



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

Issued by the Chief Inspector

Name of designated centre:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	12 May 2021
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0032913

About the designated centre

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

The Park Nursing Home is designated centre and is located within the suburban setting of Castletroy, Limerick city. It is registered to accommodate a maximum of 56 residents. It is a two-storey facility with two lifts and four stairs to enable access to the upstairs accommodation. Bedroom accommodation comprises 52 single bedrooms (21 downstairs and 31 upstairs) and two twin bedrooms (upstairs) with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Downstairs, communal areas comprise a large day room, dining room, family visiting room, hairdressing salon and smoking room, and seating in the foyer. Upstairs there is a lounge, dining room with kitchenette, a separate kitchenette, physiotherapy gym, lounge seating area with balcony views of the main entrance, foyer and gardens. Residents have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery. The Park Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 12 May 2021	10:00hrs to 16:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The Park Nursing Home is a purpose built independent residential home consisting of two floors. The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Residents were observed mobilizing independently around the centre and could access any of the centres communal spaces which included a coffee dock and lounge seating area, visitors room, day room and dining room.

The inspector spoke to six residents to gain a better insight of their lived experience in the centre. Overall, residents reported good quality of life in a homely environment and they were generally complimentary of the care in the centre. They also said that they had plenty of choice in their daily lives.

The centre experienced an extensive outbreak of COVID-19 in January 2021. During the outbreak the normal routine and schedules of the centre had been disrupted by the restrictions in place. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 outbreak. Staff expressed empathy with the residents and acknowledged that the ongoing pandemic and recent outbreak had been a difficult and anxious time for the residents, relatives and staff.

Some residents spoken with stated that they found COVID-19 restrictions had a negative impact on their quality of life, however, they were kept informed of and understood the reasons for the restrictions. They said the COVID-19 outbreak had been very worrying but they were relieved to have got through it and recovered from the virus. Residents said they were happy that the regular staff had returned to work following the outbreak and that things were getting back to normal. The roll-out of COVID-19 vaccination had brought huge relief and hope within the centre. Residents spoke of their delight that visits to the nursing home had recommenced in line with Public Health guidelines. The inspector observed residents receiving visitors in their bedrooms in line with updated visiting guidelines. A number of residents were also observed having their hair done in the hairdressing salon.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. There were two nurses on duty on both day and night shifts. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs.

The inspector observed lunch in the main dining room and saw that residents were socially distanced with two residents to each table. Lunch was a relaxed experience, residents were observed enjoying their meal which looked and smelled appetising. There was a choice of two main courses and desserts and staff were observed to be assisting residents as required in a respectful manner.

Residents had a choice to socialise and participate in activities. The activity coordinator demonstrated a commitment and enthusiasm for her role. The inspector was informed that one-to-one sessions also took place to ensure that all residents with varying abilities and preferences could engage in suitable activities.

Spiritual care was important for many residents. The inspector was informed that religious services were due to resume within the centre on the coming Friday.

There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was enough space for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors.

The centre was seen to be bright and well decorated throughout. Many of the common areas had a wallpaper feature walls which provided a warm and homely feeling. The inspector observed that there were televisions in all bedrooms and some of the residents had personalised their bedrooms with their own family photographs, ornaments and plants. However a number of minor maintenance issues were identified which had the potential to impact on infection prevention and control measures. Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities inspected appeared clean with few exceptions.

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 the quality and safety of the service being delivered.

Capacity and capability

This centre is operated by Mowlam healthcare, who operate a number of other centres throughout the country. There were clearly defined local, regional and national governance structures in place with explicit lines of authority and accountability.

This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 following a significant outbreak of COVID-19 in the designated centre in late January 2021. During the outbreak the authority was notified of 54 residents and 31 staff members who had tested positive for COVID-19. Sadly 13 residents passed away. The outbreak was declared over by Public Health in March 2021.

Prior to the outbreak, as part of the centre's COVID-19 contingency planning, senior staff had developed links with the local public health team, who provided advice and support during the recent COVID -19 outbreak. A significant amount of work had been undertaken by the provider in implementing multiple measures to manage the recent COVID-19 outbreak. Discussion with staff and review of documentation

showed that daily management meetings were convened to oversee the management of the outbreak. A review of the management of the outbreak had also been completed and included lessons learned to ensure preparedness for any further outbreaks.

