



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:	Announced
Date of inspection:	03 December 2019
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0022823

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:	54
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 December 2019	09:00hrs to 18:00hrs	John Greaney	Lead
Wednesday 4 December 2019	09:00hrs to 15:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents and visitors throughout the two days of the inspection. All were very complimentary of the staff, saying that they were very responsive to their needs and were very kind and helpful. Residents generally commented on the cleanliness of the centre, saying that it was spotless.

Most residents complimented the food available, although some said that the quality varied on occasion. One resident stated that it would be nice to occasionally have a fry for breakfast. All stated that they were served good portions and were happy with the choice of food offered at mealtimes.

Capacity and capability

This was a well governed and managed service. There was a governance structure in place that supported the delivery of a safe and effective service.

The Park Nursing Home is part of the Mowlam Healthcare Services group, which owns and operates a number of other nursing homes throughout the country. The person in charge is an experienced nurse and manager and demonstrated a good knowledge of her role and responsibilities throughout the two days of the inspection. The person in charge is supported by a clinical nurse manager. The management team in The Park is supported by a team of national and regional managers. Oversight of the centre is facilitated through regularly scheduled meetings. There are local management meetings that are attended by key members of staff within the centre and regional meetings attended by managers from other centres under the remit of Mowlam. Issues discussed at these meetings included key performance indicators, resources, accidents and incidents and staffing.

The quality and safety of the service is monitored through a programme of audits that were scheduled over the course of the year. The findings of audits were used to support quality improvement. There was also an annual review of the quality and safety of care to ensure that such care was in accordance with relevant standards.

The person in charge held meetings with nursing staff, care staff, catering staff, and housekeeping staff on a regular basis. Staff members spoken with by the inspector were knowledgeable of individual residents needs. All interactions by staff with residents were observed to be caring and conducted in a respectful manner. A review of the roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff to meet the needs of residents on the days of the inspection. Staff were provided with training and ongoing development

opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver safe and effective care to residents. All staff had attended training in mandatory areas, such as safeguarding residents from abuse, manual and people handling, responsive behaviour and fire safety.

There was an effective recruitment procedure. A review of a sample of personnel records indicated that all staff were Garda vetted prior to commencing employment. However, of the sample of files reviewed, not all had two written references.

Residents were consulted through regularly schedule residents' meetings and any issues raised were addressed. There was an effective complaints procedure and this was on prominent display. Complaints were logged, investigated and addressed.

Regulation 14: Persons in charge

The person in charge is a registered nurse and has the required experience in care of the older person and in management. Residents were familiar with the person in charge and it was evident that she was engaged in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the staff roster and the observations of the inspector, there were adequate numbers and skill mix of staff to meet the needs of residents on the days of the inspection. Residents were complimentary of staff and stated that they were responsive to their needs.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended up to date training in mandatory areas of safeguarding, fire safety, responsive behaviour and manual handling.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3 and 4 of the regulations were stored securely and easily retrievable. A review of a sample of personnel records indicated that most of the requirements of Schedule 2 were met. All staff had Garda vetting in place prior to commencing employment. Of a sample of four files reviewed, one did not have two written references and there was a gap in the employment record for which a satisfactory explanation was not recorded.

The person in charge was also requested to review medication administration records as check marks were used to indicate that a medicine had been administered rather than an individual signature for each medicine.

Judgment: Substantially compliant

Regulation 22: Insurance

A certificate of insurance was available indicating that the centre was insured against risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

This centre is operated by Mowlam healthcare, who operate a number of other centres throughout the country. Hence, there are well established local, regional and national governance structures in place. The person in charge reports to a healthcare manager, who has oversight of a number of other centres in the region and also to a director of care services, who has a national remit. The person in charge is supported by a clinical nurse manager.

The quality and safety of care is monitored through a range of audits that include medication management, hygiene, health and well being, and catering. There was evidence that issues identified for improvement through the audit process were addressed. There was an annual review of the quality and safety of care that incorporated the views of residents and was available for residents and relatives to review.

Communication and reporting procedures included regular staff meetings. There were monthly health and safety meetings that were attended by representatives from various staff disciplines. There were also regional meetings of all persons in

charge of centres that were under the remit of the healthcare manager responsible for this centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services. The contract included details of the room to be occupied by each resident and specified whether or not the resident shared a bedroom.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all of the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accident and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints that identified the complaints officer and an appeals process. The procedure on how to make a complaint was on prominent display in the centre. A review of the complaints log indicated that complaints were recorded and investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were in place in accordance with Schedule 5 of the regulations. All were reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

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. The premises is two storey, with bedroom accommodation on both floors. The first floor is accessible through a lift and stairs. There are 21 single bedrooms on the ground floor and 31 single and two twin bedrooms on the first floor. All bedrooms are en suite with toilet, shower and wash hand basin.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Overall residents and relatives expressed satisfaction with the healthcare service provided.

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, three had bed rails in place and three had lap belts for postural support. Suitable assessments were conducted prior to the use of restraint. There was evidence that alternatives, such as low profiling beds and alarm mats were in use to minimise the use of restraint.

