

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hamilton Park Care Facility
<b>Centre ID:</b>	OSV-0000139
<b>Centre address:</b>	Balrothery, Balbriggan, Co. Dublin.
<b>Telephone number:</b>	01 690 3190
<b>Email address:</b>	info@hamiltonpark.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Hamilton Park Care Centre Limited
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	129
<b>Number of vacancies on the date of inspection:</b>	6

## **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 1 day(s).

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

From:	To:
13 June 2019 09:00	13 June 2019 16:30
13 June 2019 09:00	13 June 2019 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	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

**Summary of findings from this inspection**

This report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre.

Inspectors reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. Inspectors met with residents, relatives and staff and reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted prior to inspection. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. Prior to the inspection, the provider completed the self-assessment questionnaire in relation to six outcomes. The self-assessment and inspection judgments are set out on the table above.

There was a strong stable management team in this centre. The staffing levels and skill-mix of this centre were good. There were no staff vacancies. The premises met the needs of residents with dementia.

The supervision of staff on all three units was not strong enough and this impacted negatively on the standard of care being delivered to residents with dementia. The communication observed between staff did not respect rights of the older residents.

The social activities provided were good. Residents were supported to engage in activities outside of the centre. The food provided to residents was wholesome and nutritious but the service required review.

Inspectors also followed up on the one action plan from the previous inspection and found it had been addressed.

The findings are discussed in the body of the report and non-compliances are outlined in the compliance plan at the end for response.

**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:**

Residents' wellbeing and welfare was maintained,

Inspectors focused on the experience of residents with dementia and tracked the journey prior to and since admission. The review also looked at specific aspects of care such as nutrition, wound care, mobility, access to healthcare and supports, medication management, end-of-life care and maintenance of records. Residents' healthcare needs were met through timely access to medical treatment. Residents had good access to a general practitioner (GP) and multidisciplinary professionals. Inspectors saw good evidence that advice received from the multidisciplinary team was followed up in a timely manner. The detail of reviews carried out was clearly evident within the records.

Residents' files held a copy of their Common Summary Assessments (CSARS), which detailed assessments undertaken by professionals such as a geriatrician and members of the multidisciplinary team. Residents were assessed on admission to the centre using validated tools and risk assessments were completed, which were reviewed within a four month time frame. Person- centred care plans were in place. There was evidence of the resident and sometimes their next-of-kin being involved in the development and review of their care plan.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' medications were prescribed by their general practitioner and these were reviewed within a four month timeframe.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. There were systems in place to ensure residents' nutritional needs were met and monitored on an ongoing basis. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked. The processes in place ensured that residents with dementia did not experience poor nutrition and hydration. Inspectors saw that a choice of meals was offered and available to residents. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Any food allergies

and special diets were clearly recorded along with residents' likes and dislikes. Residents told inspectors they had a choice as to where they ate their meals. Inspectors observed that staff sat with residents at meal times and provided encouragement or assistance with the lunch-time meal. Assistance was given to residents with dementia in a discreet and sensitive manner. However, inspectors observed that meals and drinks were not always served to residents in a safe and proper manner - for example the serving of cups of tea to residents with no saucers and snacks served in paper serviettes without side plates.

Staff provided end-of-life care to residents with the support of their GP and had access to specialist community palliative care services if required. End-of-life preferences were discussed with each resident and these were outlined in the residents person centred end-of-life care plan. Residents had access to religious representatives which ensured their religious needs were met at the time of death.

**Judgment:**

Substantially Compliant

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to safeguard residents with dementia from abuse.

There was a policy in place to safeguard residents and protect them from abuse. Residents and their relatives felt they were safe living in the centre.

There were systems in place to safeguard residents' finances. The centre was a pension agent for a number of residents, and inspectors found that the arrangements in place to manage these were in line with the Department of Social Protection guidelines. Records of residents' monies held on their behalf were clear, concise and easy retrievable. Receipts of expenditures were included in the records reviewed. Residents had access to a record of their account on demand.

There was a policy and procedure in place to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours had a comprehensive assessment completed. These residents had a responsive behaviours care plan in place. Three of the four reviewed included some triggers and some diversional therapies which worked effectively for the resident. Further triggers and therapies known and used by staff for

those reviewed were not included. Those on PRN (as required medication) as a last solution to treat such behaviours did not have these reflected in their responsive behaviour care plan. This was of particular importance as a number of residents were prescribed two to three PRN (as required medications) for managing responsive behaviours and it was not clear which one should be administered to the resident first.

There were no bedrails used as a restraint in the centre. Residents had access to alternative equipment and this had led towards a restraint free environment. All three units inspected were accessed by the use of a keypad to enter and exit the unit. Those residents risk assessed as safe were provided with the key code to these doors.

**Judgment:**  
Substantially Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
As part of the inspection, inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in the sitting rooms and the dining-room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. While there were numerous interactions that demonstrated positive and person-centred care, the overall quality of the interactions were found to be task-orientated. For example, staff were observed moving residents sleeping in their chair without communicating with them and leaving residents sitting in dining chairs at a table with no interaction for long periods of time.

Inspectors observed some residents were not dressed appropriately to ensure they were kept warm or that their dignity was maintained at all times. In two of the units inspectors observed a small number of residents sitting in chairs wearing just a light t-shirt, the arms of these residents were cold to touch.

Additionally, inspectors observed extremely poor practice while lunch was being served to residents in one of the three units. During this period, inspectors observed staff members engaged in a disagreement in the dining room, which did not cease even after another staff member intervened. This unacceptable conduct was immediately raised with a member of the management team. The observed behaviour failed to respect the rights of residents.

Communication care plans were in place for residents and were sufficiently detailed to guide care provision. Inspectors noted that a multi-disciplinary and person-centred approach had been taken to meet several residents' communication needs.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge described arrangements in place to facilitate voting in elections. Residents were supported to practice their respective faiths.

An advocate was employed by the registered provider. They facilitated regular residents' meeting in each of the units and was also available to meet with residents on a one-to-one basis if required.

Activities to meet the needs of residents with dementia were provided. These included group, one to one activities and trips out to the local amenities. Relatives and residents confirmed to inspectors that the activities provided met their needs. The inspectors observed residents engaged in arts and crafts and games which they enjoyed. However, in two of the three units it was observed that while the activities person facilitated one group of residents with activities the other residents were left unsupervised for periods with no engagement or interaction with staff.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints policy in place that met the legislative requirements. It was implemented in practice.

The complaints procedure was displayed and it was visible to residents. Residents and relatives of residents with dementia told inspectors that they knew they could complain to the staff. They felt they were listened too.

The person in charge was the nominated person to investigate and manage complaints. Verbal and written complaints were recorded in a complaints log that was maintained in the centre. Inspectors reviewed this log and found that complaints received to date in 2019 had been fully investigated. The complainant had been informed of the outcome of the complaint and their level of satisfaction with the outcome was recorded.

The records held were clear, concise and easily retrievable.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The number and skill-mix of staff on the day of inspection was adequate to meet the needs of the 129 residents. However, some practices observed by inspectors observed some examples of task-orientated practices (as mentioned in outcome 3) and poor staff conduct. Supervision in these units was not adequate. Although members of the management team were on duty in two of the three units inspected, they did not intervene promptly to correct poor practices.

Inspectors reviewed practices in three units: the dementia specific unit Nightingale Unit and Cormorant and Starling Units where residents with dementia lived. The staffing numbers and skill-mix on duty on each of these units was reflected on the roster in each unit.

Staff had mandatory training on fire, manual handling and safeguarding residents in place. They had completed training on caring for residents with dementia, cardiopulmonary resuscitation and several other areas of clinical practices.

There were no staff vacancies. The centre had its own bank staff, therefore, agency staff were seldom used. Relatives told inspectors they were familiar with staff who provided continuity of care to residents.

Recruitment procedures in place reflected those outlined in the recruitment policy. A sample of staff files were reviewed, they contained the documents outlined in Schedule 2 of the regulations.

Inspectors were told there were no volunteers coming into the centre.

**Judgment:**

Substantially 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 centre has a 34-bedded dementia specific unit and three other units, two of which accommodate some residents living with dementia.

The 34-bedded dementia specific unit is secure, as are the other two units. A key code is required to enter and exit each of the units. Hence, residents with dementia could not exit the unit without someone with them. Two of the three units are square shaped, so residents can wander around the corridors freely. All corridors have hand rails on either side and are flat with non-slip plain coloured floor covering. Each bedroom has a photo of the resident on it. This photo placed on top of a green, orange or red leaf which indicates if the resident is independent, requires assistance of one or two staff. There are memory boxes outside each bedroom door, items of importance to the residents had been gathered and placed in these boxes. The walls of the corridors were wall papered on the upper half with patterned wall paper and items of interest for residents with dementia.

Residents in the dementia specific unit had access to a sensory garden which was accessed via a sitting area. The garden contained sensory items such as wind chimes, a water feature, potted plants and herbs planted by residents. Residents also had access to a sensory room situated beside the open plan kitchen-dining room. It contained cosy armchairs, old fireplace, music and sensory lights. It gave the feel of a relaxing space for residents. Residents in the other two units also had access to a safe, secure garden area with items of interest and areas where they could sit and relax.

**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:***

Sheila McKeivitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Hamilton Park Care Facility
<b>Centre ID:</b>	OSV-0000139
<b>Date of inspection:</b>	13/06/2019
<b>Date of response:</b>	07/08/2019

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Inspectors observed that meals and drinks were not always served to residents in a safe and proper manner.

#### **1. Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

1. Development of an enhanced dining experience for residents with dementia.
2. Continuous monitoring of ongoing staff practice on dining experience of residents with Dementia by CNM's.
3. Auditing through 3 Tier observation of Standards which was developed to ensure that all residents are provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.
4. Staff re-education on person centred care dining experience of residents with dementia which will be facilitated by the Chef from the facility.

**Proposed Timescale:** 24/08/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The challenging behaviour care plans did not reflect which prescribed PRN medication (as required medication) was to be administered first.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**

1. Development of Quality Service Improvement Plan- Reviewing and Integrating Residents Behaviour and PRN Psychotropic Care Plans.
  - a. Guidelines in developing Residents Responsive Behaviour Care Plan created by PIC
  - b. Guidelines in developing PRN Psychotropic Care Plan created by PIC
  - c. Education (In-service) part of Staff Training and Development Program
2. Incorporate what PRN medication to be administered first, second or third line on the PRN and challenging behaviour care plan.

**Proposed Timescale:** 24/08/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The dual role of activities staff meant that a number of residents were not supported to participate in meaningful activities.

**3. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**

Job description and responsibility was reinforced by the PIC and Human Resources to all activity staff and coordinator to promote meaningful activity across the facility.

**Proposed Timescale:** 09/07/2019

**Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The personal care provided to some female residents did not respect their right to dignity.

The communication between staff did not respect the right of the older residents to respect.

**4. Action Required:**

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

**Please state the actions you have taken or are planning to take:**

1. Resident's personal choice of clothing will be incorporated on the care plan to ensure that it has been discussed fully in the multi-disciplinary meeting and family care plan discussion.
2. Re-education on staff communication with Residents will be facilitated by the CNM's
3. Continuous observation of person centred care practices is now ongoing to ensure best healthcare delivery.

**Proposed Timescale:** 24/08/2019

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The supervision of staff was not adequate.

**5. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

1. 3 tier observation monitoring system was put in place by the PIC. The 1st tier will be facilitated daily by the Team Leader and CNM's on the floor together with the staff facilitator to promote best practice. A template/checklist was created to promote the same. Action plan will be discussed with the staff to correct deficient practices if there is any identified. The 2nd tier will be facilitated by the ADON's to observe whether the action plan that was put in place to promote best practice are improving and to identify other action plans required. The last tier will be facilitated by the PIC to ensure that best practice is being carried out and all standards and regulations in caring for all residents in Hamilton Park have been met and delivered.

Proposed Timescale: Continuous

**Proposed Timescale:** 06/08/2019