

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Parke House Nursing Home
Centre ID:	0083
Centre Address:	Kilcock Co Kildare
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Alan Shaw
Person in charge:	Julia Glennon
Date of inspection:	20 and 21 January 2011
Time inspection took place:	20 Jan Start: 10:45 hrs Completion: 17:50 hrs 21 Jan Start: 08:30 hrs Completion: 18:00 hrs
Lead inspector:	Valerie McLoughlin
Support inspector:	Finbarr Colfer
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Parke House is a purpose-built, single-storey centre with 66 places, of that, 33 places are for residential care and 15 places are dedicated to short-term respite care. It also has an 18 bedded special care unit for people with dementia.

The centre has a bright reception area comfortably furnished with couches and there is a self-service coffee dock where residents and visitors can help themselves to refreshments. Communal rooms include a large sitting room, a dining room and a sunroom. There is also a library/sitting room, a visitors' room, a hairdressing room and a large smoking room. The centre has an oratory where weekly mass takes place.

Accommodation consists of 50 single bedrooms and eight twin rooms. All the bedrooms have en suite toilet and shower facilities. There are adequate additional assisted bathrooms and toilets for residents' use.

The special care unit for people with dementia has separate facilities which include a sitting room, a dining room and two recreational rooms. This special care unit has direct access to a private secure garden.

The centre is set in large, secure, well-maintained and easily accessible gardens, with three internal courtyard gardens which are also safely accessible for residents. The grounds of the centre are monitored with 24-hour surveillance cameras.

There are plenty of parking spaces at the front and the side of the property for relatives, visitors and staff.

Location

The centre is situated within a mile of Kilcock village in Co. Kildare.

Date centre was first established:	4 July 2004
Number of residents on the date of inspection	63
Number of vacancies on the date of inspection	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	17	15	17	14

Management structure

Julia Glennon is the Person in Charge and she reports to the Manager, Sarah Cormican, who in turn reports to the Provider, Alan Shaw. Staff nurses and care assistants report directly to the Clinical Nurse Manager (CNM) who reports to the Person in Charge. Laundry and housekeeping staff report to the Housekeeping Supervisor who reports to the Person in Charge. Assistant cooks and kitchen attendants report to the Catering Manager who reports to the Person in Charge. The activities coordinator, administration and maintenance staff report directly to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Other
Number of staff on duty on day of inspection	1	2	13	4	3	6*

*The provider, manager, human resource manager (HR), receptionist, activities coordinator and one maintenance staff member were present during inspection.

Summary of findings from this inspection

The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

As part of the registration process, the provider and the person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Regulations. This registration inspection took place over two days.

The fit person self-assessment had been completed by the provider, the person in charge and the manager. They had identified a number of areas for improvement including increasing the involvement of residents and relatives in care planning, provision of expanding staff training on induction to include protection of older adults, staff training on risk management and the inclusion of external advocates at the advocacy committee meetings. They identified the necessity for further development of the risk management policy and the quality assurance system.

During the inspection, interviews were carried out with the person in charge Julia Glennon and the provider Alan Shaw. During these interviews they demonstrated a clear understanding of their obligations under the Regulations. Inspectors reviewed the information in the registration application form and all the supporting documents.

Inspectors met with residents, relatives, and staff members. They also met the CNM who deputised in her absence and the manager. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, maintenance records and staff files.

While areas for improvement were identified, the inspectors found that the provider met the requirements of the Regulations and the Standards. He had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider had developed a statement of purpose which contained all the required information and reflected the service provided. He provided care for residents over 65 years of age with chronic illnesses related to advancing years. He also had a service level agreement in place with the Health Service Executive (HSE) to provide respite care for people over 18 years of age requiring post operative care such as cardiac surgery, orthopaedic surgery and residents with chronic mental health conditions or cognitive impairment requiring care in a supportive environment. He had a system in place to assess residents' needs prior to admission to ensure he had the necessary equipment and staff skills to meet their needs. Inspectors were satisfied that the provider had appropriate systems and policies in place to provide good governance, a competent workforce and a suitable facility to provide the service described in the statement of purpose.

Inspectors were satisfied that residents enjoyed a good quality of life. Staff were committed to providing care designed to promote independence, maximise the potential of residents and meet their individual needs. The quality of residents' lives was enhanced as routines were flexible, and residents had a choice of interesting things to do during the day. The dining experience was pleasant and an ethos of respect and dignity for both residents and staff was evident.

The premises are spacious, homely, comfortable, and well maintained. Inspectors found that staff were committed to caring for residents and they provided a good standard of care in a professional manner.

Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place. An emergency plan was in place and while staff were aware of the arrangements should it not be possible to re-enter the building following evacuation these procedures were not recorded on the emergency response plan.

The health needs of residents were met in that residents had access to general practitioner (GP) services and to a range of other health services as required. Improvements were required in some areas such as the management of unwitnessed falls and the management of physical restraint.

Inspectors were concerned for the safety of residents as the policy on the management of restraint had not been implemented fully. An immediate action plan was requested. The action plan was reviewed by inspectors and found to be satisfactory.

Other areas identified for improvement included, the provision of changing facilities for staff, the directory of residents and the inclusion of additional costs in the contract of care.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors received 8 completed questionnaires from residents and 20 questionnaires from relatives. Some of these questionnaires were received after the inspection took place. Inspectors met with residents and relatives individually and also spoke with several residents and relatives during the inspection. Comments from residents and relatives were mainly positive.

