



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

Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 January 2023
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0038355

About the designated centre

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

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the other units. Within the Boyne and Barrow, there is a reminiscence town streetscape where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting rooms, dining rooms, gardens and a cafeteria, which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit also includes a range of hairdressing, beauty and spa services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	135
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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
Tuesday 17 January 2023	08:55hrs to 17:00hrs	Helena Budzicz	Lead
Wednesday 18 January 2023	09:15hrs to 14:15hrs	Helena Budzicz	Lead
Tuesday 17 January 2023	08:55hrs to 17:00hrs	Deirdre O'Hara	Support
Wednesday 18 January 2023	08:40hrs to 14:15hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life. Residents' rights and dignity were supported and promoted by kind and competent staff.

On arrival, inspectors were guided through the centre's infection prevention and control procedures by a staff member at the reception. This included a signing-in process and an electronic temperature check. While masks were available to visitors, they were located at the far side of the reception. This meant that visitors had to walk through reception before they could put on a mask. This was rectified on the second inspection day. A personal protective equipment (PPE) stand with alcohol-based hand rub was placed inside the main door. Visitors who spoke with inspectors said that they were happy with the cleanliness of the centre and that staff were very supportive in ensuring that they cleaned their hands and wore a face mask before visiting residents.

This unannounced inspection was carried out over two days. Following an opening meeting with the person in charge (PIC) and the Assistant Director of Nursing (ADON), inspectors walked around the centre. Inspectors observed that staff were busy assisting residents with their morning care needs while engaging in polite conversation. It was evident to inspectors that the management and staff knew the residents and their care needs well. Some residents were observed mobilising independently throughout the centre on the day of the inspection. These residents had access to enclosed courtyards, which enabled them to mobilise outside in a secure environment.

There were a number of spaces for residents to relax in, including bright and pleasantly decorated day/dining rooms in each unit. Bedrooms were seen to be personalised with photographs, pictures, books and furniture with the help of family and staff. Residents were complimentary of their accommodation, and they were encouraged to personalise their bedrooms with personal items of significance.

Generally, there was some good practice observed when staff were putting on and taking off PPE. However, practices in the centre did not always align with safe infection prevention and control standards. For example, staff did not always wear PPE in the correct manner. A small number of staff members were seen to wear surgical masks under their noses, or staff were seen touching the front of their masks. This may result in the onward transmission of an airborne or droplet infection for residents or staff. Two staff were observed to be wearing hand or wrist jewellery which meant that hand hygiene might not be effective.

While there were ample hand-wash basins within the centre, the sinks in the clinical rooms did not comply with the recommended specification for clinical hand-wash basins. The centre was generally clean, with a few exceptions with regard to equipment, such as nebulisers and hoists. The surfaces of some furniture, such as

cloth-covered seating in communal rooms, were worn or stained. The provider had replaced some seating in communal areas with surfaces that could be wiped clean to facilitate effective cleaning.

Two emergency PPE trollies were stored in communal bathrooms, which impacted on good infection control practices and meant that this space was not readily available to residents.

Inspectors observed a lunchtime dining service. Meals appeared to be relaxed, unhurried social occasions. Residents were complimentary of the quality and quantity of food they received. Staff were present during mealtimes to provide discreet assistance and support if required.

Feedback from residents on the staff was overwhelmingly positive. Residents told inspectors that the staff were very kind and that they always gave them time. Staff were observed providing prompt assistance to residents, with call bells being responded to promptly. Residents who could not speak with inspectors in relation to their quality of life in the centre appeared to be relaxed and comfortable in the company of the staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under relevant regulations.

Capacity and capability

The governance and management of the centre were well-organised, and the management team was committed to ongoing quality improvement. The management team were proactive in response to issues as they arose, and the centre has a very good compliance history with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

This two-day unannounced risk inspection was completed by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Parke House Nursing Home was Parke House Nursing Home Limited. The person in charge was supported in their role by an assistant director of nursing (ADON), Senior Nurses and a full complement of staff, including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff.

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018);

however, further action is required to be fully compliant. Weaknesses were identified in infection prevention and control training, equipment cleaning and safe water management systems. Infrastructural issues and barriers to effective hand hygiene were also identified during the course of this inspection. This is further detailed in Regulation 27: Infection control.

