made available to the residents or their representative as required by the Regulations. It included a quality improvement plan for the areas included in the report and had been made available to residents. However, on review of this report, the inspectors found that it did not report on the findings of all of the clinical audits completed or the areas where improvements were required.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A guide to the centre was available to residents, which outlined information on life in the centre, including arrangements for mealtimes, receiving visitors, choose the day's preferred routine, and involvement with care plan review. There was simple and eye catching information posted on the centre walls and notice boards about activities, upcoming events, and useful contacts such as Sage advocacy. Information on making complaints and following the evacuation procedures was also posted prominently.

Each resident had a written contract agreed on admission which was kept under review. A sample of contracts were reviewed and these contained the required information on

the terms of residency including whether the resident's bedroom was individual or shared, the regular fee agreed upon and the services covered by same. A priced list of services and therapies which the centre facilitated that would incur additional expenses was included.

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 had not changed since the last inspection. She is a registered nurse with the required experience in the area of nursing older people who works full-time in the centre. She is supported in her role by the assistant director of nursing and by a director development. There were appropriate deputising arrangements in place in her absence.

During the inspection the person in charge demonstrated a commitment to ensuring a good standard of care to residents and a positive attitude to compliance. All documentation requested by the inspector was readily available. She was clear on her responsibilities under the Regulations and had good knowledge of residents' needs. She had completed post registration qualifications in dementia care, gerontology and in nursing home management and maintained her clinical skills by attending all scheduled clinical training in the centre.

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:

There were procedures in place for the prevention, detection and response to abuse. This had been reviewed since the last inspection. The centres policy on safeguarding had been updated to reflect the reporting arrangements in the Health Service Executive (HSE) policy on Protection of Vulnerable adults. The centres assistant director of nursing was identified in the policy as the designated person to whom any incidents were reported. The provider confirmed that all staff had been vetted by An Garda Siochana.

Staff completed training in safeguarding every two years and those interviewed by inspectors were clear on the indicators of abuse and on the different types of abuse that can occur. Staff who spoke with inspectors were clear on the procedures in place and the requirement to act appropriately if they had a suspicion of abuse and to immediately report any incidents to the person in charge.

The person in charge had reported an incident where an allegation of abuse was made by a resident. The inspectors reviewed the investigation report completed by the person in charge and saw that it was comprehensive and contained statements from relevant staff members' incidents and saw that an appropriate safeguarding plan was developed in response.

Residents spoken with and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. There was a register kept in the reception area which was observed to be signed by all visitors' to the centre. The centre was further protected by a key padded lock on the main entrance and by closed circuit television system which monitored the entrance and exit points.

The centres' policy on restraint was based on the national policy on promoting a restraint free environment. The person in charge said that the staff had actively sought to reduce restraint use in the centre. Some residents had requested the use of bedrails. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. There was input from the general practitioner into the decision making process. In a sample of assessments completed the enabling function was clearly recorded.

The centre had a policy to guide staff on the management of behaviours associated with dementia. Staff spoken with were familiar with resident's behaviours and could describe how they responded to instances where behaviours occurred. A log of all incidents was maintained which described the incident and what might have prompted the incident. Care plans were developed which described the specific triggers that might cause an escalation in behaviours and inspectors saw that there was clear guidance to staff in the behaviour support plan developed to help them to prevent an escalation from occurring. The training records reviewed by inspectors confirmed that staff attended training on the management of behaviours and symptoms associated with dementia.

The provider stored small amounts of money for some residents. Inspectors saw that this was kept in a secure location on the premises. A log was maintained which recorded transactions and each entry was signed by two members of staff. Inspectors reviewed a sample of these records and found that they accurately matched the actual amount present for those residents. The provider acted as a pension agent for one resident, and had a clear record of the deposits and withdrawals for an account in the resident's name.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

The centre had an up to date health and safety statement and risk register which identified hazards and control measures to reduce any identified risks to residents and staff. The specific areas identified in the regulations were included in the centres risk policy.

