



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

Issued by the Chief Inspector

Name of designated centre:	Hamilton Park Care Facility
Name of provider:	Hamilton Park Care Centre Limited
Address of centre:	Balrothery, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 September 2022
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0036538

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	118
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How we inspect

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
Thursday 8 September 2022	08:55hrs to 15:05hrs	Sinead Lynch	Lead
Thursday 8 September 2022	08:55hrs to 15:05hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

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

The centre did not have any COVID-19 cases on the day of the inspection. However, the registered provider had continued to restrict visiting. The centre had a policy in place that asked visitors to pass through a decontamination tent before visiting. A visitor spoken with outside the centre said: 'I do not have an issue with the procedure required to visit, as I know no-one gets in that is positive'. This visitor continued to say 'the care is good here, you know'. Residents and their families met on the day said they were delighted that the face-to-face visits had resumed and there were no concerns or complaints from anyone in respect of the additional infection control precautions imposed in respect of visiting arrangements. The provider had a risk assessment in place and records evidenced consultation and communication with families in this respect. All visitors and residents confirmed satisfaction with arrangements in place.

The inspectors also spoke with numerous residents, who confirmed that they were very happy with the service and life in the centre, including the visiting arrangements in place. One resident said they had been there seven months and 'really love this place'. They proceeded to say that 'the staff are great and there is loads of them'. Another resident said 'the food is great but there's too much of it'.

The inspector spoke with a resident who was sat at a dining room table having a cup on tea in the morning time. They told the inspector that 'sure the place is grand, sure, they are all nice people'. The inspector left the resident to enjoy their hot meal as they were being served a cooked breakfast and a fresh cup of tea.

One resident requested to see the inspector. They told the inspector that they had been living in the centre for 11 years and that 'they are so good to us all' and that their room was like their own apartment where they had their own fridge and kettle and it was just like home'. The resident also told the inspector how grateful they were to staff saying that 'they protected us in COVID times'

Residents were seen to have choices at meal times and a selection of hot and cold drinks served throughout the day. There were ample dining rooms to meet the needs of the residents which were nicely decorated and promoted a calm and relaxing atmosphere.

Activities were observed by inspectors both in group and individual format. Residents and staff interacted well with each other presenting a mutual respect.

Residents were encouraged to maintain their independence with one resident having

their computer set up in their room. There was also a kitchen on the first floor where residents had access to. This gave residents the independence to use the facilities when they required. Residents had access to the local community services and the provider had a bus service available for the residents' use.

The inspectors observed that most bedrooms were spacious and homely, with some minor improvements required, which are discussed further in this report.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

Overall there was an effective governance structure in place, and accountability for the delivery of the service was clearly defined. It was evident that resident involvement in the centre was sought and their opinions and feedback was taken on board. The provider was pro-active in their approach to coming into compliance with the regulations.

The designated centre is a residential care setting operated by Hamilton Park Care Centre Limited. It is registered to accommodate 135 residents. The centre provided an appropriate number of communal spaces where residents could spend time with other residents and their friends. There was a high number of young residents living in the centre with sixty five residents under the age of sixty-five, and the provider had good arrangements to ensure their needs were effectively met. The remaining residents living in the centre were over the age of sixty-five.

The centre had a director of operations who was present and visible in the centre. The person in charge (PIC) was a registered nurse who worked full-time in the designated centre. They were supported in their role by two assistant directors of nursing (ADON) and six clinical nurse managers (CNM). The staff rosters indicated that the designated centre had management presence over the seven day of the week. Management were aware of their roles and responsibilities. Minutes of meetings were viewed that showed transparency across all levels with regards to improvements required.

Improvements were made in relation to auditing of the centre and the life experience of the residents. These audits highlighted areas that had improved the quality of life for residents in the centre which were observed by inspectors on the day of the inspection.

The storage of records had improved since the last inspection, the provider had a safe system in place to protect residents' records and personal files.

Residents were provided with a contract for the provision of services. These contracts required further improvements in relation to identifying whether the bedroom available for them is single or multi-occupancy.

The person in charge had notified the Chief Inspector about any accidents or incidents in the centre. However, they had not submitted the notifications required for the use of bed rails or a lapbelts in use in the centre.

Complaints were well-managed in the centre. A clear policy was available to guide complaint management, and records were maintained separately from any resident file or information.

The annual review of the quality and safety of the service delivered to residents in 2021 was completed in consultation with residents.

