

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:	12 December 2024
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0040024

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:	117
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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 12 December 2024	07:55hrs to 14:30hrs	Helena Budzicz	Lead
Thursday 12 December 2024	07:55hrs to 14:30hrs	Laurena Guinan	Lead
Thursday 12 December 2024	07:55hrs to 14:30hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Hamilton Park Care Facility. The inspectors observed the interactions between staff and residents to be kind, encouraging and respectful. Residents who spoke with inspectors said that 'it was a good place to live'.

Inspectors also spoke in more detail with the residents from the first-floor Kingfisher unit, who said their needs were met in a prompt manner by staff. They said that they were assisted with their daily care needs as and when they requested them to, and there was no delay in personal care being delivered. Residents told inspectors that staff provided assistance in accordance with their wishes; inspectors cross-referenced a sample of these residents' care plans and saw that their care needs were reflected in the personalised care described by the residents.

Residents said they saw their doctor on a frequent basis and there was no delay in their healthcare needs being met. Inspectors saw evidence of residents having been assessed by different members of the multi-disciplinary team.

Residents and their relatives confirmed that there were no restrictions on visiting and told inspectors that they were facilitated to receive visitors in the privacy of their bedrooms or one of the visiting areas. One resident explained how they loved it when their relatives visited as they usually brought them out for a few hours.

Inspectors saw that the premises were going through a period of refurbishment; some bedrooms had been refurbished, and others were in progress. One resident spoken with expressed sheer delight with their new built-in wardrobe. Some areas, such as communal bathrooms and kitchenettes, appeared damaged; inspectors were informed that these were all included in the refurbishment plan.

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 the quality and safety of the service being delivered.

Capacity and capability

This was a well-managed centre with good systems and oversight in place. Overall, inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

This was an unannounced inspection to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013 (as amended). Inspectors followed up on the compliance plan from the last inspection in May 2024 and found that while the compliance plan set up from the previous inspection was not completed in full, there were ongoing refurbishment works to improve the centre's premises and infection control.

Hamilton Park Care Facility Limited is the registered provider of Hamilton Park Care Facility. There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge worked five days a week in the centre and was supported by the Clinical business case manager and a Director of compliance. The clinical management team consisted of the person in charge, two assistant directors of nursing and three unit managers. The management team was found to be knowledgeable about individual residents' needs, wishes, and life stories. Other staff members included nurses, health care assistants, activity coordinators, domestic, catering administrative and maintenance staff.

On the day of inspection, there was adequate staffing available to meet the needs of the current residents taking into consideration the size and layout of the building. Inspectors saw that all residents assigned to specialised one-to-one care had their assigned staff members in place to support them with their needs. There was an ongoing schedule of training in place to ensure staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in safeguarding, fire safety, dementia awareness, and infection prevention and control.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. They included regular monitoring of quality care indicators (KPIs) and a planned schedule of audits. There were new templates developed for infection prevention and control and environmental audits, which detailed the findings of these audits. Quality improvement plans had been developed in response to areas where issues were identified to address these.

There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector of Social Services within the time frame specified under the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their roles and responsibilities. There were arrangements in place for the ongoing supervision of staff through management presence and formal induction and performance review processes.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance, management and leadership in the centre. The arrangements in place ensured effective oversight of a safe and quality of care on a consistent basis. Key-areas of the quality and safety of the service were regularly reviewed using a comprehensive programme of auditing in clinical care and environmental safety.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services that were in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports, as set out in schedule 4 of the regulations, were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents in Hamilton Park Care Facility were receiving a high standard of care that supported and encouraged them to actively

enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents.

The inspectors reviewed a sample of care plans and found that residents' assessed needs were informed by detailed person-centred care plans. The information in residents' care plans clearly reflected their preferences and individual routines, and this ensured each resident's care supports were tailored to meet their needs and that care was person-centred. The care plans for residents reflected a person-centred and human rights-based approach to care planning.

There was a good general practitioner (GP) service supporting the residents living in the centre. There was a record showing when all residents were reviewed by their GP. The GP was available on the phone and also visited the centre. Where the GP referred residents to other services, there was a clear and transparent referral and follow-up service. Residents had prompt access to all multi-disciplinary team members, which had a positive impact on the quality of care received by residents.