The centre was provided over two floors, and staff were divided into teams and included nursing staff and health care assistants. There were also household staff, and kitchen staff in sufficient numbers to meet the resident's needs. There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and the action plan from the last inspection was followed up and had been completed. The centre was adequately resourced and mostly compliant with the regulations. There were monthly management meetings in place and records showed that infection prevention and control, health and safety and risk management were standing agenda items.

One piece of unsolicited information had been received by the Chief Inspector since the last inspection outlining concerns in relation to infection prevention and control practices in the service. This was followed up on inspection and were found to have been appropriately managed.

Managers and staff had access to the current Health Protection and Surveillance Centre (HPSC) guidelines. A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. However the training programme had fallen behind schedule due to the COVID-19 outbreak.

A comprehensive annual review for 2019 had been carried out by the management team, it included residents feedback and identified quality improvement initiatives for 2020. The 2020 review was ongoing at the time of the inspection.

There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Audits covered a range of topics including but not limited to hygiene and infection control, medication management and restrictive practice. The inspector reviewed audit reports and saw the format provided an action plan to inform required improvements. However the inspector was informed that the audit 2021 programme had fallen behind schedule in recent months due to the COVID-19 outbreak.

Complaints were well managed in the centre. A clear policy was available to guide complaint management, and records were well maintained separately from any resident file or information. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner.

Regulation 15: Staffing

Based on a review of the staff roster and the observations of the inspector the

number and skill mix of staff was appropriate to meet the needs of the residents on the day of inspection. The roster was seen and this corresponded with the information supplied by the person in charge. The provider had continued to provide a full staffing compliment, even though there were a small number of vacancies. Staff were supervised and were aware of the line management reporting arrangements. Residents were seen to be getting up at a time that suited them, with appropriate support being provided in the morning, and call bells were answered quickly.

Judgment: Compliant

Regulation 16: Training and staff development

The COVID-19 pandemic had interrupted the training programme and as a result, the training programme had fallen behind schedule. Records reviewed found gaps in mandatory training including manual handling and safeguarding training. Inspections were informed that these mandatory training sessions were scheduled.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate service.

The Director of Nursing had overall responsibility and authority for infection prevention and control within the service. Management systems ensured that the recent COVID-19 outbreak in the centre was effectively managed and infection prevention and control in the centre were appropriately monitored. A review of the management of the outbreak had also been completed and included lessons learned to ensure preparedness for any further outbreaks.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy and procedure in place for the management of complaints that identified the complaints officer and an appeals process. Information regarding how to make a complaint was accessible to inform residents, relatives and visitors and there were

arrangements in place for residents to access advocacy services as required. A review of the complaints log indicated that complaints, no matter how small, were recorded and investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and were updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspection found that residents were appropriately supported to live a good quality of life in the designated centre. On the day of inspection the inspector found that residents were receiving appropriate care and support to meet their needs. Oversight of residents' health care needs was good on the day of inspection. Weekly management reports included key performance areas like falls, incidents and pressure sores. This was effectively informing good practices observed, for example, the use of restrictive practices was closely monitored and there was a very low use of restrictive practices in the centre.

Residents had a choice of GPs. A total of 16 GPs had residents under their care. Residents' health care needs were promoted by ongoing on-site access to their GP and allied health professionals when required. The majority of consultations were done virtually during the recent outbreak. This was highlighted in the centres outbreak report as an area that could be improved.

Health care needs were assessed using validated tools which informed appropriate care planning. Based on a sample reviewed, care plans were person-centred and had been or were in the process of being updated. Care plans were seen to be personalised and provided good guidance on the care to be delivered to the of residents. However in the absence of specific infection prevention and control care plans there was some ambiguity over the location of infection prevention and control information for one resident being cared for with transmission based precautions.

Residents had opportunities for social engagement and the activity programme provided a choice of interesting things for residents to do during the day.

A residents meeting was held on the day of inspection. The inspector was informed that this was well attended and information discussed included an overview of the

current visiting arrangements and updates to public health/infection control advice. A number of residents had queried resuming social and recreational outings and management confirmed that they were endeavouring to facilitate this as soon as possible.

Staff continued to be assigned to different zones in the building and there were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units. Overall, the centre was clean and decorated in a homely way. The Inspector was informed that there were sufficient cleaning resources to meet the needs of the centre.

