<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sally Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005565</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sally Park Close, Templeogue, Dublin 24.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 452 6482</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sheila.king@passagehealthcare.com">sheila.king@passagehealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Passage Healthcare International (Ireland) Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td></td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>43</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 November 2017 10:00  To: 23 November 2017 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an unannounced inspection by the Health Information and Quality Authority in order to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in designated centres for Older People) Regulations 2013 and to follow up the actions required from the previous inspection. Although some of the actions required from the previous inspection had been completed a number of actions relating to premises, complaints and governance were found to be outstanding.

The centre is registered to accommodate 46 residents which will be reduced to 43 in line with a condition 8 on the current registration. On the day of the inspection there were 44 residents living in the centre. The centre provides care and services for individuals with a range of dependencies who need long-term and respite care. During the inspection the inspector met with residents, visiting relatives, the person in charge (PIC), the provider nominee and staff. Residents and relatives who spoke
with the inspector reported high levels of satisfaction with the care and services provided in the centre.

The designated centre is situated in a three-storey Georgian building which has been extended and adapted to provide the current accommodation. The building is set in a large plot with extensive mature gardens. Parking is provided to the front of the building. The centre is close to local amenities and public transport routes. The inspector found that the centre was warm and comfortably furnished for the residents who lived there. There was a range of equipment available for residents including profiling beds, specialist mattresses and hoists. The centre was clean and overall well maintained however improvements were required in the multi-occupancy rooms, the provision of adequate toilets and the available storage space in the centre. These were outstanding actions from the previous inspection.

The provider nominee and the person in charge (PIC) were working in the centre on the day of the inspection and cooperated with the inspection process. Both the PIC and the provider nominee were knowledgeable about the residents in the centre and their health and social care needs.

There was a clear management structure in place and staff and residents told the inspector that they saw the PIC and provider nominee on most days. The inspector found that there were sufficient staff available on the day to meet the needs of the residents. Staff were knowledgeable about individual resident’s needs and care was found to be person centred. Residents told the inspector that they felt safe at the centre and that staff were kind and courteous.

The centre had reviewed its activities programme since the last inspection. Residents told the inspector that they enjoyed the activities and entertainments that were provided in the centre. On the day of the inspection the inspector observed a number of activities including bingo, card games, art work and exercise to music. In the afternoon residents were able to participate in a communion and prayer service if they wished to do so. Staff were knowledgeable about individual residents’ preferences for activities and daily routines.

The centre employs an in house catering team and all food is freshly prepared on site. Home baking is available on most days. Residents who spoke with the inspector reported high levels of satisfaction with the menus and food provided for them.
### 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 included most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the Statement of Purpose had not been revised to reflect the reduction in bed numbers from 46 to 43 beds following the last inspection and in line with the centre's current conditions of registration.

**Judgment:**
Substantially 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There were clear management arrangements in the centre and systems in place to monitor the quality and safety of the service; however, the inspector found that these
were not consistently implemented in line with the centre's own policies and procedures. For example, audit documentation was incomplete in a number of areas and the complaints log was not available on the day of the inspection. Although some of the actions required from the previous inspection had been completed, a number of actions relating to premises were found to be outstanding.

The inspector found that there was a clear management structure with defined lines of authority and accountability. The person in charge (PIC) worked full time in the centre. She was supported by the provider nominee who was based in the centre. The assistant director of nursing (ADON) had recently resigned and the centre was recruiting her replacement.

Residents who spoke with the inspectors said that they saw the PIC and the provider nominee on a daily basis and were able to raise any issues or concerns with them. Staff reported that they were clear about whom to raise issues with and that they found the management in the centre were focused on the residents' needs and were approachable.

The inspector found that there were systems in place to monitor the quality of care and the experience of the residents on an ongoing basis, for example care planning, dependency levels, restrictive practices, incidents, falls, complaints and responsive (challenging) behaviours. Monthly audits of medication records were also carried out. Information relating to falls and medication audits was collated and analysed each month. This information supported improvement plans in these areas, for example detailed falls information had been used to identify trends such as the times of falls or where they occurred in the centre. As a result the centre had reviewed staffing levels at key times of the day in order to support safe and effective supervision of residents. However, audit information collected on other key areas such as restraints was not analysed and as a result there was no evidence of learning or improvements made following the monitoring and reviews. This was an outstanding action from the last inspection.

