<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sally Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000092</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sally Park Close, Firhouse, Dublin 24.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 452 6482</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sallyparknh@gmail.com">sallyparknh@gmail.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>Oaklands Nursing Homes Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Simon Brady</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Emma Cooke</td>
</tr>
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<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>44</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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: 17 January 2017 09:30 To: 17 January 2017 19:00

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</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>Compliant</td>
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<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>Substantially 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>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The inspectors met with residents, relatives, provider, person in charge and staff and reviewed a number of questionnaires from residents and relatives. The collective feedback from residents and relatives was one of a high level of satisfaction with the service and care provided.

There were 44 residents all of whom were residing in the centre for continuing care. Residents were in advanced old age, several had complex medical conditions and dementia. The named provider was actively involved in the centre on a daily basis. He was very knowledgeable of residents and their social and health care needs. All of the residents and relatives spoke of his commitment and kindness. There was sufficient resources to ensure the delivery of care and there was a defined management structure in place.
The building was warm, nicely decorated and visually clean, however improvements were required in the multi occupancy rooms, provision of toilets and the provision of storage.

Residents spoken with stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift, this was addressed since the last inspection. Residents were facilitated and supported to practice their religious beliefs. A range of activities was facilitated by an activity coordinator. Residents spoken with were highly complimentary of the food and told the inspectors they could have a choice at each mealtime. Catering staff were very familiar with each residents’ likes and dislikes.

The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of 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.
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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a defined management structure in place with a person in charge and assistant director of nursing (ADON). The governance arrangements in place ensured the service provided was safe, appropriate and consistent. However, inspectors found that the provider was in breach of a condition attached to registration related to an upgrade of the premises, this is addressed in Outcome 12.

There was evidence of some quality improvement strategies and monitoring of the service in place. The inspectors read reviews completed by the person in charge and assistant director of nursing. These reviews covered clinical data over a wide range of areas such as falls sustained by residents, use of bedrails, nutrition, equipment and wounds. These reviews were discussed at monthly governance meetings. Although, audit tools were not consistently used in the reviews and there was a system for monitoring the service, inspectors found that improvements could be made to the current system in use to ensure that the information collated was used more effectively to maximise outcomes for residents. This was discussed with the provider and person in charge who agreed to review the current system in place.

An annual report on the quality and safety of care was compiled using a template based on the National Standards for Residential Care for Older People in Ireland as identified in the Regulations. However it was not prepared in consultation with residents and their families.

Judgment:
Non Compliant - Moderate

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 with accountability and responsibility for the provision of the service. Inspectors found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was supported in her role by a director of nursing and other staff nurses. The provider also worked closely with the person in charge and the assistant director of nursing.

Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents. All documentation requested by inspectors was readily available.

Inspectors observed that the provider and person in charge were well known to staff, residents and relatives with many referring to them by their first name and were very complementary of the care they received. The person in charge maintained her continuous professional development and had recently completed a course in nursing home management, and attended all other courses mentioned in Outcome 18. Further training was planned on dementia in 2017.

**Judgment:**
Compliant

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The appropriate deputising arrangements were in place, the ADON was available in the absence of the person in charge and was fully aware of the running of the centre. The person in charge confirmed that annual leave was planned in advance to ensure adequate managerial cover was in place.

Judgment:
Compliant

**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Overall inspectors found that there were adequate systems in place for safeguarding residents.

The provider informed inspectors that they did not manage or store residents’ finances, however there was a policy in place to address this if required and lockable storage. Staff were knowledgeable of the centre’s policy on protection, the need to report suspected abuse and the types of abuse. The inspectors viewed records confirming there was an on-going program of training in protection of vulnerable adults. The person in charge had satisfactory knowledge of the procedure for completing an investigation, however she had no experience in this area as no allegations of abuse had been reported to HIQA in the previous years.

There was a policy on the management of responsive behaviours. Staff spoken with were familiar with resident’s behaviours and could describe particular residents’ daily routines to the inspector. Some staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Inspectors reviewed the care plans of residents who displayed responsive behaviours and found that improvements were required in the documentation to identify the triggers and effective interventions to meet the person’s needs in a person-centred manner; this is actioned in Outcome 11.

Restraint management procedures were in line with national policy guidelines. There were ten residents with raised bedrails, a risk assessment was completed prior to the use of any restraint and assessments were regularly revised and supported with a plan.
of care. There was a policy in place to guide practice.