Regular infection control audits were carried out. These audits were monitored to track and trend progress with quality improvements and any gaps in practice found. There were records of actions required or improvements that had been completed as a result of audits undertaken. However, audits did not identify findings on the inspection day. This is further detailed in Regulation 27: Infection control.

There was good oversight of antimicrobial stewardship (AMS). Antibiotic use was monitored to ensure residents received the correct antimicrobial agents and antimicrobial guidelines were available to staff for a referral. Regular infection control meetings took place, and infection prevention and control were also discussed at senior management and staff meetings. Examples of topics covered were training, audits, outbreaks and outbreak reviews, cleaning, resident care and the vaccination programme. In records reviewed, infection control committee meetings took place more often in the event of an outbreak.

There was a failure in the system of infection control risks relating to Legionella in the centre so that findings could be adequately addressed. For example, there was no evidence of remedial action taken with regard to findings from abnormal legionella testing results during November 2021. This could result in appropriate measures not being put in place to manage such a risk or delayed identification of possible Legionella infection. (Legionnaires' disease is a serious type of pneumonia (lung infection) caused by Legionella bacteria. People can get sick when they breathe in small droplets of water or accidentally swallow water containing Legionella into the lungs). The quality of the water had not been tested since 2021; however, the inspectors were assured that a water management specialist was scheduled to attend the centre a few days after this inspection to review the water systems. Inspectors requested records of results and any actions taken as a result of these findings to be forwarded to the Chief Inspector.

The centre had extensive infection prevention and control policies, and these were accessible to all staff on the centre's computer system and paper copies in the staff hub located at the reception. These policies contained aspects of standard and transmission-based precautions and the care and management of residents with infections, such as multi-drug resistant organisms (MDROs).

There was a robust training matrix maintained to ensure that staff attended mandatory training relative to their role. An external trainer and infection control nurse specialist supported face-to-face infection control training for staff. However, staff require additional training with regard to the safe management of clinical waste and nebulisers, dressings and cleaning equipment, hand hygiene and the appropriate wearing of PPE to prevent healthcare-associated infections.

Inspectors reviewed a sample of staff files and found that they contained most of

the requirements as set out in schedule 2 of the regulations. There was an induction programme in place which all new staff were required to complete. However, not all staff were Garda vetted prior to commencing employment in the centre. This is further discussed in Regulation 21: Records.

A review of contracts for the provision of services found that not all residents had an agreed contract in place, and some of the contracts did not provide adequate detail on the room to be occupied by the resident. Action was required to ensure full compliance with Regulation 24: Contract for provision of services.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the office of the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the designated centre. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing levels were in accordance with its statement of purpose and function. From a review of staff rotas and from speaking with staff and residents, inspectors were assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 135 residents living in the centre, on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The majority of staff had attended mandatory training. Refresher training was scheduled for staff that were either due or overdue training shortly after this inspection. There was a well-managed training schedule in place to ensure that all staff had access to training in fire safety, manual handling, safeguarding and infection prevention and control. Additional training was also accessible to staff to further support the quality and safety of care for residents. Examples of this were basic life support, responsive behaviours, safe food handling, chemical training, and antimicrobial stewardship for all nurses.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed 18 staff files and found that four staff had their An Garda Siochana vetting completed after they started their employment. There was no evidence that the references collected were verified at the offer of employment stage.

Judgment: Substantially compliant

Regulation 22: Insurance

The designated centre had a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems to monitor, evaluate and improve the quality and safety of the service were not effective in identifying risks. For example;

- The environmental audits and oversight of cleaning standards had not identified a number of the findings from this inspection.
- The water management systems were not managed according to best practices and the centre's policy on the prevention and control of water-borne

- infections.
- Risks such as the storage of oxygen had not been resolved or appropriately risk assessed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of 16 residents' contracts of care was reviewed. Inspectors saw that five contracts for short-term care residents had not been signed by the resident or their appointed representative and the registered provider representative. One of these residents was already a long-term care resident. Inspectors also reviewed 11 contracts of care for long-term care residents and saw that they included the services to be provided, arrangements for Fair Deal and other services which residents may wish to avail of; however, the room number and occupancy of that room were not clearly outlined on any of these contracts. The person in charge provided inspectors with another five contracts of care on the second day of the inspection. All of the contracts were accurately amended and signed by residents or their care representatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had a thorough statement of purpose which had recently been reviewed and revised within the last year. Some minor amendments were required to ensure all information contained within Schedule 1 was clearly outlined.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was displayed in the centre and included a nominated complaints officer. Inspectors reviewed the complaints log and found that the complaints were recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in this centre were supported to have a good quality of life with good access to health and social care services to meet their needs, ensuring the quality and safety of care delivered to residents was of a high level. This inspection found that some areas of fire precautions and premises required review to ensure that they fully met the needs of the residents and were maintained in a manner that promoted good infection control procedures.

