



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:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000328
Fieldwork ID:	MON-0035809

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 38 single ensuite bedrooms, seven twin ensuite bedrooms, and seven twin bedrooms and one single bedroom without ensuite 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:	67
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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 5 October 2022	08:30hrs to 18:40hrs	Fiona Cawley	Lead
Wednesday 5 October 2022	08:30hrs to 18:40hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

The overall feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed. There was evidence that residents were provided with good standards of care and support by staff who were kind, caring and familiar with their needs.

This unannounced inspection took place over one day. There were 67 residents in the centre and no vacancies on the day of the inspection.

Following an introductory meeting, inspectors completed a walk around of the centre with the person in charge. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, other residents were relaxing and other residents were mobilising freely throughout the centre.

The centre was a single-storey purpose-built facility which comprised of three units, Belvedere Drive, Strawberry Fields and Memory Lane. Bedroom accommodation was a mixture of single and twin rooms, a number of which were ensuite. The premises was designed and laid out to meet the assessed needs of the residents who lived there. There were a variety of communal spaces for residents to use including day rooms, dining rooms and a conservatory. These rooms were spacious, suitably decorated and comfortably furnished. The carpet in the sitting area/reception had been replaced since the previous inspection with a new washable flooring cover which was clean and in keeping with the homely design of this area. Much of the resident equipment seen during the inspection was visibly clean and in good condition.

The corridors had grab rails available to assist residents to mobilise safely. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. The building was well lit, warm and adequately ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

There was safe, unrestricted access to an enclosed outdoor courtyard area for residents to use. This space included a variety of suitable seating areas, garden furniture and an array of flowers and plants. Residents and visitors were observed enjoying this outdoor space throughout the day of the inspection.

Positive improvement works were seen as the provider had worked through the compliance plan from the previous inspection in February 2022. They had accomplished clinical hand wash sinks installation, a replacement programme for worn and torn chairs, decluttered storage areas including the nurses' medication room and the separation of the laundry room and housekeeping room. The person

in charge confirmed that there was a refurbishment plan was in place to address the remaining items in need of replacement or repair.

Residents were observed to be content as they went about their daily lives. While staff were busy attending to residents throughout the centre, care delivery was observed to be unhurried and respectful. There was a comfortable atmosphere and polite conversations were overheard between residents and staff. Inspectors observed that personal care and grooming was attended to a satisfactory standard.

Inspectors interacted with a large number of residents and spoke with a total of eight residents on the day of the inspection. Residents told inspectors that they were satisfied with life in the centre and that staff were good to them. One resident described the staff as 'wonderful'. Another resident told inspectors that life was 'nice and cushy'. Residents told inspectors that they always got assistance from staff whenever they needed it. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. Inspectors spoke with two visitors who were both complimentary about staff and the care received by their loved ones in the centre. Residents spoken to informed the inspector that they were aware of some of the COVID-19 restrictions but were happy that life was returning to a more normal state where their visitors could support them in a more meaningful way.

Residents had unlimited access to telephones, television, radio, newspapers and books.

Inspectors observed that meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

In summary, inspectors a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the previous inspection in February 2022. The detail of a number of statutory notifications submitted to the Chief Inspector in relation to safeguarding and infection control were also reviewed on this inspection.

Inspectors found that overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. A number of the actions required following the previous inspection had been completed by the provider. However, inspectors noted that further actions were required, as there were a small number of areas of repeated non-compliance, identified during the inspection, in relation to infection control.

The provider of this centre was AllanBay Limited. The company had three directors, one of whom was nominated to represent the registered provider and was involved in the day to day operation of the centre as the person in charge. There was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach. The person in charge was present throughout the inspection and demonstrated an understanding of their role and responsibility. They were supported in this role by a full complement of staff including an assistant director of nursing, two clinical nurse managers, nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. Inspectors were informed that a third clinical nurse manager had been recruited and was due to start the following week. There were deputising arrangements in place for when the person in charge was absent.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. A review of the staffing rosters found that housekeeping staff hours had increased since the previous inspection. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents. The person in charge, assistant director of nursing and clinical nurse managers provided clinical supervision and support to all staff.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training.