The centre provided a safe environment and had appropriate, even flooring coverings provided throughout and handrails on all corridors. Inspectors discussed with providers the planned development of their enclosed garden space and the need to incorporate safety features for residents who were not steady on their feet.

Staff were familiar with their duties and the procedures to follow in the event of a fire. Staff who spoke with the inspectors could describe the people from whom they would take instruction and evacuation procedures for residents. The centre maintained a personal emergency evacuation plan (PEEP) for each resident which noted the assistance they required and the equipment requirements in the event of an evacuation.

The centre had an emergency evacuation plan which included details on transport and temporary accommodation should returning to the premises after an evacuation not be an option. Fire exit routes were clear of obstruction and marked with appropriate signage. Internal doors were equipped with self-closing mechanisms and magnetic devices for holding the door open, which would disengage in the event of a fire alarm. Inspectors observed one door did not have a self closing device fitted and another was propped open by furniture which prevented it from closing in the event of a fire. Inspectors were told that the residents may have done this, however checks by staff should ensure that all doors which do not have electro-magnetic devices fitted are

closed at night. Additional magnetic devices were available to hold doors open which the provider said she would ensure were fitted to prevent this from happening.

Regular fire safety checks on evacuation routes, door releases and the fire alarm were logged, as were up to date records of external testing and certification of the fire panel, emergency lighting, fire fighting equipment and fire resistant materials. Fire safety training was provided in the centre, and inspectors saw that the centres policy required staff to attend refresher fire training annually. At the time of inspection however, 13 staff were outside this timeframe. During the day, the provider advised they were attempting to bring forward the next scheduled training session to address this. Fire drills took place every few weeks in the centre. Some drills were held at night to reflect night time staffing levels and more residents being in bed. Where possible without distressing residents, they were involved in the drills and were assisted out of the area in which a fire event was simulated. In some drills recorded inspectors saw that a staff member was substituted for a resident who required assistance. Notes were kept on the staff members involved, the location of the drills, and any issues which caused a delay, however the duration of the drill was not always recorded to assure the provider that residents could be safely evacuated in a reasonable time.

A manual handling assessment had been completed for all residents and staff members had completed training in moving and handling of residents.

The centre appeared clean and a colour coded cleaning system was in use to prevent cross contamination from dirty to clean areas. Inspectors spoke to housekeeping staff who were familiar with procedures around infection prevention and control. Staff were clear on how it would be communicated to them when residents had infection risks and how their routine of cleaning the centre would change accordingly. The centre also sent water samples away on a regular basis to be analysed for bacteria such as E.coli and Legionella.

All accidents were recorded on an accident form and inspectors saw that this was completed with a good level of detail and included the time and location of the incident. Neurological observations were recorded for any unwitnessed falls or where the resident sustained a head injury. The centre maintained an incident log of any falls or other incidents in the centre. The inspectors reviewed this log and saw that it included a root and cause analysis of each incident and identified any new interventions required to reduce the risk of reoccurrence. A falls committee was established and met regularly to discuss trends and recurrence in the time, location and causes of falls and how to respond accordingly.

Judgment:

Non Compliant - Moderate

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:

There was a policy and procedures for prescribing, administering, recording, storing and disposing of medication. A sample of medication prescription sheets was reviewed and inspectors found that medications were administered in line with the prescription and the recording sheet was signed by nurses. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible. Medication being crushed was signed individually by the GP.

Medications were supplied in blister packs which were stored in the centre's clinical room and the nurses on duty held the keys. Where residents required their medication in a crushed form alternative liquid forms of the drugs were sought where possible. The inspector saw that the temperature of the fridge used for storing medication that required refrigeration was checked daily.

A sample of PRN (as required) medications was viewed by inspectors and the maximum dosage was indicated on the prescription sheets examined.

There were measures in place to ensure medications which needed to be discarded after being open for a specific period of time were discarded. It was not clear if a medication in use was being used passed the use by day.