**Judgment:**
Compliant

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### 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:**

Overall, inspectors found that adequate measures were in place to protect residents and provide a safe environment.

The risk management policy contained the procedures required by the regulations and up to date health and safety statement and emergency plan was available. Hand rails were placed all along the corridors within the centre to assist residents when mobilising and maintain safety at all times.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building. Staff had completed training in fire safety evacuation procedures.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Records indicated fire drill practices were completed.

There were some procedures in place for the prevention and control of infection. Hand gels were located along the corridor. There were a sufficient number of cleaning staff on duty and there was a colour coded cleaning system to minimise the risk of cross contamination.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to meet residents’ needs and good practices were observed.

**Judgment:**
Compliant

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### 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:**
Overall, inspectors found that residents were protected by the designated centres’ policies and procedures for medication management. However, there were some gaps in the maintenance of medication prescription and administration records. Improvements were also required in relation to accurate medication administration times.

The inspectors found staff were knowledgeable regarding safe medication management practices within the designated centre. A medication competency assessment was carried out on each nurse by management and kept under review. Processes were in place for the review of medication by the General Practitioner (GP). Records of pharmacy related interventions and communications were kept in a safe and accessible place and staff interviewed were knowledgeable about ‘out of hours’ systems in place for access to pharmacy.

Inspectors reviewed a sample of resident’s prescription and administration records and found that some residents were not receiving their medication for the time it was prescribed. For example, medication that was prescribed for 8am was not being administered until up to 2.5 hours later in some instances. As a result, some residents prescribed for regular medications were at risk of not getting the required time between medication dosages.

Inspectors reviewed medication practices around the administration of PRN (as necessary) medications. Inspectors found that nurses were administering PRN medication where the maximum daily dosage was not recorded.

Inspectors found that medication was stored securely in a locked drugs trolley. Systems were in place for out of date or returned medicines whereby they were stored and segregated from other medicinal products.

Inspectors reviewed practices around the management of controlled drugs. Records verified that controlled drugs were checked by two nurses, one from each shift and at each shift handover.

There was a system in place for the reviewing and monitoring of safe medication management practices. Inspectors reviewed internal audits carried out by the person in charge and external audits carried by the pharmacist. There was evidence of learning gained from audits to improve practice. Records demonstrated how medication errors are monitored, recorded and dealt with in the centre.
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:
The inspectors found that resident’s wellbeing and welfare was maintained to a good standard of evidence-based care and appropriate medical and allied health care was made available. The arrangements to meet residents' assessed needs were set out in an individual care plan.

Inspectors reviewed a sample of residents care plans. Each resident had a comprehensive assessment carried out on admission and care plans were developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including assessment for the risk of malnutrition, falls and pressure ulcer development. However, there was limited evidence of residents’ and their families being consulted with on the development and review of their care plans. Reviews and evaluations of care were completed at the required intervals and care plans were updated following a change in circumstance or a significant event.

Inspectors found that residents had access to allied health care services which reflected their diverse needs. For example, there was evidence of referral for assessment to allied health services such as dietetics, physiotherapy, chiropody, tissue viability and speech and language therapy. Recommendations from allied health professionals were implemented into practice and care plans updated to reflect same. All residents spoken with expressed satisfaction with the service provided. The end of life care plans were noted to be person centred with residents wishes clearly outlined.

Inspectors found there was a relatively low number of falls. Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and an action plan was devised. Preventative measures undertaken included the use of chair alarms and family members were informed of any changes. There was an adequate system of supervision of residents in communal areas and good staff levels to ensure resident safety was maintained, this was addressed since the last inspection. There was
an adequate policy in place on falls prevention to guide staff.

Inspectors were informed by the person in charge that there was only one resident with a pressure sore on the day of inspection. Inspectors found that there was a policy in place on wound management and this was used to guide practice. There was documented evidence that wounds were assessed and dressed accordingly.

Inspectors spoke with the activities co-ordinator for the centre. Daily activities were based on the resident’s choice and level of interest in the proposed activity for the day. Music, singing and Mass took place in the large communal area at the time of inspection. Alternatively there was two smaller communal areas that provided a quiet environment for reading, watching TV and listening to music. Inspectors observed staff reading poetry, stories and interacting with resident that chose a quieter environment. There were a small number of residents who stayed in their room, inspectors found that although staff spent time with them each day, this could be further improved to ensure that meaningful interactions took place. Most residents and family members spoke highly about some of the personalised activities such as memory boxes and scrap books that resident were supported to do. Residents told the inspectors that they enjoyed the activities, however, some resident’s and relatives voiced that they would like a more varied range of activities. This was discussed with the provider and person in charge and they agreed to review the activities programme to ensure that all residents needs were met.