However the inspector observed weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents against infection. For example the inspector observed inconsistencies in the use of personal protective equipment (PPE) by staff during the course of the inspection. In addition facilities for and access to hand hygiene facilities in the centre were not optimal. While efforts and been made to de-clutter the centre items of resident equipment including wheelchairs and hoists were stored in stairwells. While equipment in the centre was generally clean, two portable fans were visibly unclean. Findings in this regard are further discussed under the individual Regulations 27.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in schedule 5. There were appropriate arrangements in place in relation to the management of risks in the centre. For example, the risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. The risk register was managed by the Director of Nursing. Risk assessments were subject to ongoing monitoring to ensure their effectiveness. Risks that could not be managed locally were escalated to the regional healthcare manager

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and

control measures were identified during the course of the inspection. For example:

- There was a lack of storage space resulting in the inappropriate storage of equipment
- Some surfaces and finishes were poorly maintained and as such did not facilitate effective cleaning
- Gloves were used inappropriately by staff during the course of the inspection.
- Access to hand wash sinks in a dirty utility room and cleaner's room were obstructed. Staff hand hygiene sinks were available on each corridor however these did not comply with current recommended specifications for clinical hand hygiene sinks.
- Drinking fountains adjacent to staff hand hygiene sinks did not comply with recommended infection prevention and control specifications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

Inspectors examined three residents care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. Care plans were under review at the time of the inspection. The individualised care plans reviewed were developed within 48 hours of admission and followed the comprehensive assessment of the resident's health, personal and social care needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical care and healthcare, including a high standard of evidence-based nursing care was provided. There was evidence that the provider/person in charge has facilitated referrals to additional healthcare services and treatments in accordance with residents' care plans. Residents were regularly reviewed by a consultant geriatrician.

The centre had established links with the palliative care team in the nearby Hospice who provided advice and support during the recent outbreak. The inspector was informed that residents had been reviewed by their GP following the outbreak of

COVID-19.

Judgment: Compliant

Regulation 9: Residents' rights

There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider all other options prior to its use. Of the 54 residents in the centre on the days of inspection, only two had bed rails in place and one had a lap belt for postural support.

Opportunities for residents' feedback and to ask questions were in place, which were acted on by the provider.

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the updated visiting guidelines. On the day of inspection residents were receiving visitors in their bedrooms in line with updated HPSC visiting guidelines.

The activity programme ran seven days a week and the activity schedule was informed by the interests and activity preferences of the residents. A copy of the weeks' activity programme was available to view in all residents rooms.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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 9: Residents' rights	Compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0032913

Date of inspection: 12/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All outstanding mandatory training has been scheduled and will be completed by 30/06/2021. The training matrix will be updated to reflect the completed training.</p> <ul style="list-style-type: none"> • IPC training completed 31/05/2021. • Fire training completed 02/06/2021. • Manual Handling scheduled for 30/06/2021. • Safeguarding: 04/06/21 completed. Further training scheduled for 17/06/21 and 30/06/21. <p>The PIC will monitor the training matrix to ensure that all staff training and development is maintained up to date.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The management and storage of equipment is currently under review. All surplus materials/equipment will be removed from the home and stored in a storage unit off site. This will be completed by 18/06/21. The PIC will be supported by the Facilities Team in monitoring equipment storage in the home to ensure appropriate storage arrangements and to facilitate cleaning and maintain infection prevention and control standards. • The Maintenance Person will complete a programme of works to ensure that all 	

surfaces and finishes are of a standard that facilitates effective cleaning, including flooring in need of replacement. This will be completed by 31/08/21.

- All staff have been reminded at handovers and at the Daily Safety Pause about the correct use of PPE, including the appropriate use of gloves. The PIC and CNM will monitor this on a daily basis.
- Excess equipment has been removed from the Utility Room and Cleaner's Room to ensure that the hand wash sinks are no longer obstructed, and staff have access to them. Deep cleaning of the Utility Room has taken place and the Infection Prevention and Control (IPC) Lead reviews cleaning standards regularly.
- Staff hand hygiene sinks are to be upgraded to comply with current recommended specifications for clinical hand hygiene sinks. This will be completed by 31/08/21.
- Drinking fountains adjacent to staff hand hygiene sinks are to be removed. This will be completed by 31/08/21.
- The PIC will undertake weekly audits to ensure compliance. An Infection Prevention and Control (IPC) Committee has been established in the home and the IPC Lead will undertake a monthly infection prevention and control audit, along with random daily spot checks to ensure compliance and promote improved IPC standards in the home.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
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	31/08/2021