Residents

Residents said they felt very safe and well looked after. One resident expressed this by saying "I get good attention from the staff and the doors are secure". Another resident said "There are always plenty of staff around and the doctors call often". Residents also complimented the staff saying that "The staff are very good" and "There is a good caring atmosphere here".

Residents expressed satisfaction with the range of activities provided such as the weekly visiting musicians, and group activities such as exercise, card making, bingo and sing along. Some residents preferred some quiet time in their bedroom reading or watching TV. Residents said the hairdresser visited twice a week and they enjoyed having their hair done.

Residents said that they found the food to be good and snacks available at any time.

Both residents and relatives expressed satisfaction with the laundry service.

Relatives

All of the relatives spoke highly of the centre and the staff. A number of relatives said Parke House had been recommended to them by friends or their general practitioner (GP) and commented positively about the good experience they had when they went to view the centre. One relative said, "We had a guided tour and had all our questions answered". A number of relatives commented on the homely environment. One relative said "There was a good caring atmosphere and we were put at ease by the whole experience".

Some relatives said their relatives had previously spent time convalescing there and choose to live there full-time when they were unable to manage independently at home. Other relatives said, "We choose here, because it met Mum's needs".

Many relatives commented on their satisfaction with the care their relatives received and made positive comments in particular about the special care unit. Relatives said, "The family visit daily and we find everything to our satisfaction". Other relatives commented about the standard of care provided and said personal hygiene was maintained to a high standard. A relative said, "Mum is always dressed beautifully and well looked after".

Relatives commented on the good relationship they had with staff. One relative expressed this saying, "The staff are very friendly and caring and make us feel welcome day or night...it means everything". Another relative singled the person in charge out for special praise saying "I am very impressed by the kindness and dedication of the person in charge and her staff". The relationship between staff and residents was a source of satisfaction for relatives. One relative said, "Staff have a very good relationship with my sister and make her feel important". Another relative said, "All staff members are informed,

professional, courteous and very caring". They said their privacy was respected when they visited and that there were a number of private areas to sit with a resident.

Relatives expressed their satisfaction with the management team and said they were approachable and accessible. One person said, "I have no concerns but if I did I could speak to them".

Relatives were satisfied with the suitable activities provided for residents. One relative commented on how her mother was occupied during the day, "She enjoys growing plants in the sunroom, playing cards and bingo, and joining in the music entertainment, knitting and having a chat". Some relatives were pleased that residents were not forced to join group activities and those who wanted to do something else or just to remain in their room could do so.

Relatives commented that their relative's independence was promoted and said, "Mum likes to wash and dress by herself, and staff give her time to complete her personal needs". Another relative said, "They keep Mum independent, the physiotherapist got her walking again".

Relatives told inspectors that the medical attention was very good. A relative said, "There is always a doctor on call" and "If Mum needs medical help the staff will phone me and let me know". They expressed satisfaction at being involved in compiling the care plan and one relative was impressed with how the information was communicated to her saying "The nurse went through the care plan in great detail with me".

Relatives spoke highly of the standard of hygiene in the building and said, "The place is spotless", and "I am very impressed with the cleanliness". Relatives also expressed satisfaction with accessibility of the gardens and said, "The gardens are well maintained" and "The staff take Dad out into the courtyard garden and he enjoys it".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and the person in charge demonstrated their knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The provider had a background in finance. He owned two centres and had eleven years experience in providing care for older persons. He demonstrated a strong awareness of his legal responsibilities. He prioritised the safety of residents with safe systems and practices around fire safety and mandatory training for staff. He had ensured that staff were recruited in line with the Regulations.

There was a robust management system in place. The provider employed a strong management team to ensure that the service was of a high standard. The management team consisted of the person in charge, the manager, and the CNM. He worked in the centre three days a week and supported them in their role by providing them with adequate resources to fulfil their role. The provider informed inspectors that arrangements were in place to address any unforeseen expenditure that might be needed. Inspectors saw that there was valid insurance cover in place as required by the Regulations.

The centre was well managed and organised. The person in charge demonstrated strong leadership skills, managed the staff team and ran a well organised centre. She was a general nurse and had the relevant managerial and clinical experience working with older people. She kept up-to-date by attending relevant training courses, including management and leadership training, care of residents with dementia, and palliative care. She planned to undertake a course on risk management in February 2011. She was familiar with her legal responsibilities. The manager had a background in nursing and care of older persons and the CNM had experience in caring for older persons and they supported the person in charge in her role. The manager assisted in policy development and staff supervision and the CNM deputised for the person in charge in her absence.

Risk was well managed. The provider had plans in place to review and revise the health and safety statement and the risk management policy and to develop a more comprehensive and robust risk management assessment tool. The manager and three staff had attended training on risk management, and the provider told inspectors that

there were plans in place for staff to attend training in February 2011. The provider had carried out an environmental risk assessment in 2010 which informed the annual review of the safety statement. Processes were in place to identify hazards and put control measures in place within all departments. For example, a nurse told inspectors that sharps bins are replaced when $\frac{3}{4}$ full to prevent a needlestick injury. Inspectors reviewed the results of the infection control audit undertaken in January 2011 which indicated that staff were compliant with the management of sharps and clinical waste management. There were policies in place for the management of violence, accidental injury and a resident being absent without staff members' knowledge. Staff who spoke with inspectors were familiar with these procedures.

There was a comprehensive policy in place on protecting residents from abuse which guided practice. Inspectors interviewed six staff and found they were knowledgeable about what constituted abuse and how they should respond if they suspected any instance of abuse. Records indicated all staff had received training on protection of older people.

