



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Central Park Nursing Home
Name of provider:	AllanBay Limited
Address of centre:	Clonberne, Ballinasloe, Galway
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0000328
Fieldwork ID:	MON-0030407

## 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 67 residents and includes a specific dementia unit known as Memory lane that accommodates 18 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 37 single bedrooms and five twin rooms which have en suite toilet and shower facilities. There are also nine twin rooms and two 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:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 16 September 2020	09:30hrs to 17:00hrs	Mary Costelloe	Lead
Thursday 17 September 2020	09:30hrs to 13:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector spoke with approximately 10 residents during the days of the inspection. The general feedback from residents was one of satisfaction with the care and service provided.

Because of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in some residents spending extended periods of time in their bedrooms. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

Residents said that they were delighted that family visits had resumed and that they were able to meet their loved ones again. The inspector observed a number of residents receiving visitors during the inspection. Residents and relatives spoken with were very happy with the visiting arrangements in place.

Residents spoken with were very satisfied with the care received. The observation and interaction between residents and staff was positive, engaging, patient and kind.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. The inspector observed that there was a variety of daily newspapers provided for residents and that the local radio station was playing in the background. Residents spoken with confirmed that they had been supported to remain in contact with their families throughout the pandemic by phone and by other social media applications. The residents had a separate email account which was used for sending and receiving emails and photographs to their families and friends.

When asked about the restrictions residents reported mixed feedback. Some reported that they had not found it too difficult stating that they had lots of company in the centre and probably would have been more isolated if they had been living at home.

The inspector observed that the communal dayrooms throughout the centre were occupied by residents on both days with a member of staff in attendance at all times. Physical distancing in line with public health guidance was being adhered to in the communal day rooms.

The activities sessions observed were inclusive of all residents. There were five staff members facilitating recreational activities, one in each of the communal day areas. They were observed to refer to all residents by name and were seen to be actively encouraging resident involvement. The inspector observed residents taking part and enjoying a variety of activities throughout the day.

Residents were supported to go outside for walks and others were observed going outside independently. Residents told inspectors that they enjoyed going for walks and spending time outside during the fine weather. Residents had access to well maintained enclosed garden areas which were easily accessible. The doors to the enclosed garden areas were open on the day of inspection.

Residents were happy with the food served. Residents told inspector that they had the choice of having breakfast in their bedrooms, in the communal day spaces or dining room. Many of the residents stated that the food was always very nice with good variety and choice on offer.

Residents told the inspector that they were happy and comfortable in their rooms. Residents were actively encouraged to personalise their bedrooms. The inspector observed that there were televisions in all bedrooms and many of the residents had personalised their bedrooms with their own furniture, family photographs, ornaments and plants.

## Capacity and capability

This inspection was a short notice announced monitoring inspection conducted over two days. The inspection was carried out

- following an application to the Chief Inspector to renew registration of the centre
- to follow up on issues raised on the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents.

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 registered provider is AllanBay Ltd who has two directors, one who is actively involved in the day to day operation of this centre.

The person in charge is responsible for the day-to-day operations of the designated centre is also the registered provider representative. The person in charge is supported in her role by the assistant director of nursing, administrator and other staff members including clinical nurse managers, nurses, carers, activities coordinators, housekeeping, catering and maintenance staff.

The person in charge worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours

system in place. However, the provider structure required review to ensure that there were adequate operational supports in place as a contingency in the event of the registered provider representative being unavailable in the centre.

Issues identified at the last inspection dated November 2018 relating to the management of fire safety had been addressed.

The nursing 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. They were positive in attitude and demonstrated a willingness to comply with the regulations.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

A documented COVID-19 contingency plan was in place and the risk register has been updated to reflect risks associated with the pandemic. The management team had established links with the public health team and Health Service Executive (HSE) lead for their area.

The team had identified an area for isolation and cohorting of residents. The area could accommodate ten residents in ten single bedrooms and could be extended if required. These single bedrooms had en suite toilet and shower facilities. A separate entrance area, staff changing and staff toilet facilities had been identified. All residents that are transferred from the acute setting as well as new admissions to the centre are isolated for 14 days as part of the risk management processes in place to minimise spread of the virus. The contingency plan in place outlined that separate staff would be specifically allocated to care for residents in this area in the event of an outbreak of COVID-19.

The management team had a clear pathway in place for expediting testing and results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively. Testing of staff for COVID-19 had been taking place and the results to date had not detected COVID-19. The person in charge, assistant director of nursing and two nurses had been trained in taking swabs for the COVID-19 testing. Further testing of staff was scheduled on a fortnightly basis.