The inspectors reviewed the arrangements for storing and checking stock levels of controlled medication and saw that a register was maintained and kept up to date and medication was counted by two nurses at the change of each shift.

There were regular medication audits completed by the person in charge, the director of development and the pharmacist. An audit template had been developed by the pharmacy was used to review medication practice and focused audits had been completed on areas such as use of medications for iron and use of laxatives.

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:

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

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

Findings:

There were 58 residents accommodated at the time of the inspection of which 37 were assessed as having high dependency needs. Residents had a range of care needs including dementia. 16 residents were accommodated in a specific dementia unit.

Several residents had complex medical conditions associated with old age.

A comprehensive assessment of the residents' activities of daily living was completed on resident on admission which considered areas such as the residents' mobility, continence, cognition, skin integrity, communication needs and risk of weight loss.

The inspectors reviewed a sample of care records which were maintained on an electronic care planning system and found that there were process in place to ensure residents were provided with appropriate health care. Seven General Practitioners (GPs) provided support to residents and inspectors saw that there was a system in place to alert staff when medical reviews were due. Residents also had access to specialists' services such as physiotherapy, occupational therapy, chiropody, speech and language therapy and dietetics. There were records in the files reviewed to indicate that residents had regular eye tests and dental checks.

Residents' needs were set out in individual care plans which were based on clinical assessments. For example the residents' vulnerability to falls, mobility levels, nutrition needs and vulnerability to developing pressure wounds were assessed. The inspectors noted that where an assessment identified a risk there was a care plan developed to guide care. During the inspection, inspectors spoke with several residents and relatives who confirmed that they were consulted regarding care and involved in care plan reviews. There was evidence that assessments and care plans were reviewed on a four monthly basis, or where there was a change in their care needs. For example if the resident sustained a fall, inspectors saw that their falls risk assessment was reviewed and their care plan was updated to reflect any new interventions to reduce further falls.

There were systems in place to ensure residents did not experience poor nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Each resident was weighed on admission and on a monthly basis or more frequently if unexplained weight loss was observed. There were 11 residents being closely monitored for weight loss. The inspectors saw that they had been reviewed by a dietician and by a speech and language therapist where appropriate and were provided with a diet in line with the specialists recommendations. Food intake records were completed in good level of detail and gave an accurate picture of the residents' food and fluid intake. Residents were provided with a choice of hot meal at mealtimes. The inspectors saw that there was a clear system of communication between nursing and catering staff to ensure residents dietary requirements were met.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Central Park is a purpose built centre comprised of a main unit and a unit which is designed specifically for residents with dementia known as Memory Lane. There are 35 single bedrooms and four two bedded rooms which have ensuite toilet and shower facilities. There are also 10 shared bedrooms and one single bedroom without ensuite facilities. Assisted bathrooms and toilets are located in each unit. A room previously used for hairdressing had been reconfigured since the last inspection to provide additional two accessible toilets. One which is located off the main sitting room known as the garden room and one located off memory lane.

Memory lane is a self-contained unit with its own bedrooms, sitting rooms and communal areas and is designed to resemble a house with a sitting room and kitchen. There is a relaxation room with sensory equipment and a waterbed available for residents to use and variety of communal rooms are available to residents in both units and these were bright and comfortably furnished. A painted mural of a street scene decorates the walls of an open communal area in memory lane. The assistant director of nursing supervises care in this unit and residents were observed using a variety of different communal space within the unit during the inspection. There was a treatment room provided which is used by for visiting therapists and GPs to see residents in private.

The centre has two enclosed gardens. One could be accessed from the dementia unit and the other was accessible from the main unit. The walls surrounding this garden were painted to resemble shop fronts. Both gardens contained features to attract residents to use the areas such as planted pots and bird feeders and the garden off the main unit had been recently reseeded and an old garden bench which had become damaged removed, however, suitable replacement garden furniture had not been provided at the time of the inspection for residents wanting to use this area.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The provider maintained a complaints policy and procedure which was summarised in the residents guide and displayed in the centre. The procedure identified the person designated to investigate complaints as well as the independent appeals contact if the complainant was not satisfied with the response to the complaint. Staff spoken with were clear on how to respond to a complaint and how to record and relay the information to the complaints officer.

