



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Hamilton Park Care Facility
Name of provider:	Hamilton Park Care Centre Limited
Address of centre:	Balrothery, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 June 2021
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0032434

About the designated centre

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

Hamilton Park is a purpose built care facility located in the countryside a short drive from the town of Ballbriggan. The centre is registered to care for 135 residents, both male and female over the age of 18 years of age. It offers extended care and long term care to adults with varying conditions, abilities and disabilities. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to residents with dementia, a cognitive impairment, those with a physical, psychological, neurological and sensory impairment. Residents are accommodated on two floors. There are 131 single and two twin bedrooms some with their own en-suite bathroom facility. This modern building has five inner courtyards and an outside garden accessible to residents. There is close access to the restaurants, pubs, and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	124
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 June 2021	09:20hrs to 16:00hrs	Sheila McKeivitt	Lead
Thursday 3 June 2021	12:35hrs to 19:00hrs	Sheila McKeivitt	Lead
Thursday 3 June 2021	12:35hrs to 19:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall the inspectors found that residents received a good standard of care and were supported to lead full lives in which their independence and preferences for care and support were respected. Residents who spoke with the inspectors were overwhelmingly positive about the care and services that they received in the designated centre.

One resident told the inspectors how grateful they were that managers and staff took prompt action to close the centre to visitors at the start of the COVID-19 pandemic in March 2020. A number of residents reported how difficult it had been not seeing their families and friends during this period but they felt that this was the right decision and they understood the need for the restrictions. However, the inspectors found that some of the residents and families were not clear about the most recent guidance in relation to easing the restrictions on visiting (Health Protection and Surveillance Centre, COVID-19 Guidance on Visits to Long Term Residential Care Facilities V2.1). For example one resident thought that his next of kin had to be fully vaccinated prior to being allowed to book a visit. Another family had not been made aware that the visiting guidance had been revised to open up visiting in designated centres.

Residents and their families said that they were delighted that the face to face visits had resumed. However, some said they preferred the pod visits, and that they felt that the 30 minutes arrangement in place for visiting was too short. The inspectors reviewed the areas used for the face to face visits. There was a well laid out sitting area attached to the palliative care room which provided a peaceful and private space for residents to meet with their families. There was also an area of the foyer which had been screened off behind a transparent screen. This area provided comfortable seating for the resident and their visitors but limited privacy as the resident and visitors could be seen and overheard by anybody passing through this busy area. There were also three purpose-built pods, which had been created during the COVID-19 pandemic. The pods provided a seating area for visitors behind a see-through screen and were equipped with an intercom through which the resident could talk with their visitor. Although the provider had attempted to provide some privacy by screening the resident from view with the aid of a curtain, this arrangement was not effective as anybody passing by on the corridor could overhear the conversation. The inspectors observed one resident meeting with their family in the seating area located at the front of the building.

Residents told inspectors they enjoyed the freedom they experienced living in the centre. Residents said they were facilitated to remain independent and described how they could access the kitchen area and help themselves to snacks at anytime. Residents who wanted to were encouraged to go out into the local community and to maintain their links with friends and neighbours. The inspectors also spoke with some of the younger residents who described how staff in the centre had worked with the wider health/social care teams and voluntary groups to ensure they could

continue their hobbies, such as swimming and equestrian activities. It was evident that these residents enjoyed pursuing their hobbies and that they found a sense of achievement and purpose in these activities.

The residents on the first floor told inspectors they went outside for fresh air and that they could walk around the grounds to the front of the centre either by themselves or with the support of staff, if needed. However, inspectors observed that the grounds at the front of the building were not landscaped and were uneven for walking across. This had been identified on the last inspection as an area where a garden was going to be developed however as a result of COVID-19 restrictions these works had been postponed in the providers to protect residents during the pandemic. This meant that the outside space available to the residents was limited.

Residents told the inspectors that there were enough staff on duty. Residents said staff were always available to answer their call bells and that they did not have to wait long for staff to come. They said staff were helpful and listened to what they had to say and felt they could talk to any member of the team if they had a concern. Residents and families who spoke with the inspectors knew how to make a complaint and those who had made complaints said that they were answered promptly. Residents told the inspectors that they felt safe trusted the staff in the centre. All staff and resident interactions observed on the day were friendly and empathetic. It was evident that staff knew the residents well and were familiar with their needs and their preferences for activities and social interaction. Inspectors observed friendly banter between staff and residents which the residents were clearly enjoying.

One resident explained how the staff assisted them to maintain a weekly routine which was good for them. The inspectors observed that daily routines were varied and that residents were supported to make choices about how and where to spend their day.

All the residents who spoke with the inspectors were satisfied with their meals. A number of residents praised the menus and said that they thoroughly enjoyed their food. One resident who preferred a more limited menu said that they could always ask for something different and that staff would try and accommodate their preferences. Residents were also encouraged to use the kitchenettes on the units to make their own drinks and snacks throughout the day.

The inspectors met several residents in their bedrooms. Bedrooms were of a good size and were personalized with the residents' own items of furniture, pictures and souvenirs from home. All bedrooms were en-suite. Residents told the inspectors that they had enough storage for their personal belongings and that maintenance staff were helpful in providing additional storage and shelves if needed. Residents' choices and preferences in respect of their living arrangements were respected. For example, a resident who spent a lot of time in their room due to their condition had designed and laid their bedroom out as a bedsit. This was a comfortable living space which enabled and met resident's needs.

The next two sections of this report will summarise the findings of the inspection

and discuss the levels of compliance found under each regulation.

Capacity and capability

Overall this was a well-governed centre, which is reflected in the levels of compliance found on this inspection. Good leadership, governance and management arrangements were in place. It was evident that the management and staff had worked cohesively to protect residents from contracting COVID-19. However some improvements were required to ensure continued compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The areas for improvement are outlined under each regulation.

The centre had managed to remain free from COVID-19 until January 2021 when the Chief Inspector had been notified of an outbreak of COVID-19. The outbreak occurred after residents and staff had received their first dose of the COVID-19 vaccination. The outbreak had been managed well, three staff and five residents tested positive and all had made a successful recovery. This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to assess their contingency arrangements in the event of another outbreak in the centre.

There were a high number of young residents living in the centre with sixty residents under the age of sixty five. The remaining fifty nine living in the centre residents were over the age of sixty five. The inspectors were satisfied that the provider had put additional protective measures in place to protect the residents and staff from contracting the COVID-19 virus.

The provider was Hamilton Park Care Centre Limited. The management team was made up of the provider representative, the person in charge, the operations manager and two assistant directors of nursing. Managers were aware of their roles and responsibilities. The lines of authority and accountability were outlined and reflected in the centre's statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspector saw that they actioned any issues identified without delay. The inspectors were informed of some new proposed changes to the management team during the inspection and requested that an updated statement of purpose reflecting these changes be submitted to the Chief Inspector for review.

There was a process in place for reviewing the quality of care and the quality of life experienced by the residents living in the centre. The 2020 and 2021 audit records demonstrated that positive changes had been implemented as a result for the benefit of the residents. For example records showed a continual reduction in the

number of accidental falls occurring in the centre. However, the audit and oversight processes in place in the centre required to be strengthened, as they had not not picked up a number of areas that required improvement, as identified on this inspection. This is discussed under Regulation 23.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the residents. The provider had effective processes in place to source additional staff if they were required for those residents with higher level needs.

The supervision of staff was effective and staff reported that they felt supported in their work. All staff had mandatory training in place. As a result staff had appropriate skills and knowledge for their roles and were clear about the standards of care and services that were required. The person in charge had recognised the importance of keeping up-to-date with clinical skills due to the specialist needs of a high proportion of the residents. To this end, they had developed links with the teams in the specialist hospital settings, who attended the centre and facilitated training in advanced clinical skills such as venepuncture and tracheostomy care.

