



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	21 January 2025
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0046032

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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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
Tuesday 21 January 2025	08:00hrs to 17:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were very happy living in Parke House Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspector was met by the person in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre and reviewed the premises. The inspector met with the majority of residents during a walk around the centre and spoke with seven residents in more detail about their lived experience in the centre.

The inspector met with five visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have.

Residents had easy access to a secure internal courtyard, which was paved and had ample seating areas for residents and their visitors to use and enjoy. This area was well maintained and decorated nicely to provide ample space for residents to relax in the fine weather. The centre had a coffee shop, cinema room and many tastefully decorated day rooms for visitors and residents to use.

There was an information notice board for residents and visitors close to the reception. This was to inform residents of the services available to them whilst being a resident in the centre. Advocacy and other supports services were displayed with their contact details. The reception area was bright and spacious and visitors were greeted in a friendly manner.

On the day of inspection there were activities for the residents with many participants. One unit had live music, another unit had an exercise class and the other had relaxation therapy. The atmosphere was jovial and there were enough staff to support the activities.

Staff were receiving ongoing training in "Human Rights" the inspector observed the impact of this training in the following ways. Management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day.

The kitchen was large enough to cater for the residents needs, it was well ventilated and the fixtures and fittings were clean and in good repair. The kitchen had a

separate area for cleaning products and cleaning equipment that included a janitorial unit.

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 the individual regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of staff training and quality and safety which is further discussed within this report.

This unannounced inspection focused on the infection prevention and control related aspects of the regulations.

On the day of the inspection there were 135 residents living in the centre.

Parke House Nursing Home Limited is the registered provider for Parke House Nursing Home. The local management team consists of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre. This inspection identified it was a well-run centre with a culture which promoted person-centre care.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship (AMS). The provider had also nominated the assisted director of nursing to the role of IPC link nurse, neither of which had completed the national course but they were awaiting a date to do so.

The centre had experienced an outbreak of *Norovirus* in 2024 with many residents effected. On the day of inspection the centre was in an outbreak of *Influenza A*, this outbreak was at the end stages and all effected residents were well and had recovered from mild symptoms. A review of the outbreaks found that they were well managed, controlled and reported in an efficient manner. An outbreak review was available for the outbreaks with lessons learned and what measures had been put in place during the outbreak to prevent the spread of infection to staff and residents.

The Inspector found that the centre had an adequate number of housekeeping staff to fulfill its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These

staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene. A housekeeping supervisor oversees the cleanliness of the centre, records of daily cleaning and deep cleaning were readily available.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in the hot and cold water systems was undertaken.

The centre had a schedule of audits to evaluate its practices against the National Standards for IPC. However, the audit scope needed to be expanded to cover all aspects of standard precautions, such as the safe handling of linen. The inspector reviewed the existing audits and noted a high percentage of compliance, which was also observed during the on-site inspection.

Staff were supported in accessing education and training updates through a blended approach, combining online and in-person IPC training. However, a gap in knowledge was identified regarding the correct procedures for obtaining specimens to ensure an accurate diagnosis of a residents' condition. This is discussed further under Regulation 16: Training and staff development.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Further training was required in relation to the taking of a urine sample from a urinary catheter. Two members of staff did not know the correct procedure for obtaining a urine sample. Correct techniques are important to avoid contamination of the sample as this may introduce bacteria into the urinary tract which increases the risk of infection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences.

The inspector observed that equipment used by residents was in good working order and the storage areas were clean and organised. The centre was clean throughout, well ventilated and fresh smelling.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise any risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment, cleaning and safe handling of waste. However, improvements were required in the safe use of sharps and the safe handling of linen. Findings in this regard are presented under Regulation 27: Infection control.