Documents showed that the managers and nursing staff held regular meetings to support effective communications in the centre. These meetings included hand over meetings at the beginning of each shift, health and safety meetings and quality management meetings. The inspector noted that decisions from the health and safety and quality management meetings were communicated to the relevant staff.

Resident meetings were held quarterly and minutes were recorded. The minutes documented the issues that were raised by the residents and the actions that were taken to follow these up. There was a clear complaints procedure in the centre and residents and families who spoke with the inspector were clear about whom to raise concerns and issues with. Families reported that they were kept informed about any issues or concerns relating to their relatives living at the centre and that any issues they raised were dealt with promptly.

The centre had completed an annual review of the safety and quality of care and services. This was prepared in consultation with residents and families in line with the actions following the last inspection; however, it was not clear that the document was
readily available for residents as it was not made available to the inspector on the day of the inspection.

**Judgment:**  
Non Compliant - Moderate

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**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 designated centre was managed by a suitably qualified and experienced person who held accountability and responsibility for the provision of safe and effective care and services. The person in charge (PIC) was engaged in the operational management and administration of the centre.

The PIC is a registered nurse who has worked as the person in charge in the centre for 12 years. She had completed a qualification in Nursing Home Management and attended other relevant courses in order to maintain her ongoing professional development as a registered nurse with the Nursing and Midwifery Board of Ireland (NMBI).

The PIC cooperated fully with the inspection process and provided information and documentation when asked. During the inspection she demonstrated knowledge and awareness of her responsibilities under the Health Act 2007 (Care and Welfare of residents in designated Centres for Older People) Regulations 2013 and supported staff to co-operate fully with the inspection.

The PIC met regularly with residents, staff and families. She was observed meeting with potential new residents and their families during the inspection.

**Judgment:**  
Compliant

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**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:
The designated centre had appropriate systems in place to protect residents from abuse. There was evidence that the designated centre was working towards a restraint-free environment in line with best practice guidance.

The inspector found that policies and procedures were in place to safeguard and protect residents from abuse. Incidents, allegations and concerns relating to the abuse of residents had been recorded. Training records showed that staff attended safeguarding training. Staff who spoke with the inspector were able to articulate the policies and procedures relating to the detection of and protection of residents from abuse. Residents told the inspector that they felt safe at the centre and that they could approach the staff and managers in the centre if they had any concerns.

The inspector found that, in line with the ethos of the centre, managers and staff were working towards a restraint-free environment. Records showed that the use of bedrails was monitored and recorded in the centre's restraint log. The inspector reviewed a sample of assessments for bedrails and found that individual resident risk assessments documented that alternatives to bedrails had been considered. Risk assessments and care plans showed evidence of resident and family involvement in decisions regarding risk management and restraint. Nursing staff carried out three-monthly reviews of restraints in place for individual residents. The inspector found that not all restraints were recorded in the centre's restraint register in line with best practice guidance.

A number of residents living at the centre displayed responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable about individual residents and what might cause them to display responsive behaviours. Staff were aware of the appropriate interventions to be used with individuals when responsive behaviours were exhibited. However, the inspector found that the responsive behaviours displayed by one resident were having a negative outcome for other residents in the centre. The PIC and provider nominee were working with the general practitioner (GP) to support the resident and no ongoing referral had been made to specialist services at the time of the inspection. This is discussed under outcome 11.

There were clear systems in place to safeguard residents’ money. These included invoices for all goods and services and a monthly balance for each resident. In line with its own policy the centre did not get directly involved with residents’ finances and did not act as a pension agent for any residents. Information in relation to external financial advice and advocacy services were made available to residents and their families if needed.

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 inspector found that the health and safety of residents, staff and visitors was actively promoted.

There were comprehensive policies in place relating to health and safety and risk management. These had been recently reviewed and met the requirements of the regulations. There was an up-to-date Health and Safety Statement. An emergency plan was in place.

The inspector found that there was a log of incidents occurring in the designated centre. Although incidents and accidents were recorded in detail there was no clear record of a comprehensive review of incidents, and there was no record of learning and improvements being made to prevent a recurrence of the incident.

The risk management policy was reviewed and was seen to comply with Regulation 26 (1). The centre’s risk register had been updated to include current risks, for example residents who smoked. The inspector spoke with staff and found them to be aware of relevant risks in their areas of work. Staff were observed to follow correct risk management procedures in their day-to-day practices, for example correct moving and handling techniques and infection control procedures.