The centre was well-resourced. However, some areas inside and outside the centre required maintenance and the inspectors were informed that this was in progress as part of the centre's quality improvement plan for 2021.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty on each floor at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff underwent an induction training programme when they commenced working in the designated centre. Following induction staff had access to regular mandatory training updates in key areas such fire safety, moving and handling, safeguarding and infection prevention and control. The person in charge had oversight of staff training and management reports highlighted when staff were due for training updates.

A programme of specialist training was available to ensure staff had the skills and

knowledge to care for residents with higher level needs.

Staff were supervised in their work. Staff had annual appraisals of their work and received feedback on their performance.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the details of residents as outlined in schedule 3. A random sample of residents were cross referenced against the directory of residents.

Judgment: Compliant

Regulation 21: Records

Residents records were not safely secured and therefore accessible to all staff. On the first day of this inspection residents' records were found unsecure in the open plan nurses station on Kingfisher Unit. Inspectors also noted that on Nightingale unit resident records were left unattended in the nurses station which was open to the dining/activities room.

The creation, access to, retention of, maintenance of, and destruction of records was not reflective of practice observed on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The risk register was divided in two; an environmental risk register and a clinical risk register. The clinical risk register was detailed and included actions taken to minimise all actual and potential risks identified in the centre. However, the environmental risk register lacked detail on the range of measures put in place to control each risk identified. It required further review.

The tools used to audit some areas of the service were not robust and did not ensure that the service was safe and appropriate in all areas and in line with the designated centre's statement of purpose. For example,

- the weekly environmental audit had not identified that the enclosed garden

required significant maintenance to ensure that it was a safe and pleasant outside space for the residents.

- the infection control audit tool was basic in format and did not include all areas of the centre; for example the clinical/medication room was not included.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place that had been reviewed in 2020. The policy set out the complaints process and the name of the person responsible for managing complaints in the centre. There was an appeals process outlined in the policy. The complaints procedure was on display in the entrance to the centre.

Complaints were investigated and this was recorded in the complaints log. Formal complaints were responded to within the time frames outlined in the centre's complaints policy. There was a record of the complainant's satisfaction with how their complaint had been followed up.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations were available for review. They had all been reviewed and updated within the last three years.

Judgment: Compliant

Quality and safety

Overall the service provided a good standard of care for the residents. However significant improvement were needed in respect of medication storage practices, which led to the provider being issued with an immediate action plan on the first day of inspection.

The storage of medication was not safe as a number of unused medications were found left unsecured at the entrance to the centre on the first day of the inspection. Furthermore the inspectors also found that the layout of clinical rooms, where

medication was stored and prepared for did not provide sufficient space to store the large volume of medications required to meet the complex medical and nursing needs of the residents living in this centre. In addition the storage and clinical preparation areas did not have easily cleaned surfaces which posed an infection prevention and control risk.

The standard of nursing documentation was good. Inspectors found that the assessments and care plans provided a clear picture of the residents' assessed needs and the care required. Care plans reflected a person-centred approach to care and incorporated the resident's preferences for care and support in addition to their assessed needs.

Inspectors found that processes were in place to mitigate the risks associated with the spread of infection and limit the impact of potential outbreaks on the delivery of care. The inspectors identified some examples of good practice in the management of COVID-19. For example there were sufficient supplies of personal protective equipment (PPE) available. Staff hand hygiene practices were good however, access to wash hand sinks and hand sanitisers was not adequate in some units.

The inspectors reviewed the fire evacuation procedures in the centre and were not assured that the evacuation of residents from the large fire compartments accommodating up to eleven residents had been adequately tested. As a result the inspectors required the provider to complete a series of compartment evacuations in these units and submit the records of the evacuation drills to the Chief Inspector.

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and ancillary facilities inspected appeared clean. However a number of maintenance issues were identified which had the potential to impact negatively on infection prevention and control standards.

Regulation 11: Visits

The current visiting restrictions did not ensure that visits were being managed in the least restrictive manner taking into account the current guidance from the Health Protection and Surveillance Centre.