The provider had implemented a quality improvement plan following the findings of the May 2024 inspection of the centre, which also focused on infection control procedures. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental, clinical and equipment hygiene was maintained. While the premises still required continuous upkeep internally and externally, the provider implemented a refurbishment programme to address these issues. Premises are discussed further under Regulation 17: Premises.

There were no restrictions on visitors, and residents now had access to two private rooms where they could receive visitors in private. The oratory was no longer used as a storage room and was accessible to residents and their visitors. However, inspectors observed that a number of areas designated for residents' use were inaccessible to residents. This is further discussed under Regulation 9: Residents' rights.

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. There were advocacy posters displayed throughout the centre, and residents also had access to an independent advocate who visited the centre on a monthly basis. Residents spoken with said they felt safe in the centre.

Regulation 11: Visits

Residents had access to a visitor's room and the oratory, both located on the ground floor; both these rooms were accessible to residents.

Judgment: Compliant

Regulation 17: Premises

Part of the premises was not in line with the registered statement of purpose (SOP). For example:

- The sensory room was not accessible to residents; it was being used as a store room.

Aspects of the premises were not sufficiently maintained internally and externally to provide premises that conform to the matters set out in Schedule 6 of the regulations. For example:

- Some areas of the centre required painting and repair. Inspectors observed that there was ongoing refurbishment work going on in the Cormorant unit. However, more continued work was required across all units as inspectors observed mould on the walls, scuffed doors, chipped paint on walls, wooden skirting and handrails. The wooden seating area in the courtyard outside of the Cormorant unit also required repair as the wood was damaged and was not safe for residents to use.

Judgment: Substantially compliant

Regulation 27: Infection control

Some positive indicators of effective infection prevention were identified by inspectors. To compensate for the insufficient clinical handwashing sinks available, the provider proactively identified two bedrooms in the Nightingale and Cormorant units that were not used by residents and were empty. The hand-washing sinks in these rooms were assigned for clinical hand washing to be used by the staff.

Some examples of good antimicrobial stewardship practices were also identified. For example, antibiotic use was monitored and tracked each month. The centre introduced a new approach to the prevention of urinary tract infections and antibiotics use, and there was evidence of a reduction in urinary tract infections in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment and risk assessments in place, and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners through residents' own GPs and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required, including tissue viability nurses, dieticians and speech and language therapists. The provider employed a number of healthcare professionals, including physiotherapists and an occupational therapist, who were onsite providing care to residents.

Judgment: Compliant

Regulation 8: Protection

Inspectors saw evidence that residents' pensions were being collected on their behalf and were being paid into a bank account that was clearly identified as a separate client account dedicated to the management of residents' funds in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

The residents could not exercise their choice to access all communal areas as the inspectors observed restricted access. For example:

- Key-pad locks were in-situ on some communal room doors, with no rationale for their use. For example, there was a keypad in-situ on the door of bathroom 2 on the first floor, making this communal bathroom inaccessible to residents.

Judgment: Substantially compliant

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Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0040024

Date of inspection: 12/12/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none">1. The sensory room was cleared with items and is scheduled for full refurbishment. This will take place after the full internal refurbishment of communal areas and residents' rooms in each unit.2. The first phase of the refurbishment program, which is in progress, involves removing wallpaper, repainting walls, and replacing each resident's wardrobes in all clinical units. Fungicidal wash is sprayed in areas with mold, and re-painting is done. Wooden skirting will be part of the overall painting in each unit.3. The wooden seating area in the courtyard in the Cormorant Unit was removed. <p>Person(s) Responsible, DOO, PIC and Maintenance Team Time frame: April 30, 2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none">1. The keypad in the resident communal bathroom in the Acquired Barin Injury Unit was removed. All residents' communal bathroom has no keypads which facilitates full access to all residents <p>Person(s) Responsible, DOO, PIC and Maintenance Team Time frame: 31/12/24 Completed</p>	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2025
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	30/04/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	31/12/2024

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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