<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>
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<tr>
<td>Registered provider:</td>
<td>Passage Healthcare International (Ireland) Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>39</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 25 April 2018 10:30
To: 25 April 2018 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td></td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other information.

The provider had completed a self-assessment tool on dementia care and had assessed the centre as compliant in three of the six outcomes and substantially compliant in the other three outcomes under the thematic dementia assessment framework. This inspection found that four outcomes in relation to complaints, safeguarding and safety, resident's rights, dignity and consultation and health and social care were compliant. The outcome in relation to staffing were found to be substantially compliant. Premises was found to be moderately non-compliant.
The inspector found that there were sufficient numbers of staff with the knowledge and skills to provide safe and effective care and services for the residents. However, not all staff had received training in managing residents who 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). There was a well-established staff team many of whom had been working at the centre for more than five years. Staff knew the residents well and care was found to be person centred. The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who were able to articulate their experiences expressed high levels of satisfaction with the care and services they received in the centre.

Residents had good access to a range of health and social care services to meet their ongoing needs. This included physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. Residents were seen regularly by a general practitioner (GP). Specialist medical services were available when required. This included psychiatry of later life for those residents who were diagnosed with dementia.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions and this included lockable space when requested. This was an improvement from the previous inspection. The centre was very homely and was clean and well maintained. The provider had completed a refurbishment project to ensure that privacy curtains were appropriately installed in multi-occupancy rooms and that hand rails were available in all toilets and bathrooms. Further actions from the previous inspection in relation to storage of, complaints, medication management and the layout of one twin room on the first floor were found to have been addressed. However, improvements were still required in relation to fire drills, training in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the storage of equipment such as hoists and linen trollies.

Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. There was a clear management structure in place and staff were supervised and supported in their work. The centre's quality management system monitored the quality and safety of care and services provided, however, improvements were still required to ensure that the audit information was used to identify areas for improvement and that these were implemented in practice.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Residents had good access to a range of health and social care services. These included physiotherapy, dietitian, speech and language therapy, community mental health services, optician and chiropody. Residents were seen regularly by their general practitioner (GP). The GP reviewed each resident’s medication every three months or if their health changed. Out of hours medical services were organized when required. Specialist medical services were available including psychiatry of later life. Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

The inspector reviewed a sample of resident’s records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission to ensure that the centre could meet their needs. Following admission a further assessment was completed by nursing staff. Assessments included information about the resident’s past life such as their hobbies and other interests for example types of music or sporting interests. Following the assessment a care plan was devised with the resident and/or their family. Care plans were clear and reflected the residents’ current needs. Care plans were reviewed every four months or more often if the resident’s needs changed.

Daily care records showed a good level of recording in key areas such as nutrition and hydration, changes of position and of the daily care given. These records were kept up to date throughout the day. Nurses checked the information regularly throughout the day which helped to ensure that any changes in a resident’s health or well-being were detected promptly and managed pro-actively.

The centre provided care and facilities to support residents with dementia towards the end of their life. Records showed that care was provided in a way that met the changing needs of the resident in key areas such as pain and symptom management. Families were supported and encouraged to be with the resident and overnight accommodation could be provided if needed.

Transfer of information within and between the centre and other healthcare providers
was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were available in the resident’s records.

Overall there was a good standard of record keeping in relation to residents and their care and wellbeing however the records for individual residents were kept in a number of different places and were difficult to access at times. As a result the current documentation did not always provide a clear and contemporaneous record for each individual resident.

There were systems in place to ensure residents’ nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents’ weights were checked monthly or more often if significant weight loss was detected.

Menus were available and all residents were offered a choice at each meal time. This included residents who were on modified diets. Textured meals were served as separate items on the plate and portion sizes varied to meet the resident’s needs and preferences. Residents having their lunch in the dining room told the inspector that they had enjoyed their meal and that there was always plenty of choice on the menus. Some residents chose to take their meals in their bedrooms. Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals in the quiet lounge. Staff offered discreet encouragement and support for residents who needed assistance with their meals and were careful not to hurry residents.

There were comprehensive polices and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Pharmacists provided bi-annual medication training for nursing staff and carried out regular audits of their competency. Following the last inspection the centre had reviewed the times of the medication rounds and reviewed all medication kardexes to ensure that the prescribed times of medications met the needs of the individual resident. Prescribed medicines were regularly reviewed by the resident’s general practitioner (GP). Medicine audits were conducted in the centre and there was a process for recording and reviewing medication errors.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
There were procedures in place for the prevention, detection and response to abuse. Residents told the inspector that they felt safe and that they could speak to a member of staff if they had any concerns or complaints. The inspector observed that those residents who were unable to verbalise their thoughts did not exhibit behaviours associated with fear or distress. Staffs' interactions with residents were found to be empathetic and respectful.