The visiting area in the main foyer of the building was not a private area in which residents could meet with their families and friends.

The visiting policy did not include the current visiting options available to relatives/visitors, and it did not refer to the pods and face-to-face visiting arrangements in place.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of two bedrooms in the designated centre was not in line with statement of purpose submitted to the Chief Inspector. Room 13 had been changed from a twin room to a single room and room 14 had been changed from a single room to a twin room. These changes had not been notified to the Chief Inspector. In addition the provider had failed to submit a revised floor plan and statement of purpose to reflect these changes.

Some areas of the premises did not conform to the matters set out in Schedule 6 of the regulations:

- Garden furniture was noted to be rusty with chipped paint and not suitable for residents' use.
- Woodwork throughout the garden had chipped paint and required repainting.
- The store room on the first floor was cluttered and completely filled with unused furniture and equipment. As a result, the storage area was not fully accessible as an item of furniture was blocking the doorway.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy and the risk registers were available for review. It complied with the legislative requirements.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required to ensure that the registered provider was compliant with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and that procedures, consistent with the standards for infection prevention and control were consistently implemented. (National Standards for Infection prevention and control in community services, 2018). For example:

- Hand sanitisers were not readily accessible at the point of care on all units. For example, compartment accommodating 11 residents had only one hand sanitiser station along the corridor.
- Some staff did not have their portable hand sanitiser with them in line with the centre's own procedures.

- The design of the clinical wash hand sinks in some of the clinical rooms were not optimal as they did not comply with recommended best practice standards for clinical hand wash sinks.
- Inappropriate storage and waste disposal practices; for example the two clinical rooms were cluttered with full sharp boxes and rubbish bins, which were inappropriately stored on the floor;
- The storage of items on the floor at the nurses' stations posed a contamination risk and meant that these floors could not be cleaned thoroughly.
- Two clinical rooms where medications were stored had visibly unclean floors, cluttered work surfaces and unhygienic wash hand basins.
- The medication trolleys in two clinical rooms were visibly dirty although staff had signed to say they had cleaned them three days previously.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors noted that in Nightingale and Cormorant units there were two large fire compartments with eleven residents accommodated within each compartment. The fire evacuation drills practiced to date did not include a practice evacuation from these larger compartments to ensure all eleven residents could be evacuated in a safe manner.

There had been only one practice fire evacuation drill carried out in May 2021. There had not been a recent night time scenario practice drill to ensure that staff had the skills and knowledge to safely evacuate residents at night when staffing levels were at their lowest. This was of concern due to the complex needs of residents' living in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed.

Medications were not stored safely. On the first day of the inspection medications were observed being stored in unlocked pharmacy boxes in the front foyer of the centre. They were accessible to residents, members of the public and staff using this entry door. Once identified by the inspectors immediate action was taken by the

clinical nurse manager and the medications were moved into a safe and secure area.

There was no ventilation fan in one of the two clinical rooms viewed. The maximum daily temperature recording in both these clinical rooms was 28 degrees for each consecutive day of the week prior to the inspection. The clinical rooms were warm and the inspectors were not assured that temperatures were being monitored to ensure they remained within the recommended levels for the safe storage of medications.

The medication management policy did not reflect practice observed on the day of this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. The sample reviewed reflected a person centred approach to meeting the care needs of residents. Assessment and care plan reviews took place within a four month period or more frequently if required. There was evidence of residents and or their relatives being involved in the development of their care plan and their review.

Where residents had been assessed as requiring one to one care and support this was being provided.

Judgment: Compliant

Regulation 6: Health care

Residents' had access to their General Practitioner (GP) who visited the centre. The three main GP's came into the centre to review residents three days each week. Residents had a medical and medication reviews completed on a four monthly basis.

Residents had access to members of the allied health care team in house including an occupational therapist and their assistant, a physiotherapist and their assistant together with a social worker and a neuro-psychologist.