The fire safety policy was detailed and centre specific and included a clear evacuation procedure to be followed in the event of a fire. External fire exits were found to be unobstructed; however, wheelchairs stored under the main staircase were preventing a clear exit using the stairs from the upper floors. This was addressed by the PIC during the inspection. Records showed that the PIC or nurse in charge carried out a daily check of all external fire exits to ensure that they were kept clear.

Records reviewed by the inspector showed that fire safety equipment including fire detection equipment and alarm systems were checked and serviced at regular intervals.

Records showed that staff had access to fire safety training and fire evacuation drills were carried out at regular intervals. However not all staff who spoke with the inspector were clear about the procedure to follow in the event of a fire and improvements were required in this area.

Up-to-date records were available for the servicing of nursing and moving and handling
equipment such as hoists and specialist beds and mattresses. All equipment had been serviced within the last 12 months.

Clinical risk assessments were undertaken for residents, including falls risk assessments, assessments for skin integrity, resident dependency, continence, moving and handling, residents who smoked and responsive behaviours. Clinical risk assessments were recorded in residents' care plans and were reviewed four monthly or more often if a resident's condition changed. Staff who spoke with the inspector were able to articulate the risks relating to individual residents and the management plans that were in place to manage identified risks.

The inspector observed staff washing their hands regularly and staff were seen to wear personal protective clothing such as gloves and aprons. The inspector noted that soap and hand sanitizer were available throughout the premises. Hand soap and paper towels were available at hand wash basins. The centre was clean and the housekeeping team maintained records of cleaning schedules completed on each day.

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

**Findings:**
Although the inspector found that there were appropriate management systems in place to ensure safe medication practices in the designated centre, the actions required from the previous inspection relating to accurate administration times had not been fully addressed.

There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. In-house medication audits were completed monthly by senior nursing staff. In addition the visiting pharmacist completed a comprehensive three-monthly audit of all medication practices. Audit documentation showed good levels of compliance across medication practices overall. Improvement plans were in place where audits found non-compliance with the centre's medication policies and procedures.
A sample of medication records was reviewed. The inspector found that the records recorded the name of the drug and the time of the administration and that the nurse signed the medication record after each administration. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Residents' medication was reviewed regularly by their GP.

The inspector observed that staff administering medication followed appropriate medication management practices. However, the morning medication round had not been completed within the required time frames in line with best practice guidance and the centre's own policies and procedures. This was an outstanding action from the previous inspection.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspector checked the current stock against the stock balance records and found them to be correct.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There was a comprehensive policy in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre. The policy also described the review processes in place to ensure that residents’
needs were reviewed four monthly or more often if there was a change in their health or wellbeing and that their care plan was updated accordingly. The policy stated that each resident must receive a comprehensive assessment prior to their admission to the centre to ensure that the centre would be able to meet their ongoing needs.

A selection of residents' records was reviewed. The inspector found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission the person in charge (PIC) and nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident’s needs including actual and potential risks such as weight loss, falls or responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours.

Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were found to provide clear information to staff providing care and support for residents and were found to reflect the resident's current needs. In line with the centre's ethos of care the risk management plans were seen to promote residents’ independence and self-care abilities, where possible.

The inspector found that residents had good access to GP services and a range of allied health care professionals and specialist teams such as the palliative care team, community mental health services and psychiatry of later life. In most care plans referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietitian or speech and language therapist. However, one resident who had high levels of responsive behaviours had not been referred to specialist mental health service at the time of the inspection.

Residents and their families reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in their care.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

Judgment:
Compliant

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**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.
Theme:
Effective care and support

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

Findings:
The layout and design of the centre did not meet the needs of all residents who lived at the centre. Some of the actions from the previous inspection were not resolved. These related to the layout of a number of the multi-occupancy rooms not affording residents’ privacy and dignity, the general lack of appropriate storage in the centre and the lack of adequate numbers of toilets on the upper floors.

The provider had resubmitted a planning application to extend and improve the accommodation in the designated centre and was awaiting the outcome of the decision at the time of the inspection. However, the inspector found that insufficient alternatives had been implemented since the last inspection to address the issues impacting on residents’ privacy and dignity in relation to the existing premises.

