



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	07 March 2018
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0021550

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. Each unit offers different numbers and types of bedrooms; both single and semi private (twin) bedrooms are en suite. The Liffey Unit comprises of 31 private en-suite bedrooms and 9 semi-private en-suite bedrooms. The Rye Unit comprises of 22 private en-suite bedrooms and one semi-private en-suite bedroom. The Blackwater Unit comprises of 40 private en-suite bedrooms and four semi-private en-suite bedrooms. The Boyne and Barrow Unit comprises of 24 private en-suite rooms. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the main Liffey and Blackwater Units. Within the Boyne and Barrow there is a reminiscence town streetscape, where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting-rooms, dining-rooms, gardens and a cafeteria which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit is home to the River Day Spa, which offers our residents a full selection of hairdressing, beauty and spa services.

The following information outlines some additional data on this centre.

Current registration end date:	16/06/2020
Number of residents on the date of inspection:	135

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 March 2018	08:30hrs to 17:30hrs	Sarah Carter	Lead
07 March 2018	08:30hrs to 17:30hrs	Angela Ring	Support

Views of people who use the service

Residents and relatives were very positive about the care received in the centre. They described staff as kind, well-meaning and caring. All commented on how well their needs were met, and that they felt safe.

Both residents and relatives also commented on the cleanliness of the centre and the pleasant environment. Some spoken with mentioned that they liked their rooms and felt they had enough space and furniture available to them for storing their personal belongings. They spoke about how pleasant the café and dining areas were, and enjoyed the rooms the activities took place in, specifically the cinema room and the courtyards.

Residents spoke positively about their routines. They mentioned they were under no pressure to get up or go to bed at specific times, nor did they feel obliged to go to activities if they did not want to. There were daily opportunities for meaningful activity – either alone or as part of the activity programme. Many mentioned the physiotherapist and the balance class was of particular importance to those who attended it. Residents were coming and going out of the centre on the day of inspection to visit the local town or attend appointments and said they enjoyed the opportunity to go out with family and friends.

The majority of residents spoken with liked their meals. Others said the food was not what they would cook at home, but they liked the choice and if they made requests they always got what they wanted.

Residents said they felt informed about their care and if they had concerns they knew how to report it. Residents who were unable to speak with inspectors were observed to be supervised, well-kept and looked comfortable in their seating and wheelchairs.

No residents' questionnaires were available for review as this inspection was unannounced.

Capacity and capability

Overall there was a robust approach to governance which ensured residents care was monitored closely and actions were taken to manage any issues that were impacting on how care was provided. The centre has a well-established and

organised management team and their management systems benefited the lives of the residents who lived there. There were clear lines of accountability, and each member of the management team had defined areas of responsibility.

The person in charge (PIC) was an experienced nurse who worked full time in the centre and was observed to know residents and relatives well and was knowledgeable about the resident's needs and concerns.

Both clinical and operational data was gathered and monitored in a variety of ways by the provider and person in charge (PIC), and was logged centrally on a computerised system. The provider accessed this data to create agenda items for the weekly management meetings, and these meetings included senior nursing staff. Action points were created as a result at each management meeting, for example recent data had indicated gaps in staff knowledge and the subsequent action was a revision of the staff induction programme. Comprehensive clinical data was also gathered, for example the data on falls was trended for patterns in times, days and locations which assisted the management team to address any problems identified. An incident management team was in place to review particular incidents and ensure learning and actions were taken to minimise incidents reoccurring.

The provider had applied to increase the current registration by four additional beds. One aspect of the inspection was to assess the suitability of four new bedrooms which had been renovated to admit new residents. The new bedrooms were judged to be of a high standard and suitable for residents, including residents with dementia. These new bedrooms were en-suite and spacious, with good storage and room for seating. Dementia friendly features were evident in the room decor, such as the signage at the bedroom door and the contrasting colours in the bathrooms. The statement of purpose the provider had prepared was up to date. It was sufficiently clear and detailed and gave an overview of the service provided, it also included the new bedrooms in its description of the service.

Complaints were well managed in the centre. The PIC was the appointed complaints officer. Complaints were recorded as required by the regulations and the providers role was to review them. The complaints process was advertised throughout the building and residents knew who to talk to in the event of a complaint. Minutes of the management meetings and data collected by the management team showed that learning took place from complaint they.

There were contracts of care in place for residents. The contracts were detailed and there was a schedule attached to the contract with details of a social charge. However the specific fees were not clear and there was no opportunity for current residents or potential residents to opt out of this charge. The contracts were also noted to be lengthy and legalistic and the provider agreed to review the contracts to ensure residents could fully understand the terms.

There were sufficient staff on duty on the day of inspection and they were skilled and competent in the delivery of care. There were up-to-date policies to guide practice and staff had received a thorough induction as well as all required

mandatory training. Staff were knowledgeable about residents and knew how to access policies on the computer system.

Staffing levels at night time were reviewed by inspectors where there was one staff nurse assigned to 48 residents and whilst there were no negative outcomes found for residents on the day of inspection, a discussion took place with the provider representative and person in charge about the assurances in place to ensure there was adequate nursing cover. Following the inspection, the provider submitted a risk assessment and a comprehensive review of this issue and assured inspectors that nursing cover was and would be kept under careful review to ensure residents' needs were met at all times.