The tissue viability nurse, speech and language, dental, ophthalmology, chiropody and dietetic services were accessed externally. From the sample of records reviewed on the day, the inspectors were satisfied that referrals were made promptly and there did not appear to be any delay in residents accessing the services they required.

Residents with an Acquired Brain Injury (ABI) had access to specialist rehabilitation teams in relation to their ongoing care needs. There was clear evidence of effective multi-agency working to ensure that the complex needs of these young residents were being met and that their self-care abilities and life skills were maintained and improved where possible.

Judgment: Compliant

Regulation 8: Protection

There was a safe-guarding policy in place and residents were protected from abuse. Staff were clear about their role to report any concerns to senior staff.

There was a rigorous recruitment procedure in place. Staff had An Garda Siochana (police) vetting prior to starting work in the centre.

The centre was a pension-agent for a number of residents living in the centre. There were clear processes in place for the management of residents pensions and monies held on behalf of residents. The processes were reviewed and were found to be in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

The layout of bedroom 14 and the lack of privacy screening around one of the beds did not ensure the second resident accommodated in this room could carry out personal activities in private.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0032434

Date of inspection: 03/06/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> Residents records were not safely secured as observed on the first day of this inspection. Residents' records were found unsecured and accessible in the open plan nurses stations in two residential units in the designated centre. <p>Specific Measurable Achievable Relevant Time-Bound</p> <p>Ensuring all resident records are secured in the clinical units of the designated centre.</p> <p>Responsible Persons: RPR, DDO, PIC and Clinical Team (ADONs, CNM's. Staff Nurses and)</p> <p>Location: 4 residential service units</p> <p>Plan and Resources: Operationalize across the facility.</p> <p>Level of Importance: Priority/Urgent Mode. 1. To provide a more secured storage area for residents in the four clinical units. This is to ensure resident clinical records and files are secured.</p> <p>A vertical roller shutter cupboard had been ordered from today, 06/08/2021, to be placed in all nurses' stations</p> <p>Providing a vertical roller shutter cupboard will provide more space for resident's clinical files.</p> <p>Storing the residents' files and records in this manner is more secured and efficient. In-progress.</p> <p>Continuous and integrated</p>	

2. Residents records will be included in the daily checks to include the shutter cupboards to ensure it is secured and inaccessible to residents and non-clinical staff. 1st level audit will include this with the direct responsibility of nurses working on a daily basis

Oversight mechanism is included in the daily 2nd level audit of CNM's with an extra overlay of monthly check-in 3rd level audit.

Responsibility and accountability is established and the roles of persons were defined. The oversight mechanism in this area is explicitly defined in the 3 Tier Auditing system

Continuous and integrated

3. Excess, miscellaneous files, old files are secured in a box properly labeled with the name of the resident in the designated storage room Our clinical team have sorted the resident each resident records per unit.

Periodical filing and archiving have been established. Oversight mechanism is included in the daily 2nd level audit of CNM's with extra overlay of monthly check-in 3rd level audit

A designated storage room was provided to store old files and records of the current and past residents of the care facility Responsibility and accountability are established and the roles of persons were defined.

Oversight mechanism in this area is explicitly defined in the 3 Tier Auditing system

Continuous and integrated

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The environmental risk register lacked detail on the range of measures put in place to control each risk identified. It required further review.
- The tools used to audit some areas of the service were not robust and did not ensure that the service was safe and appropriate in all areas and in line with the designated centre's statement of purpose. For example, the weekly environmental audit had not identified that the enclosed garden required significant maintenance to ensure that it was a safe and pleasant outside space for the residents.
- the infection control audit tool was basic in format and did not include all areas of the centre; for example, the clinical/medication room was not included

Specific Measurable Achievable Relevant Time Bound

Providing a comprehensive audit tool and oversight mechanism specific to Environmental

and Inspection Control.

Responsible Persons:

RPR, DDO, PIC and Clinical Team (ADONs, CNM's Staff Nurses, HCA's), SSM Independent External Environmental Hygiene and Infection Control Inspector

Location: 4 service residential units, support services units and general areas

Operationalize across the facility.

