Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Central Park Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>AllanBay Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Clonberne, Ballinasloe, Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27 November 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000328</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022786</td>
</tr>
</tbody>
</table>
About the designated centre

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

Central Park nursing home is a purpose-built single-storey building with accommodates 64 residents and includes a specific dementia unit known as Memory lane that accommodates 17 residents. The centre is located a rural area in the village of Clonberne in county Galway. The centre accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, dementia care, end of life care, palliative care, respite and convalescent care. Bedroom accommodation is provided in 35 single bedrooms and four twin rooms which have en suite toilet and shower facilities. There are also nine twin rooms and three single bedrooms without en suite facilities. There is a variety of communal day spaces provided including several dining areas, day rooms, oratory, visitors' rooms, large seated reception area and seated areas on corridors. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 59 |
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 November 2018</td>
<td>09:30hrs to 17:00hrs</td>
<td>Mary Costelloe</td>
<td>Lead</td>
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</tbody>
</table>
Views of people who use the service

The inspector spoke with 12 residents during this unannounced inspection.

Residents' spoke highly of the service and care provided, stating that they well cared for and they liked living in the centre.

Residents spoke about looking forward to the upcoming Christmas season as there were lots of planned events including carol singing, music sessions, visits from local school children, Christmas party and a visit from Santa.

Some residents stated that they enjoyed the variety of activities taking place particularly bingo, arts and crafts and regular music sessions while others preferred to read the daily newspapers.

Some residents advised how they liked attending mass in the centre which was held regularly and receiving the Eucharist each Sunday. Some mentioned that they liked to spend quiet reflective time in the oratory.

On the day of inspection some residents had attended a SAGE advocacy meeting and spoke about how they had enjoyed attending and having a social cup of tea from beautiful china cups following the meeting.

Residents spoken with were complimentary of the quality and choice of food available.

Residents spoke about feeling safe, secure, warm and comfortable in the centre.

Capacity and capability

While the management team had organised systems and processes in place to ensure that they had oversight arrangements in place to oversee the quality of care received by residents, improvements were required to providing assurances that residents could be evacuated safely in a timely manner in the event of fire.

Following the inspection an urgent compliance letter was issued in respect of
this issue and it is discussed further under the quality and safety section of this report.

The management team were positive in attitude, demonstrated a willingness to comply with the regulations and undertook to address issues raised immediately. The actions identified at the last inspection had been addressed including issues relating to the annual review, fire safety training, provision of garden furniture and staffing levels at night time.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The person in charge was one of the directors of Allanbay Ltd (the registered provider). She was supported in her role by an assistant director of nursing (ADON), director of development and human resource manager. The management team worked full time and were involved in the day-to-day running of the centre. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The management team demonstrated a commitment in promoting a culture of quality and safety. The team continued to evaluate its compliance with relevant standards and regulations and there was an audit schedule in place. The results from audits were used to bring about improvements to the service provided, these were discussed at the monthly staff and management meetings. Regular audits and reviews were carried out in relation to incidents, falls, medication management, complaints, risk management, staff training, as well as a range of clinical audits. Feedback from residents' committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Staff were provided with training and ongoing development opportunities appropriate to their roles to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Members of the management team had recently completed fire safety, manual handling and safeguarding instructor courses and had facilitated in house mandatory training with staff. The ADON had
also completed a fire safety management course the week prior to the inspection. She had identified areas for improvement in relation to fire safety and had put an action plan in place to address the issues.

Care and support for residents was delivered by the appropriate number and skill mix of staff. The management team reviewed staffing levels and skill mix of staff on an ongoing basis, since the last inspection an additional nurse was rostered at night time.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required qualifications and experience in the area of nursing the older adult.

Judgment: Compliant

### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were two nurses and three care staff on duty at night time between 12.00 and 06.00 hours.

Judgment: Compliant

### Regulation 16: Training and staff development
The management team were committed to providing ongoing training to staff. All staff had completed mandatory training and training was scheduled on an on-going basis. There was a training plan in place for 2018, recent training had been provided to staff on risk management and falls prevention, dementia care, consent and capacity and general data protection regulation.

Judgment: Compliant

**Regulation 23: Governance and management**

While the management team were involved in the day to day operation of the business and maintained oversight of the quality of safety and care received by residents, improvements were required to ensuring effective oversight of timely and safe evacuation of residents in the event of fire.

Judgment: Not compliant

**Regulation 34: Complaints procedure**

All complaints reviewed had been managed in line with the centre's complaints policy. Details of complaints including verbal complaints had been logged and investigated. Details of the outcome and action taken, along with the complainant's satisfaction or not with the outcome, was recorded. All complaints were regularly reviewed by the person in charge and discussed at the monthly management meetings.

Judgment: Compliant

**Quality and safety**

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. As discussed under the capacity and capability section of the report, reassurances were required in relation to safe and timely evacuation of residents in the event of fire, particularly at night time.

There was evidence of regular fire safety checks being carried out and all staff had received on-going fire safety training. The servicing of the fire alarm and fire equipment was up to date. Records reviewed showed that regular fire drills were being carried out and the time taken for evacuation was being recorded. There were
comprehensive records kept of those who participated, the location, and comments on what had worked well and which areas required improvement. However, there were no records to indicate the time taken to evacuate individual fire compartments simulating night time staffing levels. As discussed under the capacity and capability section of this report, the ADON had identified this issue following the completion of a fire safety management training course the week prior to the inspection. As part of the action plan to address these issues, they were to review evacuation requirements for each compartment having regard to the number and dependency of residents accommodated and complete fire drills simulating full compartment occupancy with minimum staffing numbers was planned. Following the inspection an urgent compliance letter was issued in respect of this issue. The urgent compliance letter was responded to within the required time frame and assurances were provided that staff had carried out fire drills and demonstrated that they could evacuate residents safely in a timely manner in the event of fire including at night time.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The management team advised that they did not act as pension agent on behalf of any residents. A secure lockable storage facility was provided in each residents room.