Complaints were recorded in a log with details of the nature of the matter, the actions taken to remedy the issue, the outcome and learning from the complaint and the satisfaction status of the complainant. Any letters, email or other correspondence related to the investigation were documented with each entry. Verbal complaints were recorded with the same level of detail as those submitted formally or in writing. Residents and relatives spoken with during the inspection said that they wouldn't have any hesitation in making a complaint to the person in charge but were quick to point out that they staff responded promptly to any issues that arose.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Arrangements were in place for residents to attend mass and receive the Eucharist in the centre on a regular basis. Residents were registered to vote, and could be either escorted to the nearby polling station or vote in the centre. The provider and residents confirmed that a ballot box was provided in the centre for the last inspection.

Staff were observed assisting and speaking with residents in a friendly, patient and respectful manner, and displayed good knowledge of the residents' needs, preferences and personalities. Staff were familiar with which residents wished to have their bedroom door left closed, who chose not to spend time in the communal areas or participate in group activities, who preferred sleeping late in the mornings and who preferred having their meals in their bedrooms. Privacy screens were available in bedrooms accommodating more than one resident, and there was clear signage of the public areas of the building monitored by CCTV. Some residents were deaf or hard of hearing and were facilitated to communicate with writing pads, picture boards and with sign language, which some staff members were seen using during the day.

A varied of quality recreational activities were provided for residents. Three designated activity therapist coordinated the activities schedule and on a Wednesday and Thursday there were four to facilitate a Sonas session. (a therapeutic activity for residents with dementia. Entertainment from external sources was also arranged such as visits from local schoolchildren, live musicians and pet therapists. In-house activities included arts and crafts, bingo, exercise sessions, card games and movie nights.

Inspectors saw that there was time identified on the activity schedule for the activities coordinators to spend time doing one to one activities with residents who lacked the capacity to participate in group activities. Inspectors saw that records were maintained for each activity and the residents who participated, and those who chose not . This allowed the staff to identify where alternatives could be offered to some residents, and to track and trend interest in what was done in the centre, and to identify the residents who missed the activity but may need a reminder, rather than because they are not interested. This also avoided those residents with no interest in certain activities being asked repeatedly to join. Each resident had an assessment completed of the level of physical and cognitive capacity to participate in activities and a recreational care plan which identified which activities the resident had attended and their level of engagement. Inspectors saw from the records that some residents who mostly preferred to do their own thing and participate in organised activities were highlighted by these records and these residents were could choose not to pay the monthly activities fee. Inspectors reviewed monthly invoices to confirm this.

A resident forum meeting was held every two months in the centre. Minutes reviewed discussed suggestions and feedback on meals, activities, outings and other day to day matters relating to living in the centre. Notes were made on each attending resident's contribution, and an action plan was composed from the minutes, with notes from the person in charge on what progress had been made on same since the last meeting.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The person in charge stated that the staffing levels and the staff skill mix were reviewed regularly and adjusted in response to residents' needs. The inspectors observed that there was a graded system in place based on an assessment completed of the level of supervision each resident required and inspectors saw that this was noted in the care records of residents reviewed. Staff were deployed between the main unit and the centres dementia unit. The provider and person in charge had completed a recent audit of staffing levels and staffing levels were also reviewed on a monthly basis when residents' dependency levels were assessed.

The staff rota indicated that the normal allocation of staff was between three to four nurses on duty in the morning with eight care assistants. In the afternoon this reduced to three nurses and seven care assistants and increased again to two nurses and eight care assistants in the evening and an activities coordinator. (In addition to the person in charge). The inspector observed that whilst there was always a nurse on duty, after 10pm at night only one nurse was available between the main unit and the dementia unit. The person in charge said that night-time medication had been administered by this time and that there was an additional care assistant on duty. The staff rota confirmed that there was a staged increase in number of care assistants on duty from 6am until 8am with four care assistants supervising care until 6am, five from 6am until 7am and there were 6 care assistants on duty from 7am to 8am . The provider was asked to review the allocation of nursing staff at night-time to ensure that they can meet the needs of residents in both units.