The environment was warm, well-lit and ventilated. Inspectors observed that overall the residents' bedrooms and the communal areas were clean and tidy, with a few exceptions. There was damage to surfaces, such as walls, doors and a small number of medication trolleys and work surfaces in treatment rooms. Additionally, the underside of nine shower chairs was unclean, numerous chairs in the centre were cloth covered, and many were stained or heavily worn. This meant that these surfaces and equipment could not be or had not been adequately cleaned.

There was a successful vaccination programme in place. All of the residents who were eligible had received their COVID-19 boosters and influenza and pneumonia vaccines. Staff were also facilitated to access vaccinations in the centre.

Visits were being managed well in line with the regulations, and residents were supported to receive their visitors in private or in designated areas such as the café in the Liffey unit and communal areas in each unit. Visits were still being booked by staff, and visitors who spoke with inspectors said that they normally booked visits but could visit if they had not pre-booked also.

Inspectors saw that overall the premises met the needs of the residents; however, there were some areas of the centre that required action as outlined under Regulation 17: Premises.

Records maintained evidenced that maintenance and servicing of the fire alarm, emergency lighting systems and fire fighting equipment were carried out in line with regulatory requirements. All staff were facilitated to attend annual fire safety training and to participate in simulated emergency evacuation drills. Each resident's emergency evacuation staffing needs and equipment were regularly assessed, documented and available for easy reference if needed. Nevertheless, during the day, inspectors found unidentified risks and issues of concern relating to fire safety as discussed under Regulation 28: Fire precautions.

Residents were generally consulted about their care needs and about the overall service being delivered. Residents told inspectors, and inspectors observed that staff were kind and caring when interacting with residents. They said they felt safe in the centre and confident that staff would respond to their concerns.

Regulation 11: Visits

There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for respiratory infections, in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 17: Premises

There were a number of areas of the premises and maintenance that required action to align with Schedule 6 requirements;

- The paintwork on a number of communal areas, the clinical treatment room and the sluice room, was chipped and marked and required redecoration. The management of the centre informed inspectors that painting works were scheduled in different area around the centre. There were small holes in the ceiling around the corridors, which were filled in on the day of the inspection and in the wall in the clinical treatment room.
- The ventilation was not working correctly in one of the sluice rooms.
- Lockable cabinets were not available to all residents in their bedrooms to store any valuable or personal items if they chose to do so.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents appeared to be wholesome and nutritious, and the food was attractively presented. Adequate quantities of food and drink were made available to residents. There was an appropriate number of staff members to assist residents when and if required.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that all effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection

prevention and control and antimicrobial stewardship. This was evidenced by:

- A review of local infection prevention and control audits did not identify issues highlighted in this inspection and therefore failed to drive quality improvement. For example, the janitorial sink was rusty, and the clinical hand-wash basins in treatment rooms did not meet nationally recommended standards. In addition, staff reported using equipment sinks to clean their hands. This arrangement and practice increased the risk of contamination.
- Shower chairs were not on a cleaning schedule, and oversight of safe cleaning of other equipment, such as nebulisers, needed to be strengthened to ensure that they were adequately cleaned and stored to minimise the risk of transmitting a healthcare-associated infection.
- The system to monitor and maintain the safe management of the water distribution systems in the centre was not robust. This may lead to a healthcare-associated infection such as Legionnaires disease.
- Two staff were not aware of the meaning of the single-use symbol on dressing packages. Sterile dressings were not used in accordance with single-use instructions. They were stored with unopened dressings and could result in them being reused.
- Refresher training was required to ensure that staff managed nebuliser equipment to align with best practice guidelines and to prevent possible healthcare-associated infection.

