

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



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| <b>Centre name:</b>                                       | The Park Nursing Home                                    |
| <b>Centre ID:</b>   | OSV-0000435  |
| <b>Centre address:</b>                                    | Plassey Road,<br>Castletroy,<br>Limerick.                |
| <b>Telephone number:</b>                                  | 061 33 2680  |
| <b>Email address:</b>                                     | managercastletroy@mowlamhealthcare.com                   |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Mowlam Healthcare Services Unlimited Company             |
| <b>Lead inspector:</b>                                    | Mairead Harrington                                       |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections        |
| <b>Number of residents on the<br/>date of inspection:</b> | 56   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 1  |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                   |                   |
|-------------------|-------------------|
| From:             | To:               |
| 23 May 2018 11:30 | 23 May 2018 17:45 |
| 24 May 2018 09:00 | 24 May 2018 16:30 |

The table below sets out the outcomes that were inspected against on this inspection.

| <b>Outcome</b>  | <b>Provider's self assessment</b> | <b>Our Judgment</b> |
|---|-----------------------------------|---------------------|
| Outcome 01: Health and Social Care Needs                | Non Compliant - Moderate          | Compliant           |
| Outcome 02: Safeguarding and Safety                     | Substantially Compliant           | Compliant           |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant           | Compliant           |
| Outcome 04: Complaints procedures                       | Substantially Compliant           | Compliant           |
| Outcome 05: Suitable Staffing                           | Substantially Compliant           | Compliant           |
| Outcome 06: Safe and Suitable Premises                  | Substantially Compliant           | Compliant           |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days.

The inspector met with residents, relatives, member of staff, management and the person in charge. Of the 56 residents who were residing in the centre on the days of

the inspection there were 12 residents with a confirmed diagnosis of dementia and a further six who were presenting with possible symptoms of cognitive impairment. The inspector tracked a number of care plans for residents with dementia and reviewed all processes of care, including assessment, referral and systems for monitoring the continuity of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment process compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The provider had identified areas for improvement as part of the self-assessment and related actions had been implemented in relation to training for all staff on dementia care, for example. The inspection assessed that overall the centre was in compliance with the requirements of the regulations and the findings were very positive with a high standard of care in evidence where assessed.

The provider's self assessment and the assessment of findings on inspection are set out in the table below for ease of reference. Satisfaction surveys were reviewed that reflected a very good level of service provided and this was consistent with the individual feedback from residents spoken with during the inspection. Members of staff and management articulated an understanding of the individual needs of residents with impaired cognition and also a commitment to the delivery of person centred care to all residents. Management was accessible and provided information as necessary during the inspection. The provider was responsive in implementing prompt and appropriate action when addressing the only finding of the inspection in relation to safe exit from the communal day room.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The provider had self-assessed moderate non-compliance with areas for quality improvement around admission processes that had been implemented and the outcome was found compliant on inspection. The social care of residents with dementia is also covered in Outcome 3.

Management confirmed that the centre was well resourced with services available to support the needs of all residents in relation to health and social care. The centre did not have a dementia specific unit and care for residents with dementia or a cognitive impairment was integrated throughout the centre. Admission processes were reflected in the statement of purpose and all residents were comprehensively assessed on admission by an appropriately qualified member of staff.

Care planning assessments and records were maintained electronically and the system reviewed provided an accessible and effective oversight of the care of any individual at a given time. The care planning process involved the use of validated tools to re-assess residents in relation to the key components of care. Designated nursing staff were responsible for nominated residents and were also supported by allocated health care assistants. Assessments took place around key components of care and daily living such as nutrition, mobility, skin integrity and cognition. A sample of care plans for residents with a diagnosis of dementia or cognitive impairment was tracked as part of the inspection process. Of the sample tracked it was found that timely assessments were carried out and regularly reviewed with care plans overall reviewed at least on a four monthly basis, or as residents' needs changed, in keeping with regulatory requirements. Daily narrative notes were in place that accurately reflected the circumstances of the resident. Moving and handling charts had been completed for residents with mobility needs. Related care plans provided information on how the resident should be provided with assistance when moving and the type of specialist equipment to be used, if necessary. Staff were able to demonstrate such plans of care in action. A health and wellbeing audit had taken place in March 2018 that included a review of communication and feedback on food surveys as well as access to dementia specific activities.