Regulation 21: Records

Residents' records were now safely secured and therefore no longer accessible to all staff.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

The registered provider had prepared an annual review of the quality and service being delivered to the residents. Residents' surveys were completed and their feedback in respect of the service was incorporated in the annual review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Improvements were required to ensure contracts for the provision of services were in line with the regulations, for example;

- The contract for the provision of services did not specify whether the

- bedroom available to the resident is single or multi-occupancy.
- all contracts were not signed by the registered provider/nominated person or the resident

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents in the centre as required within the specified time frame.

However, the person in charge had not notified the Chief Inspector in relation to the use of bed rails that were in use for four residents and a lap belt for one resident.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which includes an appeals procedure.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents were receiving a good standard of care and service in the nursing home. Residents informed inspectors that they were happy living in the centre and they liked living there, and felt safe. Inspectors found that residents' health, social care and spiritual needs were catered for; however, improvements were required to further enhance infection control practices, fire safety, premises and residents' rights.

There were systems in place for the assessment, planning, implementation and review of the health and social care needs of the residents. The inspectors reviewed a sample of residents' records and saw that a variety of validated tools were used to appropriately assess the residents. A number of care plans were reviewed, and records confirmed that residents were involved in the development of their care plans where appropriate, or family members were consulted if residents were unable to participate.

Residents had access to television, papers, magazines, and radio, and the staff worked hard to maintain residents' links with the local community. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. However, some actions were required in order to support residents to be able to exercise their rights in private, as detailed under Regulation 9: Residents' rights.

Overall the inspectors saw that the centre was clean. There was evidence of good infection prevention and control practice in the centre; for example, staff wore the appropriate personal protective equipment (PPE) when caring for residents. Nevertheless, there were also some gaps in practices, such as inappropriate storage, which are further detailed under Regulation 27: Infection control.

There was a nice mix of communal spaces available for residents to sit and enjoy the day alone or in the company of others. Some aspects of the premises requiring attention are outlined in detail under Regulation 17: Premises.

In general, systems have been developed for the maintenance of fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Nonetheless, gaps in fire safe doors and other fire safety risks were identified, which were addressed in more detail under Regulation 28: Fire precautions.

Overall, this inspection found that management and staff strove to ensure residents received a safe and quality service with systems in place to continually review the service to enable a rights-based approach to care delivery.

Regulation 12: Personal possessions

Residents had adequate storage facilities for their clothing and personal belongings in their bedrooms. The laundry service on-site ensured that residents' clothes were labelled and returned to the correct resident.

Judgment: Compliant

Regulation 17: Premises

The registered provider has ensured that the premises of the designated centre are appropriate to the number and needs of the resident in accordance with the statement of purpose. However, improvements were required to ensure the premises conform to the matters set out in Schedule 6, for example;

- Emergency call facilities were not accessible in all areas of the centre.

- Ensuring that all areas were maintained in a good state of repair; for example hand rails were chipped and there was damaged wallpaper and paint work in a number of areas.
- In room 42 bathroom flooring was unsafe and posed a trip hazard.
- A multi-occupancy bedroom in the centre was found to comply with the minimum floor space requirements of 7.4 m² per person, as set out in the amended regulations SI 293 (2016). However, the layout and configuration of the bedroom did not afford residents' the floor space area to include the space occupied by a bed and personal storage space for each resident of that bedroom. Additionally, there was no chair in the room available for the residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The following issues were identified regarding infection prevention and control and required action:

There were inappropriate storage practices in the centre: For example:

- Laundry skips were stored in the shower corner, which had the potential to lead to cross-contamination of clean items.
- A sluice room was used to store multiple items such as foot stools or bins, which were blocking access to the sink.
- A hoist and a weight scale were stored in the sitting area, which posed risk of cross-contamination and increased a falls risk for residents.
- Inspectors also observed a number of hoist slings and open continence pads inappropriately stored.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire doors in the centre required a full review as a number of issues were identified during the inspection, which did not ensure effective smoke containment :

- There was a large gap under and around the hall door in the Kingfisher unit and around the doors around the designated visiting pods.
- A door in the smoking room was not closing. This was a high risk area.
- Two doors in the laundry were difficult to open, and there were visible holes in the doors.

Inspectors received assurances at the end of the inspections that some issues with the doors were fixed on the day of the inspection. Further assurance were received within 24 hours of the inspection that works were completed and the identified risk was appropriately mitigated.