The environment and equipment were not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- All sharps bins inspected did not have the temporary closure mechanism engaged when they were not in use. All intravenous trays (IV) trays were unclean and contained used paper and plastic items. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them.
- Clinical waste bins were used throughout the centre when there was no requirement for their use. There were a number of waste bins that were not hands-free and could result in contamination of hands and surfaces.
- The underside of some of the shower chairs inspected was not clean, and there was evidence of dust and debris seen on other equipment, such as hoists, clothes protector baskets and weighing scales. Rust was observed on the wheels of a small number of commodes, and PPE dispensers and a high number of chairs in communal areas were stained or worn. This meant that these surfaces had not been or could not be cleaned effectively between use.
- Re-useable cleaning chemical bottles were not always appropriately labelled and could result in ineffective cleaning of surfaces and equipment in the centre.
- There was inappropriate storage in two communal bathrooms, medical equipment was stored in a small number of resident bedrooms, and clean laundry was stored uncovered on corridors. This impacted on effective cleaning and possible contamination of medical and laundry supplies.
- Inspectors were informed by staff members that the contents of commodes and urinal bottles were manually decanted into residents' toilets prior to being

placed in the bedpan washer for decontamination. This practice could result in environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to comply with fire precautions in the centre. This was evidenced by;

- Oversight of fire doors required action as inspectors observed a number of fire doors that, when activated and closed, had visible gaps between the doors or were not closed properly, rendering these doors ineffective in preventing the spread of smoke in the event of an outbreak of a fire.
- Inspectors observed that fire doors in the dining area were blocked by the kitchen trolley and the menu stand.
- Inspectors observed inappropriate storage of oxygen bottles and oxygen concentrators around the centre. For example, while some bottles were stored in the oxygen cage, some bottles were in a lying position with two regulators lying on the concrete floor. There was no overview if the bottles were full or empty bottles. Several oxygen concentrators were stored behind other equipment in the storage room, underneath the tables in the clinical rooms or nearby radiators. Some safety signs were also missing in the areas where the oxygen bottles or concentrators were stored.
- Inspectors saw a number of holes around the centre, either in the corridors or the clinical treatment room, and the insulation was missing around the door frames in the storage room, which could compromise the fire containment measures in place. Inspectors acknowledge that the small holes around the corridors were filled in on the day of the inspection.
- There was inappropriate storage of supplies such as residents' continence wear and PPE in the Coms room. Furthermore, there was a hole in the ceiling around exposed wiring systems in the wall in the Coms room, creating a fire risk. The person in charge and the provider ensured that the room was fully cleared out and the hole in the ceiling around the wiring systems was fully sealed by the second day of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that all medicinal products were administered in accordance with the directions of the GP and in accordance with the advice of the pharmacist. Medication administration charts and controlled drug records were

maintained in line with professional guidelines. Medication administration practices were being monitored well, and areas for improvement were identified and actioned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated nursing assessment tools. Care plans were person-centred to reflect the individual residents' requirements and to assist staff in providing care for their individual needs. Inspectors observed that in all samples reviewed, the newly admitted residents were accurately assessed and based on the assessments, the care plans were completed within 48 hours.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GP's) attended the centre regularly to support the residents' needs. Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Inspectors reviewed the wound care management in the centre and saw that all wounds were appropriately assessed by the nursing staff and the tissue viability nurse specialist, where applicable. There was evidence that any changes to a resident's treatment plan were updated in the resident's care plan.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to safeguard and protect residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspectors were knowledgeable about what to do if they had a safeguarding concern.

The provider was a pension agent for a small number of residents. The inspectors saw that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days a week, and a schedule of diverse and interesting activities was available. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy, and service provision was directed to the needs of the residents. Independent advocacy services were also available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer document was used when residents were being transferred into and upon discharge from the acute hospital setting. This document contained details of healthcare-associated infections to support sharing of and access to the information within and between services. However, while the pre-admission assessment documentation contained detail with regard to residents' medical history, it did not contain information with regard to vaccinations such as influenza or pneumonia. The person in charge gave inspectors assurances that this would be rectified without delay.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0038355