**Judgment:**
Substantially 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 2013.

**Theme:**
Effective care and support

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

**Findings:**
As highlighted in previous inspections, aspects of the design and layout of the premises did not meet residents' individual and collective needs. The premises continue to pose significant challenges in meeting residents' needs in terms of privacy, dignity, storage and the ability to undertake personal activities in private. The premises consists of an existing building and two extensions. Due to the age and layout of the premises, the main areas posing significant challenges included the two four bedded rooms, one three
bedded room and a twin room that did not meet the needs of residents. The deficits included:

- There was insufficient space between the beds
- Beds had to be moved to facilitate the use of assistive equipment
- There was very little space for residents to personalise the small space they had around their bed
- There was no ease of access to bedside lockers and some beds did not have a locker beside their bed
- Some wardrobes were stored outside resident's bedroom in passageways due to lack of space in bedroom
- There was no screening round two beds in the four bedded room to allow for privacy
- There was no space for a chair to be placed beside some resident's beds

The provider had applied for planning permission to address the deficits identified, however, this had not been granted at the time of the inspection. This has resulted in the provider being in breach of a condition attached to registration related to an upgrade of the premises. Inspectors found no alternative measures had been taken in the interim to address the ongoing issues that were impacting on residents right to privacy and dignity. There was an insufficient number of toilets available on the first and second floors. Many of the residents, particularly those in shared rooms use commodes in their bedrooms at night due to the location of the bathroom from their bedroom. Inspectors also found that there was insufficient storage available in the centre. Trolleys, resident’s moving equipment and linen skips were stored in the bathrooms and residents' bedrooms when not in use. Chairs and walking aids were stored under the stairs which posed a potential risk. These deficits are further addressed in Outcome 16 as they mainly relate to privacy and dignity.

Inspectors noted that the design and layout of the centre would benefit from a more dementia friendly design to assist residents in orientation and maximising their independence.

There were some positive aspects of the premises. The environment was bright, clean and well maintained throughout. There was a small secure courtyard for use by residents and they reported they enjoyed going for walks around the grounds and checking the plants they had sown.

Inspectors visited some residents’ bedrooms and found that some of the newer single rooms were personalised with their possessions. There were three communal areas for residents to use and additional seating areas around the ground floor of the centre.

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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found policies and procedures in place for the management of complaints. The complaints process was accessible to all residents and displayed in a prominent place. However, improvements in staff knowledge were needed in relation to the role of the nominated person in place to deal with the complaint and the appeals process. Although complaints were being dealt with, inspectors found that staff were not clear as to who was appointed the specific roles as set put in the Regulations. There was a lack of clarity of the person nominated to be available in the designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains accurate records.

**Judgment:**
Substantially Compliant

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**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
There were no resident actively receiving end of life care at the time of inspection, inspectors were satisfied that there were adequate arrangements in place for caring for a resident at end of life which would meet his/her physical, emotional, social, psychological and spiritual needs and respects his/her dignity and autonomy.

Care plans reviewed respected the wishes of residents not wanting to discuss end of life care at a certain time and there was evidence that this was re-explored with the resident at appropriate intervals. Care plans clearly outlined residents’ wishes in all areas of end of life care including emergency situations. The person in charge informed the inspectors that links were made with the local palliative care team who provided support as required and evidence of their involvement in care was observed by inspectors.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
Inspectors found systems were in place to ensure residents experienced good nutrition and hydration. There was a system in place to assess that nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and changes in weight were referred for opinion to a dietician and there was documentary evidence to support this. Inspectors reviewed a person centred dietary folder that was in place to inform staff of residents’ particular food likes and dislikes as well as their nutritional requirements. Residents were provided with food and drink at times and in quantities adequate to their needs. Appropriate and timely assistance was offered to residents in a discrete and sensitive manner. There was adequate supervision of the dining room, this was addressed since the last inspection.

Inspectors spent time in the main dining room during lunch with residents and found that the dining experience was pleasant and relaxed. Inspectors also observed meal times for residents who were required to remain in bed due to medical recommendations and they found that their needs were met. Inspectors noted that meals were well presented and menus were displayed in the kitchen and all communal rooms on a white board. Staff were seen assisting residents discreetly and respectfully as required. Staff were knowledgeable about residents' individual nutritional requirements. Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. The inspectors also spent time in communal areas with residents and found that they had ready access to drinks and snacks during the day.