The designated centre is a large three-storey Georgian house which has been extended to provide accommodation for 43 residents. The centre is situated in large grounds laid mainly to lawn. There is a car park with disabled parking to the front of the building. The centre is close to local shops and amenities and is accessible by public transport routes.

The accommodation consists of 25 single bedrooms, most of which are en suite, five twin bedrooms (one of which is en suite) and three three-bedded rooms. In line with the actions from the previous inspection, one of the twin bedrooms would reduce occupancy to a single room when a bed became available. Those bedrooms which do not have en-suite facilities have a wash basin and storage for individual resident's toiletries and wash bowls.

Access to the bedroom accommodation on the upper floors is via a central staircase or a passenger lift. The inspector observed a number of residents using the lift during the day either independently or with the supervision of staff. The lift is wheelchair accessible.

Bedrooms on the ground floor are en suite and laid out to meet the needs of the residents. Residents are encouraged to bring in personal items including small items of furniture from home. As a result, bedrooms were decorated with pictures and photographs which personalised the resident's private space.

Two communal toilet and shower rooms on the ground floor did not have appropriate grab-rails in place to maintain the safety and dignity of residents using them. In one toilet the grab-rail was close to the shower and could not be used to support the
resident to use the toilet safely. As a result, staff were using a commode in this room instead of the toilet that was in place.

The inspector found that the layout of the rooms and the position of privacy curtains in a number of the twin bedrooms on the upper floors did not promote the privacy and dignity of the residents who occupied these rooms and did not afford adequate privacy for residents to carry out personal activities in private. This is discussed further under outcome 16.

In addition, the size and layout of one of these rooms was not suitable for two residents. This was due to the very limited space around one bed, the lack of appropriate screening, the lack of space to undertake personal activities in private and the lack of space for a wardrobe or a bedside chair. At the time of the inspection there was only one resident occupying this room.

The inspector found that there was an insufficient number of toilets on the first and second floors. A number of residents were using commodes in their bedrooms at night as the toilet or bathroom facilities were located at a distance from their bedrooms. This was an outstanding action from the previous inspection.

All bedrooms have accessible call-bell systems for each bed and an over-the-bed light. In most rooms residents have their own wardrobe and drawer or shelf space however a number of residents did not have any lockable space in their rooms. One twin room on the first floor room was too small to accommodate wardrobe space for residents. This is discussed under outcome 17.

The communal areas are light and spacious and were well used by the residents during the inspection which gave the centre a real sense of community. There is a large dining room to the rear of the building with patio doors which lead out to the courtyard area and the garden. There are three communal lounges, a comfortable reception area and two smaller quiet seating areas where residents can meet with their visitors in private. The quiet lounge provides quiet comfortable seating for those residents who prefer a calm space and who need a higher level of nursing supervision. The inspector observed residents chatting together and playing card games in this area. Some residents took their meals in this area.

Visitors were made welcome in the communal areas except at meal times.

The outside space is nicely laid out for residents. There is a small enclosed courtyard garden with benches and tables. A landscaped garden wraps around the rear of the building and is accessible for residents who want to access outside space and fresh air. There is a small area in the courtyard designated as a smoking area which was available for residents who wished to smoke under the supervision of care staff.

The centre provides a range of assistive equipment including wheelchairs, specialist mattresses and hoists. The inspector reviewed the service records for the equipment and found that they had been serviced within the last year. Storage of equipment in the centre is an ongoing problem and had not been addressed since the last inspection. The inspector found that there was inadequate storage for hoists, walking aids, trollies and
linen skips which were stored in bathrooms and residents’ bedrooms when not in use. Wheelchairs were stored under the stairs and posed a potential risk to safe access from the building in the case of an emergency. This is addressed under outcome 8.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The complaints procedure was displayed in various locations throughout the centre. The procedure outlined that the person in charge was responsible (PIC) for dealing with complaints and that the provider nominee was nominated as the person to oversee that complaints were managed correctly. There were also contact details for an independent appeals person.

Residents and families who spoke with the inspector during the inspection were clear about who to raise any issues or complaints with. Families told the inspector that any issues they had raised had been dealt with fully and promptly and that they were satisfied with the outcome.

The PIC informed the inspector that the details of both written and verbal complaints were recorded and that the record detailed the complaint, the actions taken and the outcome and or satisfaction of the complainant. However, the complaints log was not available on the day of the inspection. This was an outstanding action from the previous inspection. The complaints log was submitted to the inspector following the inspection.