Inspectors reviewed the policy on accidents and incidents and read the reports. The policy provided clear guidelines to staff on what to do in the event of an accident or incident. All events were recorded in detail and included an account of the action taken and the outcome. Records were signed and dated by the person witnessing the event and by the person in charge when she had reviewed the record. Accidents and incidents were audited and there was evidence of learning and quality improvement. Notifications were made to the Authority as required by legislation.

The person in charge had conducted audits on medication procedures, infection control and nursing documentation. She had commenced additional data collection for the purpose of audit and continuous quality improvement, such as the usage of psychotropic medications, the number of physical restraints and the prevalence of pressure ulcers.

Inspectors found complaints were managed well. The provider and the person in charge demonstrated that they were receptive to receiving complaints and that they viewed the management of complaints as a means of improving the service. The details of the complaints procedures were posted publicly throughout the centre. In addition to this, the management team had developed a complaints leaflet which was available to residents and relatives. The procedures provided clear guidelines on how to make a complaint. Since the previous inspection in April 2010, the provider had established and maintained a complaints log. Inspectors read the log and found that the majority of complaints were verbal and resolved locally when an issue arose. For example, a resident had complained that she had not received toast for breakfast as requested. This had been investigated, resolved and monitored. Measures to prevent a reoccurrence were documented. It was recorded that the resident was satisfied with the response to her concern.

The person in charge had taken fire precautions which included regular fire training for staff. Inspectors reviewed the fire register and records provided and saw that 76 staff had attended fire training in the previous 12 months. Additional fire training was scheduled on 24 January 2011 for five new staff members and staff returning from leave. Records reviewed indicated that fire exits were checked daily by staff and inspectors noted that all fire exits were free from obstruction. The fire alarm was checked on a weekly basis and records indicated that fire equipment and lighting were serviced regularly. Fire

extinguishers were last serviced on 1 June 2010, the fire alarm serviced 14 December 2010 and the emergency lighting was serviced 26 November 2010.

Some improvements required

The emergency plan and a fire evacuation plan were prominently displayed and the manager told inspectors the arrangements that were in place for residents should it not be possible to re-enter the building following evacuation. However, these procedures were not recorded on the emergency response plan dated December 2010.

Although risk was well managed in general, the risk management policy did not contain information on the management of assault or self harm as required by the Regulations.

While the directory of residents was well maintained, it did not contain a record of the name and address of the authority, organisation or other body which arranged the resident's admission to the designated centre.

Inspectors saw that contracts with information on fees to be paid which were signed by the resident or their representative. However, there was no record to indicate whether additional services such as physiotherapy, occupational therapy, optomology and chiropody were included in the fee.

Significant improvements required

Inspectors observed an environmental safety hazard at the entrance of the main dining room that could result in poor outcomes for residents and staff. The floor surface at the entrance to the dining room was uneven and created a raised lip which was potentially hazardous. Inspectors observed staff having difficulty as they transported residents in wheelchairs across this raised lip. Staff made a number of attempts to push a wheelchair over the raised lip and this created a jerking effect which looked uncomfortable for the resident in the wheelchair. The provider explained that he would replace the dining room floor to ensure the floor surfaces were even between the corridor and the dining room.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The provider and the person in charge were interested in listening to the residents' views and involving them in the running of the centre. Residents from the special care unit and from the main area of the centre were provided with an opportunity to share their views. There was an advocacy group in place which met on a monthly basis. The group consisted of eight residents, staff members, family members, volunteers and an independent advocate who represented residents with cognitive impairment. Inspectors noted that there were improvements made in response to the advocacy group. For example, minutes of meeting indicated that attendees requested large wall clocks to be provided in communal areas. Inspector saw that these were provided in the main lobby, the sitting rooms and the dining rooms.

The person in charge explained that there was also a residents' committee in place. Inspectors viewed the minutes of the meetings. It was chaired by the person in charge and eight residents attended. Inspectors saw that a number of improvements were put in place following these meetings. Hanging baskets were installed to the front of the building, bird feeders were erected in the gardens and more live musical entertainment was provided in the centre. Inspectors observed residents singing alone and enjoying live music provided by a local musician on the day of inspection.

Inspectors found that staff treated residents with dignity and respect. Bedroom doors were closed during intimate care and staff knocked on bedroom doors and waited for a response before entering. Staff addressed residents in a courteous manner and introduced themselves by name prior to undertaking activities. Inspectors observed the staff in the special care unit sitting with residents in the special care unit and communicating with them in a gentle manner.

Inspectors observed staff using a hoist to assist a resident in the main area of the centre to change his position. The staff took their time and explained each aspect of the task in a reassuring manner prior to proceeding with the transfer. The resident appeared very comfortable and relaxed while staff attended to his needs.

Staff provided all residents with choice in many aspects of their lives. Residents told inspectors that they could choose the time to get up and go to bed, or when to have a shower. Staff told inspectors that they promoted residents independence by assisting them to walk, encouraged them to eat independently and to choose their own clothing.

Inspectors noted that residents with complex care needs were assisted out of bed daily, and there were no residents constantly nursed in bed. Relatives commented favourably on how independence was promoted by staff. One relative said, "They keep Mum independent, the physiotherapist got her walking again".