The provider had systems in place to monitor and review the quality of the service

provided for the residents. Key aspects of the quality of resident care were collected and reviewed by the person in charge on a weekly and monthly basis and included data collection in relation to falls, wounds, nutrition, complaints, deaths and other significant events. A range of audits had been completed which reviewed various elements of the service such as falls management, medication management management, wound management, care planning and infection prevention and control. Cleaning schedules had been revised since the previous inspection and there was regular monitoring of housekeeping practices. Audits were completed to ensure housekeeping processes were fit for purpose. As a result of a number of deficits identified by the management in recent audits, inspectors were informed that the provider planned to further increase the housekeeping staff hours in the coming week.

The provider had completed an annual review of the quality and safety of care in 2021 which included a quality improvement plan for 2022.

There was evidence that there was effective communication with staff in the centre. From the records provided to inspectors staff and management meetings were taking place frequently. Minutes of meetings showed that a range of relevant topics were discussed including resident care issues, staffing, visiting, upgrading the physical environment, and infection prevention and control including COVID-19 risks.

There was an effective risk management system in place. A risk register in the centre identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had access to, and had completed all mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality and safety of care were not consistently effective. For example;

- inadequate cleaning practices continued despite infection control audit findings which identified unsatisfactory standards of cleaning
- a small number of medications were not administered in accordance with the recommendations for appropriate use despite a medication management audit identifying this risk. There had been no action taken to mitigate the risk identified.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the designated centre received care and support that was of an appropriate standard. While the provider had taken action to comply with the regulations in respect of infection control, the action taken was not sufficient to bring the centre into full compliance with the regulation.

There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents gave positive feedback on the service and confirmed that they were content living in the centre. Staff were respectful and courteous with the residents.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, an individualised care plan was developed for each

resident to provide clear guidance to staff on the supports required to maximise the residents' quality of life. Inspectors reviewed a sample of seven residents' files. Residents' health and social care assessments were reviewed and updated to reflect residents' changing needs. Individual care plans were comprehensive, with person-centred information that was updated regularly to provide very clear guidance to staff. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

A notification of a safeguarding incident was received by the Chief Inspector prior to this inspection. Inspectors reviewed the systems in place in the centre to safeguard residents and found that the provider had adequate measures in place to protect residents from abuse. Areas of learning were identified by the provider following this incident which had been used to strengthen the systems in place to protect residents in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff with whom inspectors spoke with were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with inspectors said they felt safe in the centre.

Residents had access to a general practitioner and were provided with appropriate medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified healthcare needs. This included access to physiotherapy, occupational therapy and dietitian.

Inspectors observed that management and staff made efforts to ensure residents' rights were respected and upheld. There was a schedule of activities in place that provided a choice of activities for residents to participate which included exercises, music and reminiscence. Residents told inspectors they had plenty to do including bingo, art and knitting. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was a low level of restrictive practice in place on the day of the inspection.

A notification in relation to an outbreak of a multi-resistant organism (MDRO) was received by the Chief Inspector. A review of infection prevention and control systems found that, while there were improvements in some areas of infection prevention and control practices, further action was required to ensure full compliance with Regulation 17: Infection control. Overall accountability for infection prevention and control within the centre rested with the person in charge with support from the assistant director of nursing and clinical nurse managers. The provider continued to work in partnership with the local public health team regarding an outbreak of MDROs in the centre. Infection control guidance was available to all staff which included local and national guidelines. Information leaflets were available to residents which provided easy to understand information on

various infections. Overall, the centre was observed to be clean and tidy and the premises was generally well maintained on the day of the inspection.

The laundry infrastructure and equipment supported the functional separation of the clean and dirty phases of the laundering process. New commercial machines had been installed since the last inspection. There was good understanding of the processes and infection control requirements from the staff working in this area.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet.

Residents were monitored for weight loss and were provided with access to dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors found evidence that residents were discharged from the designated centre in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

A number of actions were required by the provider in order to fully comply with this regulation. For example;

- communal toiletries were seen in bathrooms and toilets. This practice increased the risk of cross infection from one resident to another
- there was no clinical hand wash sink in one of the sluice rooms to enable staff to wash their hands
- the detergent in the bedpan washer was empty which impacted the efficacy of decontamination
- there was inappropriate storage of multiple resident bowls
- management of single use dressings was not in line with best practice as single use items had not been discarded after use
- resident hoist slings were seen to be inappropriately stored
- sharps boxes were seen not signed when opened, were observed to be stored on the floor and in some cases the temporary closure mechanism was not engaged when not in use
- damage to flooring, beds, walls and equipment impedes cleaning

- a medication crusher was visibly unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected the residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place to guide staff to help these residents feel less distressed.