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

Findings:
Overall the inspector found that residents were consulted with and participated in the organisation of the centre. There was a person-centred approach to the residents in the centre that respected their privacy and dignity. However, the current layout of a number of bedrooms on the upper floors and the insufficient number of toilets had not been fully addressed since the previous inspection. As a result, the layout of the accommodation in these areas did not ensure that the privacy and dignity of the residents who occupied these rooms could be maintained at all times.

The activities programme had been reviewed following the last inspection. Care staff organised and provided activities and entertainments in the centre throughout the week. Staff demonstrated a clear understanding of the importance of meaningful activity for residents and were observed organising and supporting residents in a range of activities throughout the morning and afternoon of the inspection. The residents were participating in a lively game of bingo, card games, art work and newspaper discussion during the morning, and communion and an exercise to music session in the afternoon.

Feedback from families and residents was positive about the activities that were on offer and about the staff who delivered them.

The inspector observed that staff offered support and gentle encouragement to residents throughout the activity sessions. Residents were encouraged to meet in the communal areas for most activities but residents were offered one-to-one activities in their rooms if they preferred or if their dependency meant that they were not able to join in the group activity on offer. There were also groups of residents choosing to spend time together and other residents meeting and chatting with their visitors. Some residents did not want to participate but enjoyed observing the activities taking place. Staff knew which activities individual residents preferred and were aware of individual resident's need for support and supervision during the activity sessions. Some residents went out with their families and visitors during the day to visit local shops and restaurants.

Throughout the inspection residents were seen to be making choices about how and where to spend their day. For example when to get up, what to eat and drink at meal times and whether to take part in the activities on offer. Residents informed the inspectors that they were supported to make choices about how and where to spend their time each day and that their rights and choices were respected by staff in the centre.
There were several visitors in the centre during the inspection and residents could meet with their visitors in private in their rooms or in the communal areas. Visitors who spoke with the inspector said that they were always made welcome when they visited and that if they wanted to meet with their relative in private this was accommodated.

There were televisions and newspapers available for residents. All rooms were fitted with a telephone for residents to use in private. Residents had access to wifi and one resident used this to keep in touch with family who did not live close to the centre.

Where residents had communication needs these were identified during their assessment and were documented in the residents' care plans. Staff knew the residents and were aware of individual resident's communication needs and what support was needed to engage with them effectively.

There was a resident forum and residents’ meetings were held throughout the year. Records showed that topics such as food and activities were discussed regularly. Minutes were documented but it was not clear how the minutes of the meetings were shared with those residents who did not attend the meetings. Where issues were raised the centre provided feedback to individual residents on what had been done to resolve the problem.

Residents had access to advocacy through an independent advocate who was known to the centre. Details were provided in the resident’s guide and on the notice boards.

Residents who wished to vote could register to vote in the nursing home. For those who wished to attend the local polling station transport was arranged for them.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Residents' clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There were arrangements in place for the laundering of linen and residents’ clothing. Residents’ clothes were returned promptly following laundering. However, the inspector found that the actions relating to adequate storage space for residents to store their...
clothing and personal property had not been adequately addressed since the previous inspection.

The centre had an up-to-date policy and procedure in relation to residents’ clothing, personal property and possessions. A record was kept of each resident's personal property and possessions.

The inspector found that two rooms on the upper floors did not provide appropriate wardrobe space for the residents who occupied these rooms. For example in one bedroom the two wardrobes were situated on the passage way from the corridor into the bedroom. In the second bedroom there was insufficient space for a wardrobe and the two wardrobes for the residents who occupied this room were placed in the corridor.

There was insufficient space in these rooms for residents to store personal items and as a result the residents were not able to personalize their private space.

Judgment:
Non Compliant - Moderate

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 found that there were appropriate numbers of staff with the necessary skills and experience to meet the needs of residents.

The inspector reviewed the staffing levels, actual and planned staff rosters and spoke with staff, residents and visitors. Staff training records were submitted to the inspector following the inspection.

The inspector found that there were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staff levels were reviewed regularly in response to
changing resident dependencies and care requirements.