Residents had an interesting day with a choice of meaningful and appropriate activities based on a social and recreational assessment. The activities coordinator showed inspectors monthly assessments and social care plans for residents in the special care unit and in the main area of the centre. Inspectors noted the care plans in place reflected the activities residents liked and the plans were revised if there was a change in each resident's condition. The activities coordinator explained how one resident loved doing puzzles but she could no longer complete a crossword alone. Arrangements were in place for a care staff to sit with this resident and do the crossword with her. Inspectors saw a schedule of structured activities posted in communal areas, in pictorial and written format. It reflected activities provided on the days of inspection in the special care unit and in the main area of the centre.

Inspectors observed the activities coordinator spending time with residents in the special care unit throughout the day. She was flexible in her approach to meeting residents' needs. For example, residents in the special care unit were not interested in the painting activity scheduled and the activities coordinator changed the programme and started a sing-song, followed by a game of ball throwing. Inspectors observed residents enjoying themselves, with the care staff participating in the activity. The activities coordinator said, "It's important to go with the flow, and to be adaptable".

Inspectors saw that care staff promoted the social wellbeing of residents. They heard staff asking residents what they would like to do during the day and observed staff taking residents for a walk, reading the newspaper to residents, providing a hand massage, or sitting chatting with residents. The staff showed inspectors daily records they maintained which reflected the activities in which residents participated. One care staff explained that the nurse kept them up-to-date in any change in the residents' condition that may affect their ability to participate in their usual activities.

The design of the purpose-built special-care unit permitted residents to move around freely. There was a resident safety system in place and residents wore wrist bands which triggered an alert on passing through the doors. Staff then checked on the resident to make sure that they had not wandered into an unsecured area of the grounds. The bands were checked each day and night and the system was checked on a weekly basis to ensure it was working effectively. These checks were recorded and seen by inspectors.

Residents' religious and civil needs were met. Inter denominational services were available and residents could attend religious ceremonies in the oratory each week. Residents said they were facilitated to vote.

Inspectors observed that mealtimes were a pleasant social occasion. The two dining rooms were nicely decorated and the tables were set with linen table cloths, condiments, glassware, cutlery and jugs of water, juice and milk. Residents told inspectors that they enjoyed their meals and that they were provided with a choice of food. There was a four-week rotational menu which was based on residents' recorded preferences. The chef discussed the special dietary requirements of individual residents and inspectors saw a

detailed record in the main kitchen of residents' food preferences and dislikes. The chef said he gathered his information from nurses and from residents. He used residents' feedback from a recent survey to provide a more varied diet and improve the dining experience for residents.

Meals were provided in two separate sittings and staff told inspectors that this enabled staff to provide additional assistance to residents who required encouragement and one to one support with their meals. Inspectors heard staff offering residents a choice of main course prior to the meal being served. Staff were receptive to residents' needs and inspectors observed a carer kneeling down beside a resident who was hard of hearing to ask her what she would like for lunch. One resident with cognitive impairment was unsure which meal she would like. The care staff showed her two plated meals and the resident indicated what she would like to have. Residents who needed their food pureed or chopped had it presented in appetising individual portions. Inspectors observed the care assistants sitting with residents who required assistance, assisting them respectfully and promoting their independence and pacing the meal appropriately. Staff asked residents if they were satisfied with their meal and if they had enough to eat. Many residents told inspectors that the food was very good and they enjoyed their meals.

Residents told inspectors that they could have drinks or snacks at any time. Staff told inspectors they could access food and snacks from the main kitchen and inspectors noted that there was a plentiful supply of food and drinks available in the kitchen. Jugs of water were available in common areas, and staff regularly offered drinks to residents.

Inspectors saw that staff welcomed visitors and made them feel at home. Staff respected residents' private time with their visitors and staff encouraged visitors to help themselves to refreshments from the coffee dock.

Inspectors found that the person in charge promoted a culture where residents were supported to maintain links with the local community. The provider supplied transport for residents' who liked to go shopping. The manager explained that the local Country Women's Association were very supportive and invited residents regularly to join them for a social get together in the village. Transition students visited residents for a chat and to read with residents. Inspectors observed that there was a large doll house, a box of toys and computer games for children in the sitting room. The person in charge explained that she liked to encourage residents' grandchildren to visit and that they enjoyed time playing with the toys when they visited.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Admissions were well managed. The person in charge and relatives said that residents were assessed before admission and they and their families were invited to visit the centre to meet staff and other residents, before deciding to live there. Relatives confirmed that this was helpful for them in reaching a decision about placing their relative there. Inspectors read pre-admission assessments and found them to be satisfactory.

Inspectors reviewed records which indicated that residents had an initial assessment completed within 48-hours of admission, and a comprehensive assessment completed within seven days of admission. This included assessments for risk of pressure ulcers, falls and nutrition and measures were put in place to manage risks identified. Inspectors examined residents' care plans and found residents and family members were involved in care planning and care plans were person centred and reflected residents' assessed needs. Residents identified how they wished to be cared for. One resident's care plan stated, "I may have a fall, so I need someone with me when I walk". He told inspectors that a staff member stays with him when he walked and that he had not had any falls. Inspectors later observed staff supervising the resident when he went for a walk.

There was a policy and appropriate systems in place to monitor and manage nutrition. A nurse told inspectors that residents had a risk assessment for malnutrition on admission and three-monthly thereafter. Inspectors examined two care plans and found that nutritional risk assessments were undertaken and residents were weighed on a monthly basis or more regularly if required. Inspectors saw that care plans were developed for residents at risk of malnutrition and included the resident's food preferences and food consistency. Inspectors noted that some residents were reviewed by the dietitian and dietary recommendations were reflected in the care plans. Nutritional supplements were prescribed and administered appropriately. A nurse told inspectors that residents with swallowing problems were referred for speech and language assessment were reviewed on site by the speech and language therapist. This service was in addition to the fee. Residents' medical notes confirmed this.