All staff had received appropriate training in caring for residents with dementia and responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect the residents in the centre from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Central Park Nursing Home OSV-0000328

Inspection ID: MON-0035809

Date of inspection: 05/10/2022

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>There is ongoing education and Training in infection control and environmental cleaning.</p> <p>Following a review of our housekeeping audits, management have acknowledged the need for more cleaning hours. An additional 7hours has been added to the rota every day. This now means there are 1 cleaner on each unit from 8am-3pm and 1 cleaner on 7am-2pm covering public areas.</p> <p>If future audits encounter repeat failings in this regulation ,management will exercise their rights As per the employee handbook.</p> <p>All nurses are to undergo medication management again to ensure they follow policy: for example Ensuring an opening date and signature on eye drops and topical creams and disposal of Appropriately after use.</p> <p>Action taken to eliminate this risk :new eye drops are to be commenced on the same day as The blister pack cycle.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A number of actions were required by the provider in order to fully comply with this</p>	

regulation.

For example;

- communal toiletries were seen in bathrooms and toilets. This practice increased the risk of cross

infection from one resident to another- staff training and education (plan to remove storage units

In communal toilets. Residents who use communal toilets , to have their Own toiletry bag brought and returned with them). Plan to be audited

Daily by the CNM.

- There was no clinical hand wash sink in one of the sluice rooms to enable staff to wash their

Hands (hand wash sink has already arrived, waiting to be installed.

- The detergent in the bedpan washer was empty which impacted the efficacy of decontamination

(Plan for head of maintenance to check on a weekly basis and replace detergent as needed)

- There was inappropriate storage of multiple resident Basins ,these basins were removed

immediately and allocated to those residents that require them and stored in their personal space

In their bedroom.

- Management of single use dressings was not in line with best practice as single use items had

not been discarded after use-All nurses to undergo training in wound management and education

In this area.

- Resident hoist slings were seen to be inappropriately stored- slings are to be stored in residents

Bedrooms or beside the resident on a designated hook in communal areas.

- Sharps boxes were seen not signed when opened, were observed to be stored on the floor and in some cases the temporary closure mechanism was not engaged when not in use

.- It is the nurses responsibility to ensure that sharps boxes are signed when open and the

Temporary closing mechanism is engaged when it is not in use. This will be audited daily by the

CNM.

Sharps containers will be secured to the wall in all units.

- Damage to flooring, beds, walls and equipment impedes cleaning- maintenance plan in place,

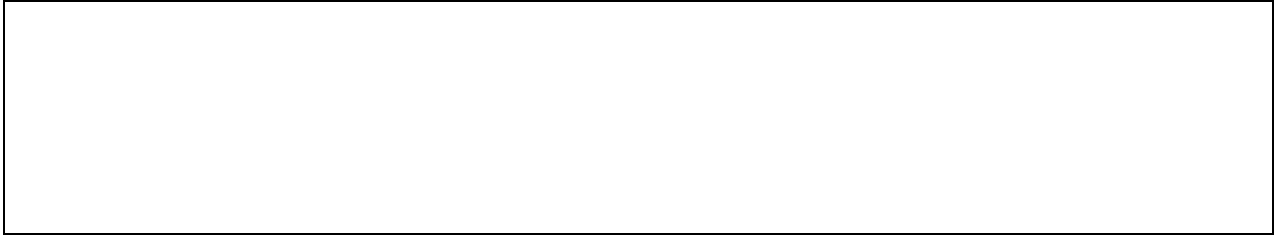
Maintenance team are currently and ongoing with refurbishing plan in place.

Once completed there will be a daily checklist audited to ensure any new damage Is dealt with immediately.

A medication crusher was visibly unclean. Nurses must clean a medication crusher every time it is

used

As per medication policy, nurses are to undergo medication management training again.



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 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	28/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/12/2022