Policies and procedures were in place to safeguard and protect residents from abuse. Incidents and concerns relating to the abuse of residents had been recorded. The person in charge had taken appropriate actions in line with the centre's policies and procedures to respond to a recent concern that had occurred in the centre.

Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. Staff were clear about their responsibility to keep residents safe. Staff knew residents well and were knowledgeable about the most appropriate interactions that were needed to engage with individuals effectively. As a result care was person centred and promoted residents' rights and dignity.

The centre was working towards a restraint free environment and had reduced the number of bedrails and other forms of restraint since the last inspection. Where restraints such as bedrails and bracelet alarms were used staff had completed a risk assessment and the resident and/or their families were involved in the decision to use the equipment. Records showed that a range of alternatives such as low-low beds and floor mats had been trialed with residents prior to using restraints. Restraints were recorded on the centre's restraint register and the record showed that they were reviewed by nursing staff every three months.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents were consulted with and that they were facilitated to be as independent as possible and to exercise choice and control over their daily lives.
The provider had completed the actions required from the previous inspection in relation to the layout of bedrooms on the middle floor and had improved privacy screening in these bedrooms and the ground floor toilet and shower rooms.

The records showed that residents were consulted about the provision of care and services in the centre. There was a resident's forum in place which was well attended, however, the inspector noted that there had been no meetings in 2018. The annual review of the quality and safety of services was made available to residents and their families. Residents also had access to an independent advocate who visited the centre regularly.

Staff were seen to work together to ensure that each resident's privacy and dignity was respected when care and services were being provided. The inspector observed that doors were closed and privacy curtains were drawn around each bed. Staff always knocked before entering a resident's bedroom.

Spiritual needs were met through monthly mass in the centre and communion and prayer services were also available. Staff provided discreet support and encouragement to residents with dementia in order to support them to take part in these activities in line with their wishes.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's ongoing life in the centre. This was a particular strength of the centre. The inspector spoke with a number of visitors on the day of the inspection who said that they could visit at any time and that they were always made welcome. Residents were able to meet with their families and visitors in private if they wished to do so. The inspector observed the person in charge and the provider meeting with residents and relatives on the afternoon of the inspection.

Residents with dementia and other cognitive impairments were supported by staff to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed. Staff knew the residents well and were aware of each resident's preferred daily routines. Where residents had difficulty in expressing their needs staff were able to anticipate what they might require. Staff were observed to clarify this with the resident and to obtain their permission before they started a care intervention or moved a resident in their wheelchair.

Overall staff demonstrated good interpersonal and communication skills using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. However some improvements were required to ensure that there was a consistent approach from all staff in relation to their interactions with residents who had high levels of cognitive impairment and communication needs. This was discussed with the person in charge and the provider.

All staff were involved in the delivery of activities with residents. Staff knew which activities individual residents preferred and staff were aware of individual resident's needs for support and supervision during the activities. The activities programme took into account the information that had been collected in relation to residents' life stories in order to include relevant activities and entertainments. The programme included
reminiscence and sensory stimulation for those residents with cognitive impairments and dementia.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

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

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

**Findings:**
The inspector found that resident and family complaints were listened to and acted upon. Residents and families told the inspector that any issues or concerns that they had raised with managers or staff had been dealt with promptly and that, overall, they were satisfied with the outcome.

The complaints procedure was displayed in a prominent position in the entrance hall. The procedure identified that the person in charge was responsible for dealing with complaints. The inspector observed that residents and their families had ready access to the person in charge throughout the day of the inspection.

Details of written and verbal complaints were recorded in the complaints log which was made available to the inspector. There were three complaints recorded since the last inspection. The record detailed the complaint, the actions taken to resolve the issue and the satisfaction of the complainant.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Overall the inspector found that there were sufficient staff with the appropriate
knowledge and skill to provide safe and effective care and services for the residents with dementia. However, not all staff had attended training in the management of residents who 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 rosters matched the staff that were on duty on the day of the inspection. Rosters showed that there was a nurse on duty at all times in the centre. Staff were organized in their work and worked well together as a team. As a result residents did not have to wait for staff to respond when they needed care and support.

Staff were up to date in their mandatory training in safeguarding of vulnerable adults, manual handling and fire safety. However the inspector noted that a fire drill enacting a night time scenario had not been carried out in the centre. Staff who spoke with the inspector said that they were provided with opportunities to attend training updates in key areas such as basic nutrition, falls prevention and infection control. Staff were supported and supervised in their work by the person in charge and the assistant director of nursing.

The inspector found that staff were empathetic and respectful to residents. Staff were knowledgeable about individual residents life histories and interests and about their current needs and preferences for care and services. Residents appeared comfortable with staff and expressed high levels of satisfaction with the care and services that were provided to them.