Staff promoted the physical and mental health of residents by encouraging them to stay active. Inspectors saw residents participating in group exercises which they said were held on alternate days. Other residents were seen walking about during the day independently, with supervision and some residents used assistive devices such as specialised wheelchairs, walking frames, rollators and walking canes. Many of the activities provided residents with mental stimulation. Residents said they really enjoyed taking part in quizzes

and discussions on current affairs. The flu and pneumococcal vaccination was available to residents.

A nurse explained that they regularly monitored residents' vital signs. Inspectors saw that residents' blood pressure, pulse and temperature were monitored and recorded monthly, and more frequently as indicated. The nursing staff monitored and recorded blood glucose levels for residents with diabetes. The nurse told inspectors that she reviewed residents' health care needs carefully and reported any deterioration to the doctor promptly. The inspectors heard the nurse providing a consultant with a comprehensive account of a change in one residents' condition when he visited a resident.

Wounds were managed appropriately. Records indicated that residents had a pressure risk assessment completed on admission and three-monthly thereafter. Inspectors saw that residents assessed as at risk of developing pressure ulcers had pressure relieving devices in place. There were two residents with hospital acquired pressure ulcers. Inspectors spoke with nursing staff and reviewed the residents' records and were satisfied they were appropriately managed and there was recorded evidence that wounds were healing.

The provider had arrangements in place to provide appropriate medical care for residents. Residents were supported to retain the services of a GP of their choice and out-of-hours GP cover was provided by doctor on call. Inspectors noted from the medical charts that residents were seen by the GP at least every month and medications were reviewed on a three-monthly basis. Staff, residents and relatives said they were satisfied with the medical service provided. Mental health of later life services were offered via GP referral and inspectors observed that one resident was reviewed in the centre by a consultant psychiatrist. Residents said they were supported to attend out-patient appointments and records confirmed this. Staff explained that when it was not possible for a family member to attend out-patient appointments with a resident, the provider ensured a staff member escorted the resident. This service was in addition to the fee.

Inspectors found that residents had access to a range of peripatetic services based on assessed need including dietetics, dental services and ophthalmology. Chiropody services were accessed by referral to the Health Service Executive (HSE) and also privately at an additional charge. Some residents chose to attend their local dentist and optician. The manager told inspectors that audiology services were available following GP referral. The person in charge told inspectors that she had made arrangements for all residents to have a seating assessment undertaken by an occupational therapist on 28 January 2011 and to be assessed by a physiotherapist in February 2011. The manager concurred that these arrangements were in place.

There was a policy in place to guide nursing practice on end-of-life care. There were no residents receiving end-of-life care at the time of inspection. The person in charge told inspectors that relatives, other residents and staff were given an opportunity to pay their respects when a resident died. They could also attend the remembrance service which was held annually in the centre to commentate deceased residents.

Overall inspectors found evidence of safe medication management practice. Since the previous inspection the person in charge had reviewed the medication management policy to include the ordering and prescribing of medications administered on a regular basis. Inspectors observed the nurse as she administered medications and found that medication

was administered in accordance with An Bord Altranais guidelines. The CNM told inspectors that the pharmacist and the nurse undertook a medication management audit on a monthly basis. Inspectors saw the audit results and noted this analysis resulted in safer practices in daily monitoring of medication fridge temperatures.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Inspectors saw records which indicated these medications were counted at the time of administration and at the change of each shift.

Inspectors found from reviewing records, observing practice and talking with staff and residents, that falls were well managed. Inspectors reviewed the most recent falls audit and the person in charge explained that most falls occurred in the main sitting room. She had ensured this room was supervised by a carer at all times. The senior carer told inspectors that she delegated work assignments to the care staff each day, which included supervision of residents in the sitting room. Inspectors noted that residents were supervised by a carer at all times during the inspection. One resident commented that there were plenty of staff to meet residents' needs.

Some improvements required

The medication policy did not address the administration of "pro re nata" (PRN) or - administered as needed medications. Inspectors read the medication administration records and found that nurses had administered the medication at the prescribed timeframes and at the correct dosage. However, there was no specific policy in place for PRN medication administration. This could result in inconsistent or unsafe practices in PRN medication administration.

Significant improvements required

The management of physical restraint was poor. Inspectors found a high usage of physical restraint as follows:

- 40% of residents (twenty three) had bedrails in place
- 4% of residents (six) used recliner chairs
- Three residents used restraint while seated in chairs (one seat belt and two specialised chairs with tables attached).

Inspectors found that while there was a comprehensive policy in place for management of physical restraint, dated December 2010, it had not been fully implemented as follows:

- a risk assessment had not been undertaken having explored alternatives
- there was no record in place of discussions that had taken place with residents and or family members of the potential risks associated with using physical restraint
- there was no care plans in place to specify how frequently residents would be checked and monitored while using physical restraint
- there was no record maintained of how often residents were checked when using bed rails
- there was no record in the care plans to indicate that residents were released from seat belt and or specialised chairs with table every two hours when awake for motion and exercise.