The safety signs where oxygen cylinders or concentrators were in the store or in use were not always in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medicines management procedures and practices. Medicines requiring temperature-controlled storage were stored securely in the treatment room and in a refrigerator, and the temperature was checked daily.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP), and an out-of-hours GP service was available if needed. Residents were supported to access health and social care professionals such as physiotherapy, occupational therapy, dietitian services, tissue viability and speech and language therapy.

Pressure sore care was seen to be carried out in line with professional guidelines, and advice from the appropriate health professional was seen to be followed.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse which included staff access to safeguarding training. The centre was acting as a pension agent for 37 residents and appropriate arrangements were in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy was impacted for those residents accommodated in one of the multi-occupancy rooms in the centre, where the layout and configuration of the room did not support the residents to conduct personal activities in private.

Not all residents were being provided with sufficient opportunities to engage in activities that were aligned with their needs and preferences. Residents in some twin bedrooms were required to share a television and there was no listening device available to support residents living in shared bedrooms to exercise choice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0036538

Date of inspection: 08/09/2022

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> • All contracts of care will be reviewed, and room specifications like single or multi-occupancy rooms will be indicated. Timescale: 30/11/2022 • All contracts of care will be reviewed to identify any missing signatures from the registered provider/nominated person. Timescale: 30/11/2022 	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • All notifications specific to mechanical restraints will be notified to the Chief inspector every quarter by the person in charge as set out in the regulation. Timescale: Completed on the day of the inspection 08/09/2022 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Emergency call bell was immediately replaced on the day of the inspection. 	

A call bell register was developed to facilitate daily monitoring and checking that all call bells are available and functional. Timescale: Completed

- We are undergoing a complete refurbishment programme which includes all handrails, wallpaper, and paintwork explained on the inspection day. Time scale: 31/01/2023
- In room 42, the joining strip was replaced immediately to eliminate the risk of trips and falls: Timescale: Completed
- The layout of the multi-occupancy room was re-configured, facilitating a better personal space and storage for the residents. A chair was provided for each resident immediately. Timescale: Completed on the day of the inspection 08/09/2022

Regulation 27: Infection control

Substantially Compliant

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

- Staff were re-educated to store the laundry skips in the designated area that was already provided. Team leaders were tasked to monitor the proper storage of laundry skips. Timescale: Completed 14/09/2022
- Footstools in the sluice room were automatically disposed of during the day of the inspection. The bin blocking the access to the sink was removed and replaced with a smaller bin. The sink in the sluice room is now accessible for use. Timescale: Completed on the day of the inspection 08/09/2022
- The hoist and weighing scale were immediately moved to a designated storage area during the day of the inspection. Timescale: Completed on the day of the inspection 08/09/2022
- Staff were re-educated to store all incontinence wear in the designated area provided within the unit. Timescale: Completed on 14/09/2022
- Staff were re-educated on the proper storage of individual hoist slings in the resident's rooms. Timescale: Completed 09/09/2022
- This will be monitored in the first-tier level of auditing daily.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The fire door in the Kingfisher unit hall was replaced with a double fire door in accordance with the fire regulation. Timescale: Completed 21/09/2022

- The hinges of the doors around the designated visiting pods were replaced. Timescale: Completed on the day of the inspection 08/09/2022
- The door in the smoking room was immediately fixed. An email was sent on 12/09/2022 informing that "Rm 43 Nightingale Unit (Smoking room) - Door hinges replaced. The door is now opening and closing properly". Timescale: Completed on the day of the inspection 08/09/2022
- The hinges in the two doors in the laundry were immediately fixed, and the visible holes were repaired and covered with steel plates, as informed in the email sent on 12/09/2022. Timescale: Completed on the day of the inspection 08/09/2022
- Safety signs were placed where oxygen cylinders or concentrators were stored or in use. Timescale: Completed on 09/09/2022

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' privacy was impacted for those residents accommodated in one of the multi-occupancy rooms in the centre, where the layout and configuration of the room did not support the residents to conduct personal activities in private.

- The layout and configuration were changed to facilitate the residents' private personal activities. Timescale: Completed on 09/08/2022
- Residents in the twin bedrooms were provided with their television with Bluetooth wireless earphones to support and exercise their choice. Timescale: Completed on 09/09/2022

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	30/01/2023
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.	Substantially Compliant	Yellow	30/11/2022

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	14/09/2022
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	21/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/09/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	08/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	09/09/2022

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	09/09/2022