There were comprehensive selection and recruitment procedures in place to ensure that appropriate individuals were recruited. The provider representative informed the inspector that all staff and volunteers working in the centre had Garda vetting in place.

**Judgment:**
Substantially Compliant

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**Outcome 06: Safe and Suitable Premises**

**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 premises. Significant improvements had been made since the last inspection in relation to the layout and the provision of privacy curtains in a number of multi-occupancy rooms and the privacy screening in the ground floor toilet and shower room.
However there had not been any progress with the planned extension and refurbishment project for the building.

The centre is a large three-storey Georgian house which has been extended to provide accommodation for 43 residents. The centre is situated in large private grounds which are laid mostly to lawn. Car parking is available to the front of the premises with wheelchair accessible spaces and facilities. Local shops and amenities are situated close by and the centre is accessible by public transport routes.

The centre has 26 single bedrooms most of which have en-suite facilities, four twin rooms (one with en-suite facilities) and three multi-occupancy rooms. In line with the agreed action plan one of the twin rooms had reduced to single occupancy since the last inspection. Bedrooms are warm and comfortable and provided wardrobe and drawer space for residents to keep their clothes and personal possessions. Lockable storage space is available for residents if they wish to use it. Residents and their families are encouraged to personalize their bedroom space with pictures, photographs and artifacts from home. As a result a number of bedrooms were very individual and residents were able to organize their personal space to reflect their personal life and interests.

Communal facilities included a spacious main lounge with television, radio and music system available for residents. This area was used for group activities and the musical entertainment on the day of the inspection. The main lounge provides comfortable seating for residents and offers a view over the grounds to the front of the building. Two further lounges provide pleasant bright spaces for residents. One lounge was occupied by residents who required higher levels of supervision and support. The second small lounge provides a quiet space where residents could meet with their visitors in private. Lounges are comfortably furnished and nicely decorated with pictures and items of interest such as pot plants and book cases.

The dining room is spacious and was nicely laid out with flowers and menus available on the tables on the day of the inspection. Grab rails had been installed in two communal toilet and shower rooms on the ground floor in line with the action plan from the previous inspection. However the number and location of toilets on the first and second floors remained an outstanding action from the previous inspection.

Residents were mobilizing around the centre throughout the day either independently or with the support or supervision of staff. Floorings were non slip and grab rails were available along hallways and corridors. Rest spots are available along longer corridors. These areas would benefit from the installation of points of interest such as pictures, photographs or a feature such as a fish tank to add interest and to help residents to orientate themselves to the building. Navigational aids for residents with dementia could be further enhanced with improved signage and colour contrast.

There is a pleasant enclosed garden available for residents to the side of the building. Comfortable seating and tables are available for use in the warmer weather. The garden provides a safe space for residents but could be further improved with the addition of colour and suitable planting for those residents who have dementia and other cognitive impairments.
Judgment:
Non Compliant - Moderate

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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>25/04/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/06/2018</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 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A fire drill enacting a night time scenario had not been carried out as part of the fire safety training in the centre.

1. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Fire Training held on the 5 and 10 of January that all staff had attended. Further on-line training has been purchased for all staff to complete, this will be completed by all by the 30 June 2018. A full night fire drill was carried out on 21 May. There is a day drill scheduled for 07 June 2018.

There are a further 5 night fire drills and 3 day drills scheduled to take place until the end of 2018.

**Proposed Timescale:** 30/06/2018

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<th>Theme: Workforce</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training in the management of responsive behaviours.

2. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Further to the Dementia and Managing Behaviours that may challenge training that took place on the 13 and 16 March, there is further on line training available for staff and the PIC has scheduled workshops to demonstrate learning. These will take place every two months with the first one scheduled for the third Tuesday in July

**Proposed Timescale:** 30/06/2018

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<th>Outcome 06: Safe and Suitable Premises</th>
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<th>Theme: Effective care and support</th>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
However the number and location of toilets on the first and second floors remained an outstanding action from the previous inspection.

Rest spots are available along longer corridors. These areas would benefit from the installation of points of interest such as pictures, photographs or a feature such as a fish tank to add interest and to help residents to orientate themselves to the building. Navigational aids for residents with dementia could be further enhanced with improved signage and colour contrast.
The garden areas could be further improved with the addition of colour and suitable planting for those residents who have dementia and other cognitive impairments.

3. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Pictures and Flowers have been added to the walls, further items are being chosen by residents and will be installed. Hanging baskets have been planted with residents and residents have planted bulbs and seeds to enhance the current features. The maintenance man is preparing the ground for the putting green and it is hoped that this will be up and running mid to late June

**Proposed Timescale:** 30/06/2018