Inspectors noted from reviewing the incident and accident reports that staff promptly reported that one resident had a near miss event (an accident that almost happened) recently involving the use of bedrails. While the family members and the relatives were informed of the incident, inspectors were not satisfied that the corrective actions recorded and put in place by the person in charge were sufficient to minimise a risk of reoccurrence. On the day of inspection, inspectors requested an immediate action plan from the person in charge to ensure this resident was safe while in bed. The person in charge responded promptly and provided inspectors with a satisfactory verbal account of the measures they had planned to put in place on the evening of inspection to ensure the resident was safe. Inspectors also requested a plan of action within 48-hours of inspection to indicate how other residents using restraint would be kept safe. Inspectors reviewed the written action plan which the person in charge submitted and found it to be satisfactory.

While there was evidence that vital signs, including neurological observations were monitored when a resident sustained an injury to the head, neurological observations were not routinely monitored to rule out the possibility for head injury when residents were found on the floor. This could result in poor outcomes of care for residents. The manager told inspectors she would revise the falls prevention and management policy to include the management of unwitnessed falls and ensure staff received additional training.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre is located near the main road and the provider had some measures in place to improve the safety of residents. The front door had an electronic locking system which was managed by staff to ensure residents' safety. There was a receptionist on duty from 10.00 am to 6.00 pm and inspectors noted the front door was answered promptly to visitors and residents. The provider had installed CCTV in public areas of the building for the security of residents and staff. This was stated on a large sign at the front door.

The internal doors to the special care unit were secured with a coded keypad security system. Corridors were wide and there were hand rails provided on all corridors to assist residents to mobilise safely.

The special care unit and the main area of the unit were spacious, with large windows in many of the communal rooms which maximised the use of natural light. Inspectors observed that there was ample communal, recreational and private space for residents and their visitors. All the rooms were furnished to a high standard and well maintained. Residents spoke of the pleasant atmosphere and told inspectors they had a number of areas where they could spend their time, privately or in the company of others. There was a spacious, nicely decorated sitting-cum-smoking room with large windows overlooking the gardens. Inspectors observed some residents reading the newspaper and watching television during the day. They said they enjoyed the ambience afforded by this room which had domestic style furniture and fittings.

There was a spacious bright sitting room in the special care unit which was opposite an open plan nursing office. The room was well furnished with a variety of comfortable couches and armchairs, television, magazines and games.

There was a spacious comfortable sitting room/library which was well maintained. The book shelves were neatly labelled in large print to indicate the topics on each shelf. The room was pleasantly furnished with domestic style comfortable leather armchairs and sofas, a large flat screen television, a piano and a vase of fresh flowers. There was computer with internet access available to residents and the manager said one resident availed of it to keep in touch with relatives living abroad.

Residents were encouraged to personalise their bedrooms and many had photographs and other personal belongings in their bedrooms. Inspectors saw photographs of residents celebrating various events on notice boards in communal areas in the special care unit and in the main area of the building which created a warm homely atmosphere. Bedrooms had adequate storage space and a locked facility for their personal effects.

There were three separate, well maintained internal courtyard gardens with shrubs, plants and garden furniture. These gardens were easily accessible through double doors situated on each corridor. Many bedrooms overlooked the gardens or green fields and the residents said that they enjoyed the view and the sense of space. The provider had created a fourth garden area with garden furniture outside the main building to enable residents to take a break while they went for a stroll around the building.

Inspectors noted that the kitchen was clean and well maintained and a food safety management system was in place. Inspectors saw records that indicated that the chef and other staff members had received training in food safety and hygiene.

There was a well equipped treatment room with facilities in place for clinical examination. It had a wash-hand basin, antiseptic hand washing gel and paper towels, gloves and aprons, a clinical sharps bin and colour coded waste bins. Residents' privacy and dignity was promoted when they required a medical review. The person in charge told inspectors that the doctor uses this room when he examines residents.

Inspectors reviewed the laundry arrangements and met with a laundry staff member. The laundry room was well equipped and met the requirements of the Regulations. It had two industrial washing machines, two industrial dryers and an ironing service. Inspectors spoke with one of the laundry staff members and she was knowledgeable about infection control management and the different processes for various categories of laundry. Residents and relatives told inspectors that they were satisfied with the quality of the laundry service and clothing was never misplaced.

The sluice room was well equipped and included a lockable storage cupboard for safe storage of cleaning materials.

There was adequate specialist equipment to meet residents' needs, such as hoists, specialist mattresses and electric beds. Servicing and maintenance records of equipment were reviewed by inspectors. They were comprehensive and up-to-date. Inspectors also noted that the water heating, central heating, electrics and generator were serviced in the previous six months. Maintenance records were reviewed and inspectors noted that requests were dealt with in a timely manner. There were adequate storage facilities for equipment.

There were sufficient measures in place to alert staff in the case of emergencies. A call bell system was provided in each bedroom, bathroom and toilet to support residents' safety. Residents said they were satisfied that staff responded when they rang the call bell and inspectors noted that staff answered call bells promptly.

Inspectors observed that the premises were very clean. Inspectors interviewed two housekeeping staff and they were knowledgeable about infection control principles, management of spillages and waste management. For example, staff could tell inspectors how they minimised the risk of cross infection when cleaning contaminated areas. Inspectors observed that the housekeeping staff adhered to standard precautions while they worked. Inspectors observed that wheelchairs and hoists and seating were visibly clean. Residents said they were happy with the standard of hygiene in their bedrooms. A resident told inspectors, "The place is spotless all the time". A relative said "Mum's room is always spotless".