Overall the governance and management combined with the competent staff in the centre positively impacted on residents' lives.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary the total number of residents that can be accommodated in the centre from 141 to 145 by providing four additional ensuite single bedroom in the Boyne and Barrow Unit.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced nurse who worked full-time in the centre and had the relevant skills knowledge and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate numbers of staff on duty throughout the day to meet the needs of residents. The provider agreed to continue to keep nursing cover at night under review to ensure residents' needs were met.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were supervised in their work and there was a system of annual reviews in place. All staff had received mandatory training and were able to carry out safe and effective care.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clear and defined management structure and had a system in place to ensure that the service provided was safe and well monitored. There was an annual review developed in conjunction with residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The amount of fees charged to residents for some services was not clear.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was clear and met all the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a thorough complaints policy and it was well advertised throughout the building. The process of handling and monitoring complaints met all the requirements of the regulation.

Judgment: Compliant

Quality and safety

Residents' needs were central to the way care was delivered and their health and well-being was promoted. The centres approach to healthcare, end-of-life care and the choices of activities provided ensured residents needs were central to the how the service operated. The design and upkeep of the premises in addition to the channels used to engage with residents ensured residents rights were upheld.

Residents had access to evidence based nursing care and also to a physiotherapist. Each resident had a comprehensive assessment of their health and social care needs, and this assessment commenced on admission. Following this assessment comprehensive care plans were developed and areas of risk were monitored closely with additional care plans, for example if the resident was losing weight. Care plans had been reviewed at four monthly intervals or more often if their needs changed. While care plans were comprehensive, timely and up to date, some language within the care plans was professionally worded, and not reflective of residents own words.

There were care plans in place for residents' end-of-life care, and these reflected their preferences. Residents had access to a palliative care team when required and here was a specific room available with facilities for overnight visitors if required.

There was a varied and meaningful activity programme available to residents. Activity staff had recently completed a survey with residents to identify new activities they may be interested in. As a result they developed activities for residents who did not have any cognitive impairment as this group gave feedback that they had specific needs. In the past year residents had contributed to an exhibit on Ireland in times gone by, which had featured in local newspapers. Activities took place in a variety of activity rooms, sitting rooms and a cinema room. The cinema room had features to provide a cinema atmosphere, a ticket machine and a facility to make popcorn.

There were regular residents' meetings and it was noted that residents' feedback informed management to make changes to the service. For example residents had raised comments about the type of meals provided and this had resulted in a change of menu and a review of processes in the dining rooms. Residents had access to nutritious food throughout the day and snacks and drinks were readily available. Dining areas were pleasant but inspectors observed that staff who served and assisted residents during their meals wore hairnets and aprons making the dining experience more institutional than homely.

The premises was suitable for all the residents who live in the centre. Bedrooms and ensembles were spacious and had all necessary adaptations. There was an intercom system in the bedrooms for residents to listen to mass if they were unable to attend

the activity itself. The centre had a café, which was open throughout the day, and was a pleasant place for residents to meet their visitors. The Boyne and Barrow Units had a homely feel, with sitting rooms and a domestic looking kitchen area, where residents were observed to be relaxing. Communal areas throughout the building had features of interest, for example fish tanks and fireplaces, and chairs were grouped together to encourage social interaction.

There was a day spa area where residents could arrange appointments to get their hair cut or have a manicure and this was observed to be in use throughout the inspection. Residents also had access to internal courtyards, which had seating and raised flower beds, as well as a streetscape at the back of the premises, where shop fronts had been painted, a bus stop erected and an old fashioned telephone box in place. The provider had a number of bedrooms in use for short term and convalescent care; however, short-term residents were not admitted into rooms with longer term residents which minimised any disruptions.

There was a person appointed as an in-house advocate, and residents also had access to an external advocacy service as required. Any interaction inspectors saw between staff and residents was respectful and kind.

Overall residents were safe and protected and the provider has a number of safeguarding measures in place. Residents were safe in the event of fire or if there was infection in the centre, as the provider had up to date systems in place to prevent fire and manage infection. Fire prevention techniques included small compartments for evacuation and regular fire training for staff. All equipment and records checked were up to date and staff had good knowledge of what to do in the event of a fire. The person in charge also completed daily checks on fire exit doors. Residents had personal evacuation plans in place and staff spoken with were aware of residents needs in the event of an emergency evacuation.

Infection control measures provided included sinks, hand sanitiser and separate doors for entry and exit in and out of all sluice rooms. Infection control meetings took place. Audits had been carried out on hand hygiene and staff were observed to use good hand hygiene principles while delivering care.

The provider had a robust risk management policy in place, and both clinical and operational risks were assessed and actions created to manage the risks. There were risk assessments in place for a residents who smoked, and these were updated as required. The provider had an up-to-date safety statement, however this will require an amendment to ensure it reflects the additional beds the provider is seeking to register.