A medical practitioner regularly attended the centre and resources for tissue viability and palliative care were also accessible. Residents were provided with access to the services of allied healthcare professionals such as a dietitian or speech and language therapist by appointment or referral. Provisions were in place for residents to have regular access to eye care and dental checks. The services of both physiotherapy and occupational therapy were available. A chiropodist routinely attended the centre. Consultancy services in relation to both gerontology and psychiatry were available.

The inspector noted that residents had good access to refreshments and snacks throughout the inspection and staff were attentive in ensuring residents remained hydrated in the warm weather. The number and skill mix of staff available at mealtimes was in keeping with the needs of residents. Meals were seen to be freshly prepared and attractively presented. Personal preferences were observed where residents requested sauce on the side, for example. Consideration was given to how meals were presented including those for residents who required the consistency of their food to be modified. Mealtimes were seen to be a positive experience and an opportunity for social interaction with staff chatting to residents and engaging in conversation appropriate to their abilities.

A comprehensive end of life care policy was in place that referenced the emotional, psychological, physical and spiritual needs of residents at end of life. Residents and their families were provided with appropriate accommodation to ensure privacy where necessary. The person in charge confirmed that admission process included consideration of the wishes of residents and their families and that plans of care were recorded and revised as necessary. The centre had access to local palliative care services and measures in place to prevent unnecessary hospital admissions included regular attendance and review by a medical practitioner.

Processes in place to store and handle medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Practice in relation to transcribing prescriptions or crushing medication were supported by appropriate policies and protocols. Medication prescription and administration records contained the necessary biographical information of the resident including a photograph. Nursing staff were able to explain administration practice that was person-centred and considered the needs of residents who might be confused. Where residents might refuse their medicine nursing staff understood the appropriate protocol to refer for review by the prescriber as necessary.

Based on observations, feedback and a review of documentation and systems, there was very good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met.

**Judgment:**  
Compliant

***Outcome 02: Safeguarding and Safety***

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| <p><b>Theme:</b><br/>Safe care and support</p>   |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>The service had self-assessed substantial compliance in this area with quality improvements identified around safeguarding reviews for residents that had been implemented. There were systems in place to safeguard residents' finances. The inspector reviewed records that were maintained where receipts were retained and transactions double signed. A sample of these records was checked and the figures reconciled with the balance of funds held.</p> <p>Management articulated a commitment to a restraint free environment and this approach was reflected in both policy and practice. In the few instances where bed-rails were in place their use was monitored and there were appropriate assessments as to both the need and risk of their use. The provider had self-assessed substantial compliance in this area and at time of inspection was compliant on the areas assessed.</p> <p>There was a policy and procedures in place for the prevention, detection and response to abuse that appropriately referenced current national policy and legislation. A training matrix indicated that a regular programme of training on safeguarding and safety was delivered by the centre. A review of training records indicated all staff were up-to-date in this training and staff members spoken with by the inspector understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. Residents spoken with by the inspector reported positively of their experience of care at the centre and were clear on who was in charge and how to raise any concerns they might have. Protocols were in place around the security of residents at the centre including the recording of visitors' attendance and keypad controlled exit from the centre to ensure the safety of residents with a cognitive impairment from hazards such as leaving the centre unaccompanied. CCTV was in place for supervision at the entrance and its use was in keeping with data protection requirements as set out in policy.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>  |

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| <b><i>Outcome 03: Residents' Rights, Dignity and Consultation</i></b> |
| <p><b>Theme:</b><br/>Person-centred care and support</p>              |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b></p> |

No actions were required from the previous inspection.