Level of Importance: Priority/Urgent Mode.

1. Specific Audit tool in 4 service clinical units incorporating local infection control and environmental standards. The 1st level Audit template incorporated the daily local monitoring of infection control and environmental standards of the 4 residents service units.

Direct responsibility: Nurses.

The 2nd level incorporated the daily oversight mechanism of CNM's.

Both templates have specific observational recordings of gaps and weaknesses, the significance of the action plan of addressing issues, and review if issues were rectified.

Providing a local mechanism of audit and oversight have defined further the responsibility and accountabilities. Continuous and integrated

Audit tools are now live, and mechanism of audit in 3 levels are currently in progress

2. Independent External Environmental Hygiene and Infection Control Inspector appointed and developed

Comprehensive Environmental and Infection Control Audit tool An independent Environmental Audit Consultant has commenced last Friday, 30/07/2021. The frequency of Environmental and Infection Control Audit is weekly.

Specific templates were initially developed by Hamilton Park incorporating based on national guidelines

6. templates for 4 units, 1 general environmental audit and 1 for main kitchen. template bore specifications of the areas to be observed. The storage rooms, toilets and others were specifically marked with their room numbers. Details of specific templates and signing sheets for to cross reference. The template was in its infancy stage, so as expected it will be subject to some degree of adjustments as we go on.

Final template developed with the concurrence of the Independent External Environmental Hygiene and Infection Control Inspector.

The development of a robust audit tool and appointment of an independent external inspector at this level will provide an oversight mechanism at the local level, and risks will be identified and addressed.

Reporting mechanism will be more clearer

Reponsible areas and persons are identifiable

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

Specific Measurable Achievable Relevant Time-Bound

Phase 1. The visiting area in the main foyer of the building was not a private area in which residents could meet with their families and friends. Protocols and procedures for

In-Door Residents Room Visiting Arrangement

1 Designated Resident Room Visit identified in Hamilton Park. Location Room 37 which has great access for residents and family members visiting • Designated area for In-door Resident visits.

- Time schedules and days of visits identified.
- Frequency and number of persons to visit identified
- Booking system in place. The protocols and procedures provide a balanced in meeting the obligation to protect all residents, staff and visitors of Hamilton Park from the risk of Covid-19 while ensuring the autonomy of the residents and the right to have visitors In progress

Phase 2

4 Designated Resident Room Visit identified in Hamilton Park in each clinical unit, Guidelines, procedures and booking system available for residents families on Hamilton Park website

Support communications to residents' families via SMS

Designated staff allocated to support this service plan Approx: From 25th of August 2021 onwards Approximate

Implementation date 25th of August, 2021

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Specific Measurable Achievable Relevant Time Bound

Lay out of 2 bedrooms Rm 14 and Rm 14

Responsibility

RPR

DOO

PIC • The floor plan and statement of purpose is currently being updated • Will be submitted on 11th August 2021 reflecting the correct layout of the two bedrooms in the designated centre.

Floor plans will be adjusted accordingly and will be reflected to the statement of purpose as per Regulation 17(1) In progress

Garden furniture and woodwork The Garden furniture and woodwork paint was immediately addressed by the DOO Maintenance personnel completed the refurbishings on the 2nd day of inspection Garden furniture and woodwork paint are included in the on-going refurbishing project in the facility Completed

Store room Immediate removal of clutter Maintenance personnel removed all clutters as soon it was highlighted All store rooms are now included in the 3 Tier auditing

Completed

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Staff did not have access to clinical wash sinks at the nurses' station; the design of the clinical wash hand sinks in place in the clinical rooms was not optimal as they did not comply with current recommended specifications for hand hygiene sinks.