There were limited visiting restrictions in place and public health guidelines on visiting were being followed during the outbreak. Signage and leaflets reminded visitors not to come to the centre if they were showing signs and symptoms of

infection. The provider had good communication regarding visiting arrangements during the outbreak with residents and visitors.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Prophylactic antibiotic usage was also monitored and records indicated that there was a low level of prophylactic antibiotic use within the centre, which is good practice. In addition, the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of nine care plans viewed, plans were sufficiently detailed to guide staff in the management of urinary catheters and the residents that were identified as having an infection.

The ancillary facilities generally supported effective infection prevention and control but improvements were required for a safe and effective service. The sluice room on Rye Unit was difficult to access and two of the bedpan washers in the centre were not in operation on the day of the inspection. The inspector acknowledges that the bed washers were in good working order by the end of the inspection. This is discussed further under Regulation 27: Infection control.

Hand wash sinks were available on each corridor for staff to use. These sinks complied with the recommended specifications for clinical hand wash basins and they were clean and in good repair. Hand sanitisers were available in wall mounted dispensers along the corridors and at the point of care for each resident. The provider had recently changed to an alcohol free sanitiser throughout the centre. The evidence of using non-alcohol gel is limited, however the provider provided evidence that the product conformed to the required hand rub certifications.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was limited restrictions on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean, tidy and conformed with all matters set out in schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents.

There was good storage facilities within the centre and residents` mobility equipment was clean and tidy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:
 - The bedpan washers in two of the sluice rooms were not in good working order. This meant that urinals and bedpans may not have been cleaned properly thus increasing the risk of infection spread. Three urinals found in residents rooms were dirty at the base and had been reused without being cleaned in the bedpan washer.
 - There was not easy access to the sluice room on Rye Unit. For example; there were three doors to enter this room, the first door required two hands to disable the lock. This increased the risk of

environmental contamination if staff were reprocessing bed pans or urinals.

- The provider had not substituted traditional needles to those with a safety device in line with evidence-based guidelines; this increased the risk of staff getting a sharps injury.
- Two red laundry bags in use for contaminated linen did not have soluble bags inside to minimise contact and prevent transmission of infection to laundry staff or contamination of the environment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were on a computerised system.

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a consultant in gerontology, tissue viability and dieticians as required. The centre had a low incidence of pressure ulcers.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0046032

Date of inspection: 21/01/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Parke House Nursing Home ensures that all procedures relating to urinary catheter care are conducted in a standardised manner which promotes safe practice and minimises the opportunity for infection.</p> <ul style="list-style-type: none">- Training specific to obtaining a urine sample from a urinary catheter has been scheduled for all nursing staff – To be completed: 30/06/2025- The Nurse Induction book has been updated to ensure obtaining a urine sample from a urinary catheter is discussed and demonstrated with all new employees on induction to Parke House Nursing Home – To be completed: 10/03/2025.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Parke House Nursing Home endeavours to apply the infection prevention and control requirements of the National Standards for Infection Prevention and Control in Community Services as part of everyday practice and ensures it is applied consistently by everyone within Parke House Nursing Home.</p> <ul style="list-style-type: none">- Required Infection and Prevention Control training will be completed by Parke House Nursing Home identified personnel with overall responsibility for Infection and Prevention Control – To be completed: 30/09/2025	

- Quality Walkabouts Audits completed will include review of Linen and Laundry practices. Lessons learned from audits will be communicated with staff on an ongoing basis – Commenced and Ongoing.
- A schedule of maintenance specific to bedpan washers is in place in line with Manufacturer's instructions. Any issues specific to the bedpan washers will be raised with maintenance and actioned as appropriate – Commenced and Ongoing.
- Education was provided to staff specific to the appropriate management of residents urinals – Commenced and Ongoing.
- The Healthcare Assistant Induction book has been updated to ensure the inclusion specific to the management of resident urinals – To be completed: 10/03/2025.
- A review of the access to the Rye sluice room has commenced. This review will include a modification to sluice room area doors – Commenced. To be completed: 25/04/2025.
- Traditional needles have been replaced with safety device needles – Completed:27/01/2025.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2025
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	30/09/2025