**Findings:**

Processes in relation to consultation and the provision of information to residents around rights and dignity were supported by relevant policies on consent, advocacy, privacy and the management of communication needs. Policies on the provision of care for residents with a cognitive impairment gave guidance to staff on best practice around communication and how to understand differences in the expression of needs. The inspector saw that the needs of a diverse cultural profile were met with prayer routines facilitated and individual consideration around dietary restrictions. Information on independent advocacy services was available and management confirmed that contact arrangements were in place.

On the days of inspection many visitors were seen attending the centre. Visitors and residents partook collectively in activities and interaction with residents took place in various communal areas throughout the building. On the days of inspection the weather was fine and many residents were seen sitting outside or walking in the grounds. Residents spoken with were able to describe a variety of ways in which they spent their day either in their rooms, participating in activities, visiting with relatives, going out or visiting other residents. A number of relatives spoke with the inspector about the care their family member received at the centre. These remarks were consistently positive about the responsive attention of both staff and management and this feedback was echoed in the satisfaction surveys that were reviewed. Interactions between staff and residents were seen to be familiar and friendly, as well as considerate and courteous. Staff observed residents' needs in relation to privacy, knocking before entering rooms and utilising privacy screens in the twin rooms as appropriate.

Regular activities took place and a nominated member of staff had responsibility for developing and scheduling the activity programme. A range of activities were provided for all residents. Particular activities were in place to meet the specific needs of residents with dementia or a cognitive impairment, such as sensory therapy, dog therapy and the attendance of a music therapist. Records of participation in activities were maintained on individual records. The centre provided regular access to a physiotherapist and also a therapy room with equipment to promote activation and mobility. Art activities were provided in both small groups and on a one-to-one basis and samples of residents' art works were on display throughout the centre. Other activities included reminiscence groups, newspaper reading and card games. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service.

Aside from routine observations, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 45 minute episodes. Two episodes were monitored in this way. The first observation took place on the afternoon of day one of the inspection in the communal day room. The inspector observed residents and staff who were variously involved in meeting with visitors and listening to music in the day room. Several residents were preparing to go and spend time in the garden, putting on sunscreen and sunhats. An ice-cream van had arrived and staff got ice-creams for all residents and provided support as necessary for

any residents who required assistance. Throughout this observation it was noted that the needs of all residents were appropriately met, with staff assisting residents to position them sitting in the shade or the sun as they preferred. Another episode took place before lunch on day two when a member of staff was engaging some residents in an exercise programme while other residents were reading or sitting in the garden. Staff were seen to be attentive to residents in relation to personal preferences and comfort positioning. Members of staff, including nursing staff, took time to sit with individual residents and engage in conversation about the activity and what was being served for lunch. Members of staff in all roles chatted with both residents and visitors engaging in general banter. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with all residents on a consistent basis.

The service assessed itself as substantially compliant on this outcome and identified quality improvements on consultation processes with residents and their families that had been implemented. Consultation with residents and their representatives was encouraged through the use of surveys that sought feedback on resident satisfaction with aspects of care, such as food quality and respecting privacy. Feedback overall was very positive and a number of residents spoke highly of the care and attention they received from all staff at the centre.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Action identified on the previous inspection had been appropriately addressed. A policy and procedure on the management of complaints set out protocols to deal with both written and verbal complaints. Management had identified areas for improvement in communicating information about the complaints' process and a summary of the procedure was clearly on display at the entrance to the centre. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution and related appeal processes. The information identified the complaints officer and also the nominated individual with oversight of the complaint process. Contact information for the office of the Ombudsman was provided. The complaint process was referenced in relevant documentation such as the contract of care, the statement of purpose and the residents' guide.

The person in charge explained that there was daily communication with residents to

ensure an opportunity to raise issues and that management actively sought feedback from residents to ensure that issues were addressed as they arose. Satisfaction surveys were completed and available for reference. The minutes of resident meetings were regularly reviewed to identify any issues. The person in charge explained that learning from issues raised could be communicated through regular staff and management meetings. The inspector confirmed that information for residents about the complaints process was made available to residents. A comprehensive record of complaints was maintained electronically and a review of records confirmed that issues were managed in keeping with related protocols and procedures. Entries included details of the complaint and complainant, as well as a summary of any investigation into the complaint and whether or not the complainant was satisfied with the outcome.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. A comprehensive induction training programme was in place for new staff. At the time of inspection no volunteers were engaged at the centre and management were aware of the statutory requirements in relation to record keeping and vetting should volunteers attend the centre. A sample of staff files was reviewed and documentation in this regard was well maintained in keeping with Schedule 2 of the regulations, including documentation to verify Gárda vetting in accordance with legislation.