The use of bedrails in the centre required improvement. Some practice observed was not in line with national policy, for example in gaining consent for their use and multidisciplinary assessments were not consistent. There were low beds, crash mats and falls alarms available as required, however the trials of these alternatives to bedrails were not consistently documented. This was discussed with the provider

and it was agreed that the restraint process needed review.

There was an up to date safeguarding policy in place and residents said they felt safe and well protected. Staff files reviewed indicated that staff employed in the centre were Garda Síochána vetted and new staff received a thorough induction including training on safeguarding residents. The centre was pension agent for a small number of residents and their practices ensured this process was managed correctly and in line with national policy. However residents only had access to their money on weekdays.

Regulation 13: End of life

Appropriate care and comfort and consultation with residents and families took place at the residents end of life. There was a specific room available in the centre with facilities for visitors to stay overnight.

Judgment: Compliant

Regulation 17: Premises

The premises was off a high standard and its layout and appropriate for the needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Food and snacks were available throughout the day. Residents specific nutritional requirements were clear and known to all staff.

Judgment: Compliant

Regulation 26: Risk management

Risks were identified and controlled throughout the building by the provider and person in charge. There was specific processes in place to protect residents. An incident management team reviewed incidents and ensured learning took place.

Judgment: Compliant
Regulation 27: Infection control
There were high standards of infection prevention in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
Staff were trained in the prevention of and response to fire. There was adequate means of escape and all service and equipment records were up to date.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Care plans were in place for residents and were comprehensive to meet their needs and they were reviewed every four months or sooner if required. The level of consultation with the resident and or their family was unclear as professional language was used in the care plans.
Judgment: Substantially compliant
Regulation 6: Health care
There was a high level of evidence based care in place, and there was access to specialist health professionals if required.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The use of bed rails in the centre required review and were not in line with national

policy.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were trained and had up-to-date knowledge about safeguarding and measures were in place to protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had a wide range of activities to choose from and could exercise their religious beliefs if they wished. There was access to advocacy and residents were consulted with and participated in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0021550

Date of inspection: 07/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In line with ensuring the highest standard of quality and care to residents the Management Team completed a thorough review and comprehensive risk assessment of the clinical staffing levels within the Nursing Home. Night staffing levels comprise of 12 staff members which include 4 nursing staff and 8 care staff (one of which is a Senior Health Care Assistant) and an additional on-call Senior Nurse for each night shift. This skill mix incorporates extensively trained and experienced members who have clearly defined roles and responsibilities in order to ensure the highest standard of care at all times.</p> <p>This comprehensive risk assessment included an in-depth audit of all areas including falls, incidents, dependencies, skills mix, staff ratio, call bell response times, staff surveys and turnover and resident and family and family feedback. The results of the review completed demonstrated in all cases that a safe system of work is provided to all staff and residents.</p> <p>In order to monitor and ensure effective safe services the Management Team within the nursing home will continue to:</p> <ol style="list-style-type: none"> 1. Review all incident/accidents raised electronically (and accessible remotely) and trend to ensure no specific risk identified during night time hours; 2. Provide ongoing supervision and management of staff from line management including Director of Care and Clinical Nurse Manager II, Senior Staff Nurse and Healthcare Assistant Manager; 3. Ensure staffing is a mandatory topic on the Management Team meeting agenda; 4. Ensure effective handovers are completed following each shift; 5. Ensure ongoing staff, resident/representative surveys and relevant committee meetings in order to address any areas of concern which arise. 	
Regulation 24: Contract for the	Substantially Compliant

provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care internally approved by the Management Team within the nursing home has been developed based on the template provided by Nursing Homes Ireland. The Management Team have completed a review and have included the additional costs associated with services provided within the River Day Spa.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The nursing home strives to ensure that residents have individual care plans that takes into account all aspects of their physical and mental health, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment and in line with the nursing homes "Resident Individual Care Plan Development and Implementation" Policy and Procedure.</p> <p>In order to monitor and ensure a person-centered approach to resident care planning, the following steps will be implemented:</p> <ol style="list-style-type: none"> 1. Lesson learned document will be compiled in relation to the requirements of person-centered care planning with a specific focus on the language used throughout; 2. Ongoing audits in line with audit schedule developed and individual resident tracers will be completed to ensure satisfactory completion; 3. Goals of care and resident care plan interventions to be completed in conjunction with the resident and resident representative where appropriate. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The nursing home embraces a holistic approach to care that promotes a restraint free environment.</p> <p>Where restraint is required to limit the freedom of a resident the nursing home shall ensure it is implemented in accordance to the law and best professional practice, including the national policy.</p> <p>In order to monitor restraint practices, promote a restraint free and ensure compliance</p>	

with national policy the nursing home will:

1. Re-educate all required staff on the "Use of Resident Restraint" Policy and Procedure;
2. Ensure a Multi-disciplinary approach during assessment;
3. Consider and document the use of alternatives prior to the use of a restraint;
4. Complete internal audits as per audit schedule including review of consent, assessments including MDT input, care planning, promotion of a restraint free environment and the education provided to residents and their representatives.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	19/04/2018
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Yellow	19/04/2018
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the	Not Compliant	Yellow	19/04/2018

	resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/05/2018