A sample of personnel files were reviewed for different categories of staff and these contained all documentation and information required under Schedule 2 of the regulations. All staff files reviewed, including those of the management, contained evidence of vetting by An Garda Síochána, and the provider has given inspectors assurance no staff were or will be active in the centre without having been vetted. The centre did not use volunteer or external agency staff and no staff were currently on

induction.

Staff members were knowledgeable on the needs, preferences and personalities of the residents and were observed speaking and assisting them in a friendly, patient and respectful manner. Staff were knowledgeable when asked of the procedures for responding to alleged or suspected abuse incidents, what their role was in the event of an emergency, how complaints are recorded and to whom they directly reported. Regular appraisals were held for all staff, and the management and inspectors discussed the structure for appraising and supervising staff in their induction or probationary period.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including all mandatory training. All staff were up to date in their mandatory training in safeguarding of vulnerable residents and manual handling. There were some gaps in refresher training in fire safety, which is referred to under Outcome 8. The majority of staff had attended training in caring the management of responsive behaviours associated with dementia. There was a good range of supplementary training available including infection control, nutrition, falls prevention, incontinence and end of life care. A training schedule for the coming months was posted for staff information and the provider maintained a matrix for tracking the attendance of all training sessions.

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 report¹

Centre name:	Central Park Nursing Home
Centre ID:	OSV-0000328
Date of inspection:	31/08/2017
Date of response:	25/09/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The annual report did not report on the findings of all of the clinical audits completed or the areas where improvements were required in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

1. Action Required:

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

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We have abolished the old template for our annual review and have adopted the HIQA Annual Review Report and this will now include all findings of our clinical audits and where improvements are required if any.

Proposed Timescale: 19/01/2018

Outcome 08: 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:

Some staff were out of date on their fire safety training.

2. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff were scheduled to attend the Fire Safety Training before expiration, however, some staff were on annual leave and sick leave and could not attend. Another date was being scheduled for the other members of staff to attend this training. Management were awaiting a date from the external trainer. While nearly 85% of our staff were trained the remaining 15% are going to be trained on 28/09/2017. Megan Maguire is also now enrolled in Fire Safety Instructor Training to ensure there is no waiting again in future.

Proposed Timescale: 28/09/2017

Theme:

Safe care and support

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

The time taken to evacuate during a fire drill was not recorded to assure the provider that residents could be safely evacuated in the event of a fire.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A new and more detailed Fire Log Sheet has been designed and implemented in the centre

Proposed Timescale: 15/09/2017

Theme:

Safe care and support

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

A small number of doors were propped open by furniture, preventing them from closing to contain smoke and flame in a fire event.

4. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Two doors were propped open by furniture, one of which was already fitted with a self-closing mechanism but resident has a habit of moving furniture in his room. Checks are done every half hour on this resident's room to ensure there is no furniture propping the door. The second door which is the resident's chapel has been communicated to all residents and staff that these doors must remain shut at all times and never propped open and a sign has been put up as a reminder.

Proposed Timescale: 01/09/2017

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:

Suitable garden furniture was not available for residents wanting to use the enclosed garden off the main unit.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

designated centre.

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

Sturdy garden furniture has now been purchased and is available for our residents.

Proposed Timescale: 25/09/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was only one nurse on duty, after 10pm at night to supervise care between the main unit and the dementia unit.

6. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

As per regulation 15(2), the person in charge shall ensure that the staff of a designated centre includes, at all times, at least one registered nurse. However, we have decided to put a second nurse on night duty due to the increase in residents in house. We have recruited 3 nurses who are currently in the recruitment process at the moment and should be working on the floor by 06/11/17 due to aptitude testing dates.

Proposed Timescale: 06/11/2017