1. Each resident rooms have clinical wash sinks where staff can access to perform. All staff were issued an alcohol tottle bottle to be carried on their person for use at every point of care. The tottle bottle will be refilled when necessary and is now included in the infection control audit. An education session was also provided to ensure that staff are aware of all the point of care on all units”.
2. Specific to Starling Unit, a construction plan to build a new clinical room equipped with clinical wash sinks.
3. Specific to Kingfisher Unit, a construction plan to build a new clinical room equipped with clinical wash sinks.

Inappropriate storage and waste disposal practices; for example the two clinical rooms were cluttered with full sharp boxes and rubbish bins, which were inappropriately stored on the floor;

1. There will be no central collection point.
2. All full sharp yellow bins will be stored in clinical room of each unit and will be collected by CNM on duty during collection time.
3. Scheduled collection day and time are now arranged with the disposal company.
4. Full communications was implemented locally to all staff nurses in the clinical units.

The storage of items on the floor at the nurses' stations posed a contamination risk and meant that these floors could not be cleaned thoroughly.

1. Each resident files and records stored securely in a designated storage area- vertical shutter board in each clinical unit.
2. Daily staff nurse and CNM check are in place, particular section of this check is incorporated in the 3 tier Clinical Audit. This is carried out during daily walk arounds of the CNM's/ADON's of the unit.
3. Records of compliance are reviewed by CNM's and ADON level.
4. Another oversight mechanism was put in place. Weekly environmental inspection audit carried out by dedicated hygiene inspector.
5. Hygiene cleaning sheets and records are in place.
6. All layer of audit mechanisms were designed to highlight any unnecessary presence of storage items in any floor of clinical and communal areas of clinical and service units.
7. All audit reports contain areas for indicators for improvements (if any), actions undertaken, person (s) who have reported and identified the issue (s).

The medication trolleys in two clinical rooms were visibly dirty although staff had signed to say they had cleaned them three days previously.

1. Daily staff nurse and CNM check are in place, particular section of this check is incorporated in the 3 tier Clinical Audit. This is carried out during daily walk arounds of the unit.
2. Records of compliance are reviewed by CNM's and ADON level. Spot and actual checks are being implemented. If any adverse observations made, this is actually address to Staff Nurse who have signed the records.
3. Accountability and level of awareness has been defined in this area.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Specific Measurable Achievable Relevant Time Bound
 Fire Drills The recommendation of the Lead inspector to increase the number of fire drills in the facility was taken on board. A quarterly fire drill day and night in each unit will be included in the QIP.
 Include target dates every quarter and responsible person. Propose dates has been identified. To ensure that staff have the skills and knowledge to safely evacuate residents in line with the regulations In progress

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Specific Measurable Achievable Relevant Time Bound
 1. Medication Management Policy.
 Medications were not stored safely. On the first day of the inspection medications were observed being stored in unlocked pharmacy boxes in the front foyer of the centre. They were accessible to residents, members of the public and staff using this entry door.
 1.Storage for medicines to be return to the pharmacy 1. All pharmacy boxes to be returned will be secured using plastic lock ties. This will be stored in the clinical room of each unit and will be taken out by the senior staff nurse who personally deliver the boxes to the collecting pharmacy driver.
 Ensure safety storage and disposal of resident's medications in line with the medication

management policy.

In progress

2. There was no ventilation fan in one of the two clinical rooms viewed. The maximum daily temperature recording in both these clinical rooms was 28 degrees for each consecutive day of the week prior to the inspection.

Ventilation Fan 2. Ventilation fan in every clinical room is currently in the process of being updated. It will be fully operational on 27/08/2021 Ensure medication remains within the recommended levels for the safe storage of drugs. In progress

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A curtain was put up straight away by the maintenance team around the resident's bed in 14B to ensure privacy is maintained at all times. This is the specific issue highlighted during HIQA Inspection In fact immediately addressed on the day of HIQA inspection

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	19/07/2021
Regulation 17(1)	The registered provider shall 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	Substantially Compliant	Yellow	03/06/2021

	the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	19/07/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	20/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	06/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	24/11/2021
Regulation	The registered	Substantially	Yellow	07/06/2021

28(1)(e)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	27/08/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	10/07/2021