There was also sufficient housekeeping, laundry and catering staff to ensure that the centre was run effectively for the benefit of the residents who lived there. Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their cheerful and helpful manner and their kindness and courtesy. Residents who spoke with the inspector reported that their care needs were met in a timely manner. This was verified by observations on the day of the inspection where the inspector noted that staff were prompt to answer call-bells and were able to anticipate residents’ needs for care such as visiting the toilet or returning to their rooms for a rest.

Training records submitted to the inspector following the inspection showed that staff had been provided with mandatory training in moving and handling, prevention of abuse and fire safety. Some staff had received training in infection control, managing responsive behaviours, dementia care and end-of-life care.

The provider informed the inspectors that all staff and volunteers working in the centre had Garda Síochána (police) vetting. Records showed that nursing staff were registered with the Irish Nursing and Midwifery Board.

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:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sally Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005565</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23/11/2017</td>
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<tr>
<td>Date of response:</td>
<td>19/01/2018</td>
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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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose had not been revised to reflect the reduction in bed numbers from 46 to 43 beds following the last inspection.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.
Please state the actions you have taken or are planning to take:
Statement of Purpose has been updated and reflects the centre adequately. This will be checked every six months going forward to ensure that the information is accurate, and any changes required will be made.

The Statement of Purpose is available at the nurse’s station and relatives are aware of this via the relatives Notice Board, located in the hallway.

**Proposed Timescale:** 22/12/2017

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### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Although some of the actions required from the previous inspection had been completed a number of actions relating to premises, complaints and governance were found to be outstanding.

Audit information collected on key areas such as restraints was not analysed and as a result there was no evidence of learning or improvements made following the monitoring and reviews. This was an outstanding action from the last inspection.

#### 2. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. There is a full review of the complete audit process, this will include a more thorough approach to analysing the data to assist with learning processes for staff. This has commenced and will be fully complete by 28 Feb 2018.
2. There is a complaints log that is situated in the Nurses Office, there is a clear process for complaints to be dealt with effectively and they are signed off by the Person in Charge or the Operations Manager – (if the complaint has gone to the PIC).

Proposed Timescale:
1. By 28 Feb
2. Complete

**Proposed Timescale:** 28/02/2018

**Theme:**
Governance, Leadership and Management
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
It was not clear that the annual review was readily available for residents as it was not made available to the inspector on the day of the inspection

3. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
The Annual Review has been updated, there is a current copy held in the nurse’s station. There is a notice on the relatives Notice Board to that effect. This document is seen as a revolving work and will be updated accordingly with input from residents, relatives and staff.

Proposed Timescale: 12/01/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Wheel chairs stored under the main stair case were preventing a clear exit using the stairs from the upper floors.

4. Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
The storage of wheelchairs has been reviewed and additional cupboard space is being utilised for the storage of wheelchairs, safely and effectively.

Proposed Timescale: 24/11/2017

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all staff who spoke with the inspector were clear about the procedure to follow in the event of a fire and improvements were required in this area.

5. 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:
Fire training were conducted and attended by staff on the 5th and 10th of January. Training in fire prevention and emergency procedures were carried out.

Control measures related to fire safety were conversed. Personal Emergency Evacuation Plan of residents were in placed at the back of each resident’s door as per advised by the fire instructor.

Other procedures to follow in the event of fire, including escape routes, were discussed and clarified.

The staff have now acquired good knowledge and clear understanding on what to do in the event of fire.

Proposed Timescale: 12/01/2018

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:
The morning medication round had not been completed within the required timeframes in line with best practice guidance and the centre's own policies and procedures. This was an outstanding action from the previous inspection.

6. 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 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:
Consultation is ongoing between nurses, general practitioners and pharmacist regarding changes in the medication timings.

Changes in the time of food supplements administration were also altered to reflect residents’ preferences. It is noted that some residents, take their food supplements better in the evening rather than taking it first thing in the morning. This has been discussed with the dietitian and the pharmacist and both are in favour of the proposal.
Other contributory factors related to not meeting the required timeframes in drug administration were reflected, identified and analysed. Actions were taken to correct the said problems e.g. strict enforcement of non-disturbance policy for nurses doing the medication rounds.

Proposed Timescale: 15/02/2018

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A number of residents did not have any lockable space in their rooms and one twin room on the first floor room was too small to accommodate wardrobe space for residents.

7. **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:
Lockable storage is available to all residents if required or desired. The twin room in question has been reconfigured to accommodate wardrobes and lockable space. Further detail under Outcome 12 above.