The inspector reviewed the training matrix and discussed the training schedule with the responsible member of staff who confirmed that mandatory training in fire precaution and prevention, safeguarding and manual handling were regularly completed by all staff. Residents had access to assistive equipment as required and staff were observed to use safe and appropriate manual handling techniques when lifting and transferring residents. A schedule of regular training was also in place to support staff in their delivery of care on areas such as medication management, infection control and the use of restraint. The centre's commitment to developing staff in relation to the provision of care for residents with a cognitive impairment was demonstrated in the regular dementia related care training provided to all staff across all departments at least every three years. As referenced in other outcomes of the report staff attitude and approach to the care of all residents, and particularly those with a cognitive impairment, was seen to be appropriate and relevant to the individual circumstances of the resident. All staff were

seen to interact and communicate effectively and appropriately with all residents.

The planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers, their qualifications and skill mix, were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge supported by a senior staff nurse who also deputised in this role. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. A system of appraisals was in place and implemented by the person in charge. Management systems were in place to ensure that information was communicated effectively through both handover processes and regular staff meetings. A health and safety committee convened regularly and each department was represented by a nominated member of staff. Management meetings took place regularly and regional meetings were attended by members of management including the regional operations manager. Copies of the standards and regulations were readily available and accessible by staff. The inspector was satisfied that all staff were provided with training relevant to their role.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The premises were located on a site that included a development of dwellings providing assisted living for senior citizens. The grounds included paved pathways and landscaped areas with planted trees and shrubs, seating and a water feature. The designated centre was a purpose-built facility that had been in operation on the current site since 2008. The centre was laid out over two floors with parking facilities to the front of the building. The interior was maintained to a high standard with residents' rooms individually decorated and personalised.

The entrance area to the centre was bright with natural light and was overlooked from the first floor by a glass balcony. The main nurses' station was located in the reception area that also provided seating and a water dispenser. The centre provided accommodation for up to 56 residents, with 55 in occupancy at the time of inspection. Accommodation was modern in design and laid out over two floors, comprising 52 single rooms and two twin rooms. Bedrooms were spacious and provided ample room for personal furniture or the use of assistive equipment. Where rooms were shared, appropriate screening was in place to support privacy and dignity. All rooms were well

equipped with full en-suite facilities and appropriate furnishings that included a bedside locker, chair and wardrobe. Decoration and furnishings were of a high standard throughout the centre. Access between floors was by lift or stairs. There was a dining area on each floor that was well laid out with tables set for individuals and small groups. Communal space on the ground floor provided direct access to a secure garden area seating and shade. Residents were seen to enjoy the outside space where there was a patio area with seating and plants.

Residents could meet visitors in various areas of the centre, either in their rooms or in a separate private space. There was a small oratory for prayer and quiet space. Residents were also provided with access to a well equipped hairdressing facility. Call-bells were in place where required. Appropriate assistive equipment was provided and maintenance certification was available for reference. Catering and laundry facilities were appropriate to the requirements of the service.

Appropriate consideration had been given to how residents with a cognitive impairment could be supported in their orientation through the centre. Although there was no specific dementia unit in the centre, the service provided an environment overall that was in keeping with the needs of residents with a cognitive impairment. Management had identified areas for improvement in relation to signage prompts for bathrooms and communal areas that had been addressed. Efforts had been made to encourage residents to personalise their rooms and to introduce familiar, homely and recreational features to the environment. Both internal corridor areas and external garden pathways provided a circuit of access that supported residents who might wish to wander to be able to do so with relative independence.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority