



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Hamilton Park Care Facility
Name of provider:	Hamilton Park Care Facility
Address of centre:	Balrothery, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 August 2018
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0024888

About the designated centre

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

Hamilton Park is a purpose built care facility located in the countryside a short drive from the town of Ballbriggan. The centre is registered to care for 135 residents, both male and female over the age of 18 years of age. It offers extended care and long term care to adults with varying conditions, abilities and disabilities. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to residents with dementia, a cognitive impairment, those with a physical, psychological, neurological and sensory impairment. Residents are accommodated on two floors. There are 131 single and two twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and outside garden. There is close access to the restaurants, pubs, and shops.

The following information outlines some additional data on this centre.

Current registration end date:	15/04/2020
Number of residents on the date of inspection:	132

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:

Date	Times of Inspection	Inspector	Role
29 August 2018	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead

Views of people who use the service

Residents on Kingfisher Unit spoke positively about the environment they lived in and about the care provided to them. They told the inspector that they were involved in activities happening on a daily basis and they enjoyed those that they participated in. They were brought out of the centre to attend different events in the surrounding area.

They were facilitated to lead an independent life as much as possible with access to their own kitchen and dining room area. They said the staff were kind to them and answered their request for assistance. They enjoyed the choice of food offered to them.

Capacity and capability

The governance and management of the centre was good. There were well established systems and processes in place to ensure appropriate oversight of the quality of care and services provided to residents. The person in charge, operations manager and two assistant directors of nursing were on duty during this unannounced visit.

The inspector focused on the care provided to residents on the Kingfisher Unit where 45 residents with an Acquired Brain Injury (ABI) lived. The inspection was triggered by information received on four separate occasions in 2018 regarding the quality of care provided to residents on this Unit.

Staffing numbers and skill-mix was appropriate to meet residents' needs. Residents were protected by good recruitment and vetting disclosure procedures. Staff were provided with mandatory training and additional training to meet the needs of residents, such as, care of residents with an acquired brain injury, use of restraint, management of behaviours that challenge, medication management and cardio-pulmonary resuscitation (CPR). This supported staff to deliver evidence-based care to residents. Staff were supervised by an assistant director of nursing and a clinical nurse manager allocated to the Kingfisher Unit.

Residents gathered around the open plan kitchenette come dining room area which was a hive of activity with residents. Residents particularly enjoyed the independence afforded to them. The residents confirmed they enjoyed the schedule of activities provided. The schedule contained a good variety of activities. These were based on the residents assessed needs and some were chosen by them. The schedule include 1:1 activities. Residents were consulted and minutes of monthly

resident meetings were made available to residents.

Residents had access to members of the allied health care team. There was access to an in-house physiotherapist, occupational therapists and psychotherapist. Staff accessed other avenues of assessment and support for residents through other services accessible to those with an ABI.

A complaints policy was on display for residents to read. Those spoken with knew the procedure to follow if they had a complaint. The management team responded pro-actively to complaints. For example, they had appointed a second activities person to deliver activities to residents on the Kingfisher Unit in response to complaints regarding the lack of provision of activities.

There were no volunteers working in the centre.

Regulation 15: Staffing

Staffing levels and skill-mix were adequate to meet the needs of residents. There was a staff nurse on duty in the Kingfisher Unit at all times

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training appropriate to their role and the needs of the residents living in the Kingfisher Unit. Staff were adequately supervised.

Judgment: Compliant

Regulation 21: Records

Records required for review were available.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated in 2018 to reflect a change in the

management structure. It contained the information outlined in schedule one.
Judgment: Compliant
Regulation 30: Volunteers
There were no volunteers working in the centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The procedure for making a complaint was on display. It met the legislative requirements, was reflected in practice and procedures followed were robust.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies and procedures outlined in schedule five were available for review. They had been reviewed in 2018.
Judgment: Compliant
Quality and safety
<p>Residents in this centre were well cared for, and the quality and safety of care provided was to a high standard.</p> <p>The premises was homely, clean, tidy and well maintained. Residents were facilitated to personalise their bedrooms. They could wander downstairs to the outdoor areas by using the lift. Residents' health and well being was supported by good access to allied health care services, an engaging environment and a social care programme which was interesting and met the needs of both male and female residents. A healthy life style was encouraged, residents contributed to the development of the centre's menu and had established a breakfast club on their Unit</p>

which took place each morning.

Staff were observed asking residents if they wanted to attend activities happening in other areas of the centre. They facilitated those who expressed an interest to attend. There was a staff member allocated to the Unit to provide activities to residents'. Activities provided included 1:1 activities and group activities, chosen by the residents to meet their needs. Individualised assessment records reflected the activities of preference for each resident and daily individualised records were kept of what activity, if any, each resident participated in. Residents confirmed it was their choice whether to take part or not.

Staff knew the residents well. Residents had been assessed using validated assessment tools on admission and had care plans in place to reflect each need identified on assessment. The content of these care plans reflected the person-centred care being delivered. Although resident care plans were updated every four months some of their assessments were not. Residents' medications were reviewed by their general practitioner (GP) and pharmacist on a four-monthly basis.

Each resident had their end of life wishes, including religious and cultural observations, recorded by staff. The information described the resuscitation status and the wishes of residents and was available to guide staff interventions. It was reviewed four monthly by staff.

No bed rails were in use as a form of restraint and there was a low use of chemical restraint in the centre.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely. Communication aids, technology and staff facilitated open communication all of which was reflected in individualised care plans.

Judgment: Compliant

Regulation 13: End of life

Residents' physical, emotional, social, psychological and spiritual needs relating to end of life were documented in dedicated care plans. These were regularly reviewed in consultation with residents, or their representative where appropriate.

Judgment: Compliant

Regulation 18: Food and nutrition

The food and drinks served to residents met their needs. A choice of food and drinks were offered and their independence was promoted.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were reviewed routinely every four months, however a small number of assessments had not been reviewed within this required period.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were met. There was good access to allied healthcare services, and residents' needs were assessed regularly by members of the team to ensure their needs were met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Behaviours associated with acquired brain injury were assessed and good practices were described by staff in the management of these behaviours.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities and these were provided by a dedicated activities staff member allocated to Kingfisher Unit. She had documented residents' interests and used this information when organising the activity schedule. Residents appeared to be activity engaged throughout the day. They were offered

choices in all aspects of their day to day life including how to spend their time.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0024888

Date of inspection: 29/08/2018

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Three layer Quality Monitoring System adapted to ensure full compliance on Regulation 5: Individual Assessment and Care plan.</p> <ul style="list-style-type: none">• A massive review of the resident's assessment in the entire facility was carried out after the inspection.• All assessments were updated/revised after consultation with the resident or their next of kin.• Weekly auditing of care plans and assessments due and overdue is now being carried out by the Clinical Auditor.• Feedback given to all Clinical Nurse Managers of the unit to ensure compliance.• Furthermore, care plans and assessments will be included in the monthly audit instead of a three monthly audit to ensure that all nurses are regularly reviewing all care plans and assessments which will be carried out by the PIC.	

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	29 September 2018