Residents spoken with were highly complimentary of the food and told the inspectors that requests for an option other than those on the menu were facilitated. Equally resident reported that food quantities were sufficient and they would always be provided with more if requested

**Judgment:**
Compliant

**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her
independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Overall, inspectors found that residents were consulted with and participate in the organisation of the centre. However, as already identified, significant improvement was required in the design and layout of the premises to ensure each resident's right to privacy and dignity is respected at all times.

Inspectors reviewed records of family meeting which demonstrated how feedback was sought; however, it was not clear, how the findings and outcomes of this informs practices. Staff were aware of residents different communication needs and these were highlighted in care plans and reflected in practice. Residents had access to radio, television, newspapers and internet. Residents also had access to independent advocacy services.

Inspectors found that resident's dignity was not always maintained during the provision of intimate personal care. This was primarily attributed to the findings in outcome 12, where some multi occupancy rooms did not have curtains around the beds to ensure privacy during the provision of intimate care and there was limited space for residents to undertake personal activities in private.

As already outlines in outcome 11, further opportunities could be explored for residents to participate in activities that suit individual capacities and interests.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.
Findings:
The centre had arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. However, there was inadequate storage space for some residents’ clothing and belongings.

Inspectors found that some residents did not have easy access to their wardrobes. For example, some wardrobes were located in a walkway outside the room or on the corridors as there was limited space within the room. There were no alternative arrangements in place for residents to retain extra belongings and clothing. Staff stated that they would often have to request family members to bring some clothing and belongings home due to the limited wardrobe space available.

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

Findings:
Inspectors found that actions in response to the findings in the previous inspection had been addressed. Staffing changes had been made to the numbers of staff to ensure residents needs are consistently met. For example, there was two nurses on night duty along with one care staff.

Inspectors found that there was an adequate complement of suitably skilled nursing and care staff on duty. Staff had the necessary skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. The provider and person in charge were always very accessible and supported staff daily in the provision of direct care to residents.

Residents spoken to reported that their care needs were met in a timely manner and they felt that staff knew them and their individual care needs very well. Residents family members also reported that they felt there were enough staff on at all times to meet the individual and collective needs of the residents.
The inspectors reviewed a sample of staff files and found that they complied with the requirements in the Regulations including vetting disclosure. Inspectors found there was effective recruitment procedures that included checking and recording of all required information. All relevant members of staff have up to date registration with the relevant professional body. In addition, staff were facilitated to engage in continuous professional development.

Staff told inspectors they had received a broad range of training in areas such as manual handling, detection and prevention of elder abuse, fire training and first aid. Evidence of this was available in staff records. Staff welcomed the opportunity for further training in the areas of dementia specific and the provider expressed willingness to facilitate same. Some staff had received appraisals and performance reviews and the provider acknowledge that this was to be rolled out for all staff.

**Judgment:**
Compliant

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**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:**

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

<table>
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<tr>
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<td>Centre ID:</td>
<td>OSV-0000092</td>
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<td>Date of inspection:</td>
<td>17/01/2017</td>
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<td>Date of response:</td>
<td>01/03/2017</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review was not completed in consultation with residents and their families.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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:
In Sally Park NH, we have strong resident and family involvement in the running of our home. We consult residents and their families on every decision in relation to all aspects of their life. We are in constant communication in relation to all activities of daily living. These communications are both formal and informal. We will now complete our annual review in conjunction with both our residents and their families. We will seek both their input and guidance in forming an overall review of our home.

Proposed Timescale: 30/06/2017

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:
Some residents were not receiving medications at the time they were prescribed for. Nurses were administering PRN medication where the maximum daily dosages was not recorded.

2. 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:
Maximum dosage and strength is now recorded for all prescribed medication. Refresher Medication Management training for all nurses will take place in March 2017 Following a comprehensive review with our pharmacy, Medication rounds are now streamlined to ensure all medication is given in an appropriate time.

Proposed Timescale: 23/03/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not reflect consultation where appropriate with the resident and their family.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding...
4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Following our personalised care planning training on Feb 10, 2017, Staff are now aware of how to show and reflect in care plan documentation the involvement and consultation of the resident / NOK in making their personalised care plan.