Date of inspection: 18/01/2023

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: Parke House Nursing Home ensures safe and effective recruitment practices are in place to recruit staff at all times. All potential and current staff members are subject to a vetting procedure by Parke House Nursing Home prior to employment. In addition to the Garda vetting process Parke House Nursing Home also request a self-declaration from all new potential employees. During the vetting processing period, members of staff may become familiar with the policies and procedures specific to Parke House Nursing Home.</p> <p>All new staff members of Parke House Nursing Home receive induction and orientation within one week of commencement of employment and new staff members are adequately supervised in a way that is appropriate to their role.</p> <ul style="list-style-type: none"> • Staff File audits to be completed on a regular basis in line with Parke House Nursing Home’s internal audit schedule – Commenced & Ongoing. • All audit results presented to the Management Team – Commenced & Ongoing. <p>Where a candidate is deemed suitable for employment, Parke House Nursing Home requires a minimum of two references from previous employers who have first-hand knowledge of the candidate, including a reference from the last place of employment. A written, reference verification form is completed by previous employer for all candidates. All roles require satisfactory references.</p> <ul style="list-style-type: none"> • Parke House Nursing Home to review all staff files to ensure a written, reference verification form available in each staff file - Commenced & Ongoing. • References verification via phone will be completed where practicable - Commenced & Ongoing. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Parke House Nursing Home monitors, develops, and strives to continually improve the quality and safety of care provided to residents on an on-going basis to assure that the service is safe, appropriate, and consistent. The Quality and Safety Management Systems implemented and overseen by Parke House Management Team, include but are not limited to:</p> <ul style="list-style-type: none"> • Document Control (Policies and Procedures) • Risk Management • Audit Management • Incident Management • Complaints Management • Continuous Quality Improvement. <p>The audit management framework developed and implemented in Parke House Nursing Home focuses on assessing, evaluating and improving the provision of services in a systematic way in order to achieve best outcomes for all residents and staff. An audit schedule is completed on an annual basis and approved by the Management Team. All Quality Improvement Plans identified following audits completed are discussed at relevant Team Meetings with lessons learned effectively disseminated to staff.</p> <ul style="list-style-type: none"> • A full Infection Prevention and Control audit was completed, and quality improvement plans discussed with all relevant staff – Date completed: 16/02/2023. • Regular Quality Walkabouts are completed by the Assistant Director of Nursing – commenced and ongoing. • All lessons learned and identified areas for improvement communicated with all relevant staff – commenced and ongoing. • Sampling of water completed – Date completed: 16/02/2023 • 2023 water sampling schedule approved – Commenced and ongoing. <p>The risk management framework developed and implemented in Parke House Nursing Home incorporates the identification, assessment, management and ongoing review of risks at an organisational and individual level. Risks are regularly reviewed and reassessed.</p> <ul style="list-style-type: none"> • All oxygen securely stored – Date completed: 20/01/2023 • Additional safety signage in place – Date completed: 20/01/2023 	
Regulation 24: Contract for the provision of services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All residents of Parke House Nursing Home have a written contract/statement of terms and conditions with the Registered Provider of Parke House Nursing Home. Parke House Nursing Home ensures the Contract of Care is easy to understand and free from unfair terms.</p> <ul style="list-style-type: none"> • All long term and short term contracts of care have been reviewed and signed by the individual resident or their appointed representative – Date Completed: 20/01/2023 • The contract of care has been updated to include specific information which includes room number and occupancy of the room – Date Completed: 20/01/2023 • Spot checks of newly admitted residents’ contracts of care to be completed by the Director of Care/Assistant Director of Care – Commenced and Ongoing. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Management of Parke House Nursing Home strive at all times to ensure that the home is kept in good structural and decorative repair externally and internally. Parke House Nursing Home complies with the relevant statutory provisions and standards, is of sound construction and kept in a good state of repair externally and internally, including being clean, spacious, and suitably decorated.</p> <ul style="list-style-type: none"> o The small number of holes (5) were immediately filled on the day of inspection – Date Completed: 17/01/2023. o Painting works have been included within the preventative maintenance scheduled – To be Completed 30/03/2023. o The Management Team are currently completing a review of each resident’s bedroom to ensure a lockable cabinet is available – To be Completed 24/03/2023. o The Management Team have reviewed the sluice room's ventilation which is through the windows which are in full working condition. <p>Parke House Nursing Home’s physical environment to be regularly inspected as part of the internal audit schedule and the findings to be documented and issued to the Management Team – Commenced and Ongoing.</p>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

As per Regulation 23: Governance and Management.

- A full Infection and Prevention Control audit was completed, and quality improvement plans discussed with all relevant staff: Date completed: 16/02/2023
- Regular Quality Walkabouts are completed by the Assistant Director of Nursing – commenced and ongoing.
- All lessons learned and identified areas for improvement communicated with all relevant staff – commenced and ongoing.