Residents said they found the temperature in the building comfortable and inspectors noted the temperature in the morning time was 25 degrees centigrade. Inspectors checked the water in the hot taps in some bedrooms and communal bathrooms and found that the water was comfortable to touch. Ventilation appeared adequate and there were no unpleasant odours.

Some improvements required

The storage of the linen trolley was unsatisfactory. Inspectors saw that this trolley was kept in the sluice room overnight which posed a potential risk of cross infection. The person in charge told inspectors that she would ensure clean linen was stored in the linen room. Inspectors noted that this arrangement was in place on the second day of inspection.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

All of the policies and procedures required in the Regulations were in place and staff members were familiar with them. Policies were signed and dated by the person in charge, and included dates for review. Copies of the policies and procedures were kept in the nurses' information centre and accessible to all staff. Staff members were familiar with the Standards and Regulations.

There was a communication policy which provided staff with guidelines on communicating with residents, including those with dementia and sensory impairments. Staff were knowledgeable about these guidelines and inspectors observed staff using techniques to communicate with residents who had impaired hearing and sight. While chatting with residents at lunchtime the inspectors observed a care staff member kneeling down beside one resident, making eye contact with her and speaking to her in an appropriate manner as outlined in the policy. Inspectors observed a staff member identifying herself prior to approaching one resident with a visual impairment. Staff all wore name badges with their first name in large print and residents who spoke with inspectors knew the names of staff members.

The person in charge had taken initiatives to communicate and consult with residents. Inspectors saw that a suggestions box was provided in the main lobby and an ample supply of leaflets which explained how to make a complaint and how complaints would be managed. The provider had established an advocacy committee in June 2010 and the residents' committee provided a forum for residents to air their views. Residents told inspectors that they were satisfied that their opinions were considered and taken on board by managers. A review of the minutes' of the last meetings indicated that residents had made suggestions to grow flowers and tomatoes and to celebrate public holidays.

The person in charge had carried out a resident satisfaction survey and inspectors saw the result rate showed 95% satisfaction with the service. Some residents said they would like to see more improvements in the food, such as more variety of vegetables. The person in charge said she had a meeting with the chef and they had plans to revise the menu and to continue to monitor residents' satisfaction with their meals.

There were appropriate systems in place to facilitate communication between the provider, the person in charge, staff and residents. The provider and person in charge had regular meetings and the provider monitored the actions agreed at these meetings, to ensure that they were followed up and that agreed outcomes were implemented. For example, he monitored how policies were implemented, discussed audit results and identified what follow-up actions were required. He said that staffing, residents' dependencies and fire safety were topics which they constantly reviewed. Inspectors found that he was well informed about these issues.

The person in charge held monthly meeting with various staff groups. Minutes showed that she chaired meetings with each department. Inspectors reviewed minutes of these meetings and attendance records signed by staff indicated that 51 staff attended meetings with the person in charge on 11 January 2011. Issues addressed included thanking staff for their attending work in the poor weather conditions in December 2010, communicating with residents, promoting residents privacy, an update on protection of older adults and infection control, and using the 24 hour clock consistently when documenting in residents' records.

The person in charge had arrangements in place for communication between staff. The person in charge and nurses attended a daily handover report from the night staff at 8.00 am. She met with the staff in the afternoon to share relevant information and to monitor the care provided. Inspectors saw staff reading the communications book which had relevant updates on residents.

The person in charge told inspectors that she met with all residents on a daily basis. She explained that she obtained feedback from them and ensured that their needs were met and that they were satisfied. On the morning of inspection, inspectors saw the person in charge visiting residents in their bedrooms. Residents told inspectors they were very happy to see the person in charge regularly and described her as "always very helpful and approachable".

Inspectors found that there was a good level of communication with relatives on a day-to-day basis. Inspectors saw relatives bringing questions to staff and having discussions with them. Relatives also told inspectors that they felt well informed by staff about the wellbeing of their residents, and that they could approach the person in charge and the nursing staff with questions or concerns at any time.

Residents were provided with a Residents' Guide, which contained all the required information. Information about activities was posted on notice boards in written and pictorial format. Residents ordered newspapers and had access to newspapers in communal areas. Most of the residents had a television and a radio in their bedrooms and in the sitting rooms. Each bedroom had a telephone access point and many residents had their own telephone installed. There was also a pay phone available to residents in the lobby.

Residents' records, care plans and personal information were stored in safe, secure locations in the main area of the building and in the special care unit. Staff files were also stored securely and confidentially.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors found staffing levels and skill-mix were satisfactory to meet the residents' assessed needs. The person in charge explained that she determined the staffing levels and skill-mix based on residents' dependencies and the size and lay out of the building. Inspectors reviewed the schedules and found that there was adequate numbers and skill-mix of staff on duty to meet the current residents' needs.

Staff were well supervised and supported. Inspectors found that the level of senior management support was in place seven days a week including weekends. The person in charge said she ensured that a CNM and or a senior nurse were on duty each weekend. The person in charge worked from Monday to Friday and told inspectors that she visited the centre on some weekends. Inspectors observed that residents and visitors knew the person in charge by name and were seen talking with her over the two days of inspection. Residents confirmed to inspectors that there was enough staff on duty each day and they always got prompt attention when they required assistance.

Inspectors found that staff were recruited in line with regulatory requirements. There was an appropriate system in place for the vetting and recruitment of staff. Three files were examined and they contained a work history, photographic identification and proof of physical and mental fitness, as well as information on qualifications and training. There was recorded evidence that Garda Síochána had been sought.