Proposed Timescale: 15/01/2018

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector found that there was inadequate storage for hoists, walking aids, trollies and linen skips which were stored in bathrooms and resident's bedrooms when not in use.

8. **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:
The storage arrangements have been revisited, and all equipment is being stored appropriately when not in use. This is being managed by our staff team as well as our
maintenance operative and is overseen by the Person in Charge (PIC)

**Proposed Timescale:** 28/11/2017

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspector found that there was insufficient number of toilets on the first and second floors. A number of residents were using commodes in their bedrooms at night as the toilet /bathroom facilities were located at a distance from their bedrooms. This was an outstanding action from the previous inspection.

**9. 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:**
Sally Park is a converted Georgian House, that has some lovely features and does lend itself to being a very homely home, however coupled with this there are some challenges to our building which is why we are planning a further extension. We do believe, however that we are compliant with schedule 6 of Regulation 17 as there are five bathrooms and toilets available for 23 residents. It is recognised that some of our residents prefer to use a commode through the night; this also applies to some of our residents that have ensuite facilities. Our staff are extremely conscious of maintaining the dignity of our residents and ensure that residents are assisted respectfully and with dignity.

When the extension is built the older part of the home will then be revisited to enhance the facilities.

**Proposed Timescale:**
Extension in final planning stages prior to being submitted to An Bord Planala

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**Proposed Timescale:**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The size and layout of one of the twin rooms on the upper floors was not suitable for two residents. This was due to the very limited space around one bed, the lack of appropriate screening, the lack of space to undertake personal activities in private and the lack of space for a wardrobe or a bedside chair.
10. **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:**
The layout of the room in question has been reconfigured, this allows for appropriate space for a wardrobe, bedside locker and chair. There is also sufficient space for a hoist to be used for each individual if required, additional curtaining has been ordered and should have been complete by 31 January 2018 but there has been a delay on the fabric for this curtain. Currently the room is occupied by one woman and whilst the wardrobe can fit into the room, as this woman does not access her wardrobe without assistance, her family member has chosen that the wardrobe may be housed outside the room.

Staff are very conscious of and are most excellent at maintaining resident’s privacy and dignity at all times.

An extension to the facility is being planned where this room will be revisited with a different layout. This room has a triple aspect and enjoys beautiful views of the Dublin mountains. The aspect of the room is not interfered with due to the new layout of the room (even with wardrobes inside the room)

**Proposed Timescale:**
Partially complete, totally complete by 28 February 2018 (additional curtaining)

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**Proposed Timescale:** 28/02/2018

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Two communal toilet/shower rooms on the ground floor did not have appropriate grab rails in place to maintain the safety and dignity of residents using them. In one toilet the grab rail was close to the shower and could not be used to support the resident to use the toilet safely.

11. **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:**
Appropriate grab rails are being sourced in conjunction with the physiotherapist and occupational therapist and will be placed appropriately. The occupational therapist is due to visit, and following her visit the rails will be put in place.
Proposed Timescale: 31/01/2018

**Outcome 13: Complaints procedures**

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The complaints log was not available on the day of the inspection. This was an outstanding action from the previous inspection.

12. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints log is stored in the nurse’s station and all nurses and staff record complaints as they arise, these are then actioned upon by the Assistant Director of Nursing and signed off by the Person In Charge. There is an additional tier of management of complaints if required. The complaint form has been updated to include a section on follow up from the complainant’s perspective.

Proposed Timescale: 19/01/2018

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The current layout of a number of bedrooms on the upper floors and the insufficient number of toilets had not been fully addressed since the previous inspection. As a result the layout of the accommodation in these areas did not ensure that the privacy and dignity of the residents who occupied these rooms could be protected at all times.

13. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
As stated in Outcome 12 above, there are five bathrooms and toilets for 23 residents. Staff are very conscious of resident’s dignity and privacy and work tirelessly to uphold the same. Their knowledge of our residents and their attention to detail can assist with
pre-empting resident’s need’s whilst managing the constraints of the building to ensure that resident’s are using appropriate facilities to further maintain dignity and privacy. Additional curtaining has been ordered to assist with this.

The new extension to the building will enhance the facilities offered at Sally Park and will allow for a further reconfiguration of the house.

**Proposed Timescale:**
Ongoing until extension complete by end of 2018.

**Proposed Timescale:** 31/12/2018