The Management Team ensures that infection prevention and control is held central throughout the governance processes of Parke House Nursing Home and that appropriate resources are made available to ensure effective processes to ensure resident and staff safety. The Parke House Nursing Home Infection Prevention and Control Committee provide strategic leadership and direction on infection prevention and control activities within the home to ensure that the risks posed by transmission of avoidable infection is minimised.

- Nebulisers and shower chairs are included in the environmental cleaning checklist – Date completed: 16/02/2023
- Education provided to staff regarding the meaning of the single-use symbol on dressing packages, this will be overseen on a regular basis by the Assistant Director of Care. Commenced and Ongoing.
- Education provided to nursing staff regarding the engagement of temporary closure mechanism. This will be overseen on a regular basis by the Director of Care/Assistant Director of Care. Commenced and Ongoing.
- Education provided to nursing staff regarding the appropriate use of intravenous trays. This will be overseen on a regular basis by the Director of Care/Assistant Director of Care. Commenced and Ongoing.
- Education provided to staff on the correct use of the handwashing and equipment sinks. This will be overseen on a regular basis by the Director of Care/Assistant Director of Care. Commenced and Ongoing.
- Infection Prevention and Control Standard Precaution Training scheduled 09/03/2023.
- Hand hygiene, glove usage and management of nebulisers scheduled 28/02/2023, 01/03/2023, 02/03/2023.
- A review by the Management Team is ongoing in relation to the clinical hand-wash basins in the treatment rooms in Parke House Nursing Home. To be Completed 30/04/2023.
- A full review of all Clinical Bins has been completed and a risk assessment put in place where deemed necessary. This will be overseen by the Infection Prevention and Control Committee. Commenced & Ongoing
- Education provided to staff regarding CE-009 Clinical and Non-Clinical Waste Management Policy and Procedure. Management Team to carry out spot checks to ensure that clinical and non-clinical waste is disposed of in line with the policy and procedure – Commenced and Ongoing.
- Waste bins have been replaced and are now hands free. Date completed: 16/02/2023
- The small number of commodes with rust, stained PPE dispensers and chairs have been removed from Parke House Nursing Home and replaced. Date completed: 30/04/2023

- All reusable chemical bottles are now labelled with the date chemicals are prepared and the contents of the bottle. Commenced and Ongoing.
- Education provided to staff on the correct storage of medical and laundry supplies in line with Parke House Nursing Home's policies and procedures. Commenced & Ongoing
- A trial is underway in one area using the "I am Clean" stickers – To be completed 15/03/2023

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As per Regulation 23: Governance and Management.

- All oxygen securely stored – Date completed: 20/01/2023
- Additional safety signage in place – Date completed: 20/01/2023

As per Regulation 17: Premises

- The small number of holes (5) were immediately filled on the day of inspection – Date Completed 17/01/2023.

Parke House Nursing Home will ensure, so far as is reasonably practicable, that the risk from fire will be managed in compliance with the appropriate fire safety legislation, guidance and best practice standards. Management of fire risks is undertaken in such a way as to prevent injury or ill- health to residents, their representatives, staff, visitors or contractors.

- Parke House Nursing Home will review all fire doors in Parke House Nursing Home – To be Completed: Date 30/03/2023
- The kitchen trolley and menu stand were moved away from the fire doors in the dining area on the day of inspection – Date Completed: 17/01/2023
- The hole in the ceiling around the wiring systems in the Coms room was fully sealed on the second day of inspection – Date Completed: 17/01/2023

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

Prior to admission, Parke House Nursing Home shall arrange a comprehensive preadmission assessment, by the Bed Manager/Director of Care/Deputy or a senior nursing staff member, to ensure its continued suitability to the needs of the prospective

resident and to obtain all necessary information relating to the resident's health, personal and social care needs.

- HS-RF-081 Pre-Admission Needs Assessment Form was updated to include residents' vaccination details (if available) for influenza and pneumonia –

Date Completed: 24/02/2023

- Updated Pre-admission form distributed to all required staff –

Date Completed: 24/02/2023

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 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	30/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/02/2023
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	Substantially Compliant	Yellow	16/02/2023

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	20/01/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	24/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	30/04/2023

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/03/2023