The provider and person in charge were committed to providing on-going training and they supported staff to continue their professional development. Inspectors found there was a planned approach to training and the schedule included training in protection of older adults, medication management, care planning, behaviour that challenged, falls management, wound management health and safety and infection control management. Staff were knowledgeable on these topics and there was evidence of good practice in these areas. Staff had also attended some training on risk management, quality assurance and additional training was planned. Of the care assistants, 40% of them had completed Further Education Training Accreditation Council (FETAC) Level 5. The person in charge told inspectors that eight care staff were currently undertaking FETAC Level 5 training. Inspectors observed these staff attending this training in the staff information centre on the day of inspection.

There was a focus on developing the nursing skills to prevent unnecessary admissions to hospital. Some nursing staff were trained in the management of suprapubic catheters (a tube which drains urine from the bladder). Staff also explained they had received training in the management of vacuum wound dressings prior to the admission of one resident requiring care of a complex wound.

Inspectors found that there was a good system of support in place to enable them to provide a consistent level of good care. A senior carer spoke about the support she received from the management team in continuing her education. She explained that she planned to commence FETAC Level 6 training this year. Inspectors found her to be knowledgeable about the residents' care needs and the staff's abilities to care for them. She felt confident to provide daily support to her colleagues. She showed inspectors daily work allocations and she could provide a rationale for how she delegated daily responsibilities to the care staff based on residents' assessed needs. Staff told inspectors they were happy with their assignments and that they did not feel overworked. They said they felt well supported by senior staff and that they all worked together as a team. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

There was a comprehensive induction programme and mentorship arrangements for new staff. Inspectors saw completed induction programmes in staff files which included training on infection control, fire management safety and moving and handling. Inspectors saw written evidence that new staff worked on a supernumerary basis for one to two weeks until such time as they felt confident to work independently. Staff were formally assessed by the person in charge to ensure they were competent prior to being released from supernumerary status. Staff who spoke with inspectors were satisfied with their induction and mentorship arrangements.

Inspectors found staff were supervised informally on a daily basis and that there was a formal system in place for reviewing staff performance. The manager and the HR manager monitored the performance of staff following input from the person in charge and senior staff. Inspectors reviewed staff appraisal documents and found them to be satisfactory. Staff told inspectors they found the appraisal system useful as they had an opportunity to discuss their professional development and to identify additional training needs. One staff member told inspectors that she requested further training on medication management and the management of a specific medical condition. She said that this provided her with enhanced skills that she incorporated into daily practice. Inspectors noted that overall medications management was safe, and residents' healthcare needs were well monitored.

Some improvements required

Staff did not have had access to appropriate facilities for changing. Staff told inspectors they come to work in uniform, and sometimes change their uniform in the staff shower or toilet. This practice could pose a risk of cross infection. The provider told inspectors that he would address this issue.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider, Alan Shaw, person in charge, Julia Glennon and the manager Sarah Cormican to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Valerie McLoughlin

Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

24 January 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
26 and 27 August 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
29 April 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Parke House Nursing Home
Centre ID:	083
Date of inspection:	20 and 21 January 2011
Date of response:	15 March 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

The policy on the management of physical restraint had not been fully implemented.

Action required:

Provide a high standard of evidence based nursing practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:

Timescale:

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Provider's response: The policy on physical restraint is now fully implemented and documented.	Done
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2. The provider has failed to comply with a regulatory requirement in the following respect:

Neurological observations were not routinely monitored to rule out the possibility of a head injury when residents were found on the floor.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Neurological observations are now routinely monitored post un-witnessed falls.

Done

3. The provide has failed to comply with a regulatory requirement in the following respect:

The floor surface at the entrance to the dining room was uneven and unsafe creating a raised lip which was potentially hazardous to residents and staff.

The risk management policy did not contain information on the management of assault or self harm as required by the Regulations.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risks - assault and self-harm.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The floor surface will be replaced with a level floor covering.</p> <p>The risk management policy will be updated to include assault and self-harm.</p>	2 months

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The emergency plan did not contain a record of the arrangements that were in place for residents should it not be possible to re-enter the building following evacuation.</p>
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The emergency plan will be reviewed to include a record of the arrangements in place should it not be possible to re-enter the building following evacuation.</p>	1 month

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The contract of care did not specify whether additional services such as physiotherapy, occupational therapy, optomology and chiropody were included in the fee.</p>
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for each resident and the fees to be charged.</p>

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The resident's contract will be reviewed to ensure details of standard and additional services that may be provided to the residents are itemised.	1 month

6. The provider has failed to comply with a regulatory requirement in the following respect: The directory of residents did not contain a record of the name and address of the authority, organisation or other body which arranged the resident's admission to the designated centre.	
Action required: Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.	
Reference: Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The directory of residents has been modified to include the details of the referring entity of the resident.	Done

7. The provider has failed to comply with a regulatory requirement in the following respect: Staff changing facilities were inadequate. Some staff told inspectors that they wear their uniform into work, while other staff said they change into their uniform in the staff toilet / shower room.	
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Action required:	
Provide changing facilities for staff in accordance with best practice for infection control prevention.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new staff changing facility is being devised and will be developed to alleviate the current practice.	2 months

Any comments the provider may wish to make:

Provider's response:

The management and staff of Parke House Nursing Home would to thank the inspectors for the courtesy and professionalism that they showed on the days of the inspection.

Provider's name: Alan Shaw

Date: 15 March 2011