Cautionary signage was seen throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene, in donning and doffing of personal protective equipment (PPE) and the use of face masks.

The management team ensured that safe and effective recruitment practices were in place. Staff files including the 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.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision.

The inspector assessed a total of 14 regulations, nine were found to be compliant, five substantially compliant and one non compliant.

Some improvements were required under the following regulations, Regulation 3: Statement of purpose, Regulation 23: Governance and management, Regulation 17: Premises, Regulation 9: Residents rights and Regulation 27 Infection Control.

#### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident. The assistant director of nursing deputised in her absence.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. Arrangements were in place to ensure that dedicated staff were providing care to residents who were newly admitted to the centre, or who were suspected of having COVID-19 symptoms.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally ten care assistants and three nurses on duty throughout the day and evening with two nurses and four care assistants on duty at night time from 12 midnight. The staffing compliment included,



housekeeping, laundry, activities coordinator and recreation staff, catering, maintenance and administration staff. The person in charge, assistant director of nursing and two clinical nurse managers worked full time hours in supernumerary positions.

The person in charge confirmed that staffing levels were kept under constant review, taking into account the needs of residents and the size and layout of the centre. She advised that recruitment of staff was on-going, two nurses, a clinical nurse manager, nine care assistants and three recreational staff had recently been recruited. She advised that care staff were recently recruited in anticipation of some part time staff returning to college at the end of September.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

### Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control, food hygiene and dementia care. Further training in dementia care and restrictive practice was scheduled. Two staff were also scheduled to attend 'train the trainer' in hand hygiene and another due to attend training on the national frailty assessment.

All nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death, respiratory care, palliative care assessment and taking swabs for COVID-19 testing.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

### Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had systems in place to ensure oversight of the quality and

safety of care in the centre. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, falls, restrictive practice and health and safety.

However, the provider structure required review to ensure that there was adequate operational supports as a contingency in the event of the registered provider representative being unavailable in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required further updating in order to fully comply with the regulations. This was discussed with the person in charge who agreed to update same and submit following the inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in large font in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

## Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Staff had been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Resident observations were monitored daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents.

There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and generally informative.

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. Allegations of abuse in the past had been investigated and managed in line with the safeguarding policy. The provider did not act as a pension agent on behalf of residents.

The building was is laid out over three units, Memory Lane, Strawberry Fields and Belvedere Drive. The centre was generally well maintained, spacious, bright and nicely decorated. However, some improvements were required to ensuring an adequate number of toilets and showers were available to meet the needs of residents. The laundry and sluicing arrangements as well as the cleaning routines for equipment used by residents required review. These are discussed under Regulation 17: Premises and Regulation 27: Infection Control.

Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

There was appropriate assistive equipment provided to meet the needs of residents, including specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Fire drills simulating both day and night time scenarios had taken place regularly and learning outcomes had been documented. Fire drill records reviewed provided assurances that residents could be evacuated in a timely and safe manner.

## Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had been closed to visitors in accordance with national guidance from 06 March 2020.

Visiting restrictions had been eased in the centre during June 2020 in line with the guidance and recommendations from the Health Protection Surveillance Centre. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities V1.2 24.8.2020 to reflect the importance of visiting for residents. Visiting was being facilitated in all three units which was observed to be appropriate to accommodate social distancing. Visits were facilitated seven days a week. Residents and relatives spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

## Regulation 17: Premises

The building is laid out over three units, Memory Lane which is a dementia specific unit accommodated 18 residents, was designed on evidenced based principles on

dementia care and design. Strawberry Fields accommodated 28 residents and Belvedere Drive can accommodate 21 residents. Bedroom accommodation is offered in single and twin rooms many with en suite toilet and shower facilities. However, there were inadequate toilet and shower facilities to meet the needs of residents accommodated in bedrooms that did not have en suite facilities. There was one single and one twin bedroom in Memory lane and eight twin and one single bedroom in Strawberry Fields that did not have en suite toilet and shower facilities. The twenty residents in these bedrooms shared two communal bathrooms located in Strawberry fields. This issue was discussed with the person in charge, who outlined plans to provide an additional en suite shower room to one of the single bedrooms in Strawberry Fields and provide an additional assisted shower and toilet in Memory Lane.

The arrangements in place for laundry and sluicing required review. The laundry room and sluice room were housed together in the same room which posed a risk and was not in line with infection prevention and control guidance. This was discussed with the management team who agreed to review the arrangements and provide a separate alternative location for the sluice room.

The provider had applied to renew registration of the centre and to increase the number of beds by three. The reconfiguration and building alterations were still in progress at the time of inspection, therefore, these three additional bedrooms were not inspected.

Judgment: Not compliant

## Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. However, improvements were required to laundry and sluicing arrangements in order to minimise the risk of cross contamination as discussed under Regulation 17: Premises. The cleaning routines for equipment used by residents also required review.

All staff in the centre had completed infection prevention and control training. Staff knowledge of infection prevention and control was good. Nursing management supervised staff to ensure that training was implemented in practice.

The assistant director of nursing guided the inspector through the infection prevention and control measures necessary on entering the centre to ensure the safety of all persons in the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness or otherwise, shoe disinfection, hand hygiene, face covering and temperature checks.

On the days of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on its use. All staff were observed to be wearing surgical face

masks as per the relevant guidance.

The inspector observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Alcohol gel dispensers were observed to be available and in use throughout the building. A clinical wash hand basin had been installed on the corridor in the isolation area. The inspector observed good hand hygiene practices on the days of the inspection. Recent hand hygiene audits indicated good compliance.

The centre had been divided into three units and separate staff had been allocated to each unit to further reduce the risk of cross infection. There were separate staff changing areas in all three units, staff changed into their uniforms prior to commencing and leaving work in the centre. The inspector observed that the uniform policy was being adhered to.

Contracts were in place for the suitable disposal of clinical waste. There were adequate supplies of clinical waste bins as well as storage facilities available. There was a service contract in place for the bed pan washer to ensure it was maintained in good working order, the bed pan washer was due to be serviced.

While the building was found to be visibly clean some equipment used by residents such as a hoist and wheelchairs were not clean. There were three cleaning staff on duty, seven days a week and an additional cleaner was on duty one night a week. The maintenance supervisor was also involved in some deep cleaning duties. Housekeeping staff spoken with advised the inspector that cleaning procedures were updated, the frequency increased for specific areas of the centre and additional hours provided for cleaning since the onset of the COVID-19 pandemic. Staff spoken with were knowledgeable regarding infection prevention and control procedures and confirmed that they had also received training on the use of chemicals. The nursing management team maintained oversight of cleaning process and procedures.

As discussed under Regulation 17: Premises, the locating of the sluice and laundry rooms together posed a risk and was not in line with infection prevention and control guidance.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There was evidence of daily, weekly and monthly fire safety checks being carried out. All fire exits were observed to be free of any obstructions. Staff had received ongoing fire safety training which included evacuation and use of equipment. The fire alarm was serviced on a quarterly basis and had been recently serviced in August 2020. The fire equipment had been serviced in January 2020. Fire plans were displayed throughout the building. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively

involved in simulated evacuation drills. Some residents had also participated in recent fire drills.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspector reviewed the care plans of a number of residents including end of life care, wound care, residents in isolation, at high risk of falls and with restraint measures in place. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). The person in charge confirmed that all residents had been reviewed by their GP in the past few months and files reviewed by the inspector confirmed that reviews had taken place..

Residents had access to allied health services and visits by health care professionals including physiotherapist, chiropodist, speech and language therapist (SALT) and psychiatry of later life had resumed at the time of inspection.

Judgment: Compliant

## Regulation 8: Protection

Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

Staff continued to promote a restraint free environment. There was six residents using bed rails at the time of inspection, four at the residents own request. Alternatives such as low low beds, crash mats and sensor alarms were in use for some residents. Risk assessments and care plans in line with national policy were documented in all cases.

Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. 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 in line with the restraint policy guidance. There was evidence of access and referral to psychiatry services.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

Judgment: Compliant

## Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. The inspector spent time observing residents and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. However, there was only two assisted shower rooms located in Strawberry fields for



residents who did not have an ensuite showers. The showers were shared with 17 residents who were accommodated in Strawberry Fields and three residents who were accommodated in Memory Lane. The number and location of the showers and toilets impacted on residents' choice, privacy and dignity.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. The centre published a monthly newsletter which was available to residents and family members. The colourful newsletter includes information of upcoming residents birthdays, events, poetry, words of wisdom, quotes, and photographs of residents partaking and enjoying a variety of activities. Some local companies had donated tablets and personal DVD players which the residents used to watch movies or listen to music of their choice.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not celebrated Mass in the centre since the start of the pandemic, residents were facilitated to view religious ceremonies on the televisions. Residents were supported to recite the Rosary and receive weekly Holy Communion. There was a chapel provided where residents could spend time in quiet reflective prayer. The local priest continued to visit residents at end of life.