Staff continued to promote a restraint-free environment, guided by national policy. There were 13 residents using bedrails at their own request. There were no residents with a diagnosis of dementia assessed as requiring bed rails. Alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector noted that risk assessments and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear that they needed to consider the reasons why people’s behaviour changed, and would also consider and review residents for issues such as infections, constipation, and changes in vital signs. Many staff had recently completed training in dementia care and management of responsive behaviour. Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice.

Systems were in place to promote safety and manage risks. A health and safety committee made up of representatives of all grades of staff met monthly to discuss and review risks. Health and safety issues and risk management were included and discussed at the monthly management team meetings. A new computerised risk register was in the process of being developed in consultation with an external health and safety company. All risk as mentioned in the regulations were included. The person in charge reviewed incidents including falls on a regular basis. A post falls investigation was completed and actions taken to prevent re
occurrences were documented. There was evidence of learning and improvement to practice, Low-low beds, crash mats and sensor alarms were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times. Most staff had completed risk management and falls prevention training in August 2018.

The design and layout of the centre encouraged and aided residents to be independent. The centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre. The building was found to be well maintained, clean, warm and odour free.

Bedroom accommodation met residents’ needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

<table>
<thead>
<tr>
<th>Regulation 11: Visits</th>
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<tbody>
<tr>
<td>There was an open visiting policy in place. There was a variety of spaces available where residents could meet with visitors in private in the main nursing home unit and in the dementia specific unit. Tea and coffee making facilities as well as snacks were available to all visitors. Families were facilitated to stay overnight if they wished.</td>
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| Judgment: Compliant |

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<thead>
<tr>
<th>Regulation 17: Premises</th>
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<tbody>
<tr>
<td>The centre was found to be homely and accessible and provided adequate space to meet residents needs. It was clean and nicely decorated. The design and layout of Memory lane (unit for residents with dementia) was based on evidenced based principles on dementia care and design. Residents had access to two enclosed</td>
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</table>
paved and landscaped garden area which were easily accessible from the ground floor day areas. The walls to one of the gardens were painted to resemble shop fronts while the other had water ponds with ducks.

Judgment: Compliant

**Regulation 26: Risk management**

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. The risk management committee met on a monthly basis to review and discuss risks. There were contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment and hoists. The provider had engaged the services of a health and safety consultant to review and update the risk register.

Judgment: Compliant

**Regulation 28: Fire precautions**

Fire drill records did not provide adequate assurances that residents could be evacuated in a timely and safe manner in the event of fire.

Judgment: Not compliant

**Regulation 7: Managing behaviour that is challenging**

A number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine. There were individualised care plans in place outlining guidance for staff in the care of residents who presented with responsive behaviours. There was evidence of access and referral to psychiatry services.

Judgment: Compliant
Regulation 8: Protection

The person in charge had completed train the trainer in safeguarding vulnerable adults and had facilitated in house training with all staff. An allegation of abuse in the past which had been notified to the Chief Inspector, had been fully investigated and managed in line with safeguarding policy. The provider confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services to residents.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider shall ensure that Central Park Nursing home will have sufficient resources to ensure the effective delivery of care in accordance with our statement of purpose. The Registered Provider shall ensure that there are clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of care provision. There is an annual review of the quality and safety of care delivered to residents in central Park Nursing home to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the act and approved by the Minister under section 10 of the Act and this is in consultation with residents and their families and that a copy of the review is made available to residents and if requested to the chief inspector. The Registered Provider will ensure management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored by holding night time simulated fire drills weekly and auditing same to ensure all staff will have at least 2 simulated night time fire drills completed yearly.

| Regulation 28: Fire precautions              | Not Compliant       |

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services and suitable beddings and furnishings. The registered provider shall provide adequate means of escape, including emergency lighting. The registered provider shall make adequate arrangements
for maintaining of all fire equipment, means of escape, building fabric and building services. The registered provider shall review fire precautions and test fire equipment. The registered provider will make arrangements for staff of central Park Nursing home to receive suitable training in fire prevention and emergency procedures including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, and fire control techniques and the procedures to be followed should the clothes of a resident catch fire. The registered provider shall ensure by means of fire safety management and fire drills at suitable intervals that the persons working at Central Park Nursing Home and in so far as is reasonably practicable, residents, are aware of the procedures to be followed in the case of a fire. The Registered provider shall make all adequate arrangements for detecting, containing and extinguishing fires giving warning of fires, calling the fire service and evacuating where necessary in the event of a fire of all persons in central park and safe placements of the residents. The Person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in Central Park. The Registered Provider will ensure management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored by holding night time simulated fire drills weekly and auditing same to ensure all staff will have at least 2 simulated night time fire drills completed yearly. Simulated night fire drills were held with 77 staff members and a number of residents from November 28-30th 2018, where staff roleplayed resident dependencies in various fire compartments and especially in compartments with higher numbers of residents. This training enabled staff to successfully evacuate persons safely from a compartment within the 2 minute 30 second timeframe. As a result staff are now more familiar with all fire compartments and resident dependency needs in each compartment, it also highlighted the need for weekly audits on evacuation sheets and to ensure the safe installation of same.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
<tr>
<td>Regulation 28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/11/2018</td>
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