In Sally Park NH, we have strong resident / family involvement and consultation. We will now document meetings and all consultation to record both the involvement of our resident and / or their family.

**Proposed Timescale:** 15/03/2017
**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in the documentation to identify the triggers and effective interventions to meet the residents' needs in a person centred manner.

4. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Personalised Nursing Care plan training was completed on February 10, 2017 for all nursing staff. This has provided improvement in identifying the triggers and effective interventions to meet individual resident's needs in a person centred way. While all staff are fully aware of the triggers and interventions for at risk residents, all documentation will now reflect this.

**Proposed Timescale:** 28/02/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises was not appropriate to the number and needs of the residents and in accordance with the statement of purpose.
5. 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:
Unfortunately, following successful planning with our local council, Planning Permission was appealed for a planned extension to our home. We have engaged in a lengthy consulting process with all concerned parties to devise a new plan for submission to the council that will be acceptable to all. We plan to resubmit plans to the planning authorities regarding extension.

We have and will continue to review all practices to ensure the privacy and dignity of each resident is maintained and never compromised when receiving intimate care and when residents are pursuing personal activities in private. As displayed, all staff are fully aware of each resident's needs and wants and always ensure that each resident is cared for to the highest standards.

Proposed Timescale: 31/12/2018

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

6. 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:
While we feel we are largely compliant with the schedule 6 under regulation 17 in relation to our home, we recognise that we have challenges in regard to some of our rooms. Our home is bright, homely and very well maintained; The cleanliness of our home is always maintained to the highest standards. Our residents talk of being very happy with the lovely atmosphere, ethos and all aspects of their life within their home. We pride ourselves of residents being able to use our home as if it was their own. We have close relationships with all our residents and their families to ensure their utmost satisfaction with their surroundings both physical and otherwise.
We will review all rooms to ensure the privacy and dignity of each resident is always held in their highest regard.

Proposed Timescale: 31/12/2018
### Outcome 13: Complaints procedures

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a lack of clarity of the person nominated to be available in the designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains accurate records.

**7. Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
Thankfully we have a very small number of complaints in our home and all complaints are dealt with professionally and to the satisfaction of the complainant. We have now a designated person who will ensure that all complaints are recorded and responded to appropriately. They will oversee the process and ensure that issues are resolved to the satisfaction of all.

**Proposed Timescale:** 15/03/2017

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

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents privacy was not always protected during the provision of intimate care and there was limited space for residents to undertake personal activities in private.

**8. 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:**
A full review of all residents in relation to their privacy and dignity in providing all aspects of their care has now been completed to ensure that each resident can receive intimate care and pursue their personal activities in private.

We will continually review each residents requirements to ensure the privacy and dignity of all residents is always maintained to the highest standards and never compromised.
All staff are fully aware of each resident's needs and rights and will always ensure that the privacy of each resident is always protected and respected with the highest dignity.

**Proposed Timescale:** 15/03/2017

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was improvement required in providing opportunities for residents to participate in activities in accordance with their interests and capacities.

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

**Please state the actions you have taken or are planning to take:**
In Sally Park NH, we have an extensive program in place to ensure that each resident will receive personalised activities which relate to the wishes and capabilities. As discussed during the inspection, we have now recruited an additional and well-experienced activity coordinator to enhance and improve the opportunities for residents to participate in activities in accordance with their interests and capacities.

We will continue to explore new ideas and activities to improve and maintain the quality of life for each resident. We will ensure that residents are given every opportunity in line with their personalised care plan to enjoy their daily activities of life.

While we have a very small number of residents who choose not to visit our day rooms, we will further enhance interactions with these residents to ensure that their day is always meaningful and that they can enjoy their life to the full.

**Proposed Timescale:** 31/03/2017

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

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents did not have adequate space to store and maintain their clothes and other personal possessions.

10. **Action Required:**
Under Regulation 12(c) you are required to: Provide adequate space for each resident
Please state the actions you have taken or are planning to take:
We believe that each resident does indeed have adequate space to maintain their clothes and personal possessions. Each resident have access to their own wardrobe and locker containing hanging space, shelving space along with and drawers for storing all personal clothes and belongings. Additional storage is also available when required.

Our housekeeping service assist residents and their families in maintaining their individual wardrobes and storage space to enable each resident to manage their own clothes and belongings. At times unsuitable clothing will be returned to families for recycling. This is not due to limited space available but related to the ease of use for all our residents.

Proposed Timescale: 15/03/2017