Activity provision was led by the director of recreation and family liaison officer with support from the recreational coordinators. There was a daily schedule of activities taking place in each day room. The schedule included both group and individualised activities. A meaningful activities assessment had been completed for all residents. Staff were observed to use this information to engage meaningfully with some residents. While external entertainers and musicians had not visited since the start of the pandemic, the in house activities programme included bingo, arts and crafts, chair exercise programme, ball therapy, board games, reminiscence, doll therapy, hand care, gardening and walks indoors and outside. The hairdresser visited weekly and residents told the inspector how they enjoyed having their hair done. During the pandemic residents had been involved in an letter writing inter generational project with local school children. The students and residents wrote letters to one another about their thoughts and their own experiences on COVID-19.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. The inspector reviewed the minutes of a recent meeting held in July 2020. Issues discussed included updates on COVID-19, new visiting arrangements, role of HIQA, isolation and cohorting of residents.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Central Park Nursing Home OSV-0000328

Inspection ID: MON-0030407

Date of inspection: 17/09/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider structure has been reviewed to ensure there are adequate operational supports in place as a contingency in the event that the registered provider is unavailable. Megan Maguire has now been added to the board of directors of the company Allanbay Ltd. Ms Maguire will be a person participating in management and will be the person who will make operational decisions in the absence of Caroline Maguire.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed as advised on our inspection. A detailed description of all rooms and sizes has been updated to illustrate the three separate units in the nursing home. National Screening is available to our residents and medical card holders are entitled to Allied Healthcare through referral from their GP free of charge, this information has been added to our Statement of Purpose. Megan Maguire has been added as a person participating in management in the Statement of Purpose.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Central Park will make the following changes to our premises in order to come in line with Regulation 17 &amp; 27:</p> <ul style="list-style-type: none"> <li>• Phase 1: <ul style="list-style-type: none"> <li>• An additional shower and toilet will be added across the corridor from bedrooms 10 and 12 in Memory Lane</li> <li>• The sluice room will be relocated in Strawberry Fields across the corridor from bedroom 9</li> <li>• An additional sluice room will be situated in Belvedere Drive across the corridor from bedroom 34</li> <li>• An en suite will be added to bedroom 9 within the current footprint in Strawberry Fields</li> <li>• A toilet and sink will be added to our relaxation bathroom beside room 45 in Strawberry Fields</li> <li>• An additional 3 single en suite bedrooms will be added to Belvedere Drive replacing the previous swimming pool area and shower room</li> </ul> </li> <li>• Phase 2: <ul style="list-style-type: none"> <li>• Bedrooms 1 and 5 in Strawberry Fields will be converted to double en suites</li> </ul> </li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The sluice room in Strawberry Fields will be relocated which will separate it from the wet laundry room. In review of infection control an additional sluice room will be located in Belvedere Drive.</p> <p>An additional shower and toilet will be added across the corridor from bedrooms 10 and 12 in Memory Lane.</p> <p>We have appointed one of our clinical nurse managers to oversee and audit the cleaning of equipment used by residents. Deep cleaning of equipment will be carried out and recorded weekly by one of the maintenance personnel.</p>	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

As of March 2020 we have divided our nursing home into 3 separate units to embrace the household model of care and to improve infection control practices within the nursing home, allowing for social distancing of all our residents. As a result of reconfigurations Strawberry Fields had a loss of 1 bathroom to Belvedere Drive. Subsequently, we intend to carry out the following changes to Strawberry Fields:

- Phase 1:

- An additional shower and toilet will be added across the corridor from bedrooms 10 and 12 in Memory Lane
- The sluice room will be relocated in Strawberry Fields across the corridor from bedroom 9
- An additional sluice room will be situated in Belvedere Drive across the corridor from bedroom 34
- An en suite will be added to bedroom 9 within the current footprint in Strawberry Fields
- A toilet and sink will be added to our relaxation bathroom beside room 45 in Strawberry Fields
- An additional 3 single en suite bedrooms will be added to Belvedere Drive replacing the previous swimming pool area and shower room

- Phase 2:

- Bedrooms 1 and 5 in Strawberry Fields will be converted to double en suites

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/12/2020

	associated infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/10/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/03/2021