Measures were in place to protect residents from being harmed or suffering abuse. Residents spoken with stated that they felt safe in the centre and would have no problems informing staff if they had any concerns. Staff members spoken with by the inspector demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. The inspector met and spoke with a number of visitors who indicated that they had open access to visit their relatives.

The rights, privacy and dignity and independence of residents were promoted and protected. Residents were consulted in relation to the day to day operation of the centre, both formally through residents' meetings and surveys, and informally through opportunistic chats. There was an activity coordinator that facilitated both

group and one to one activities. Links with the local community were maintained through outings to local amenities and attractions.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents are facilitated to vote in local and national elections. Residents' religious preferences were ascertained and facilitated.

The centre was bright and clean throughout and decorated to a high standard. There was secure outdoor space to which residents had free access from one of the sitting rooms. There was a schedule of preventive maintenance for equipment such as hoists, slings, beds and mattresses. The records available, however, indicated the the interval between the servicing of hoists and sling extended beyond the recommended time frame.

Residents had control over their daily routine such as when to get up in the morning, when to go to bed and where to have their meals. Meal times were seen to be social occasions and residents interacted with each other throughout the meal.

Medication management practices were reviewed and significant improvements were required in relation to transcription practice. Recommended practice was not adhered to in relation to the signing of prescriptions by a medical officer and a valid prescription was not being used when medicines were being administered. The person in charge was also requested to review the procedure used by nurses for recording the administration of medicines.

There were measures in place for fire safety. All staff had attended up to date training in fire safety. Staff spoken with by the inspector were knowledgeable of what to do in the event of a fire. There was a procedure in place for the preventive maintenance of fire safety equipment, however, the frequency of servicing the fire alarm and emergency lighting extended beyond the recommended time frame.

Regulation 11: Visits

There is open visiting and visitors were seen to come and go over the two days of the inspection. Visitors were welcomed and knew staff by name. There were adequate facilities for visitors to meet with residents in private separate from the residents' bedrooms, should they so wish.

Judgment: Compliant

Regulation 12: Personal possessions

Residents have adequate storage space for personal property and possessions. There were adequate laundry facilities and arrangements for the safe return of clothes to residents following laundering.

Judgment: Compliant

Regulation 13: End of life

There were adequate arrangements in place to provide appropriate care and comfort to residents as they approached end of life. Family and friends were facilitated to remain with the resident overnight and had access to tea and coffee making facilities. Appropriate arrangements were in place to support family members following bereavement. Religious and cultural practices were supported and facilitated.

Judgment: Compliant

Regulation 17: Premises

The centre has bedroom accommodation for 56 residents in 52 single bedrooms and two twin bedrooms. It is a two storey premises and residents are accommodated on both floors. The centre is bright, clean and in a good state of repair. It is comfortably furnished and there is a good standard of decor throughout. All bedrooms are en suite with shower, toilet and wash hand basin and there are additional sanitary facilities that include an assisted bath. There is adequate communal and dining space and access to secure outdoor space.

Appropriate assistive equipment was provided and there was a programme of preventive maintenance. However, records available for the hoists and slings indicated that frequency of preventive maintenance was in excess of the recommended six months.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of

care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Most residents had their meals in the dining room.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available at the entrance to the centre and was also given to each resident on admission. The guide included details of the services provided and facilities available in the centre. It also outlined the procedure for making a complaint.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were adequate arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set out control measures to mitigate risks identified in the centre.

Judgment: Compliant

Regulation 27: Infection control

There were adequate procedures in place for the management of infection prevention and control. There were hand washing facilities and hand gel dispensers located at suitable locations throughout the centre. Some taps, such as those in the sluice room and housekeeping room were replaced during the inspection so that they supported good hand washing techniques by staff.

Judgment: Compliant

Regulation 28: Fire precautions

All staff had attended up-to-date training in fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. Personal emergency evacuation plans were in place for all residents identify the most appropriate means of evacuation of each resident in the event of an emergency. Fire drills were conducted regularly and there were good records available identifying the scenario simulated. Night time scenarios were incorporated into the drills.

Records of preventive maintenance were available demonstrating that fire safety equipment was serviced annually. There were also records available of the preventive maintenance of the fire alarm and emergency lighting, however, the frequency of maintenance extended beyond the recommended three month interval on one occasion.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a policy and procedure in place for the management of medications. There were regular audits of medication management and staff were facilitated to attend medication management training.

Nurses transcribed medications, however, transcription practice did not always comply with recommended guidance or with the centre's own policy on medication management. While two nurses' signatures were associated with each transcribed medication, these were not always signed by a medical officer within the specified 72 hours as required and were therefore not valid prescriptions.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment conducted prior to admission to ascertain if the centre could meet their needs. Following admission residents were assessed regularly using recognised assessment tools. Care plans were then developed following these assessments and these were updated regularly. Care plans were seen to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics, following referral. Systems were in place to ensure that residents that qualified for the various national screening programmes, such as BreastCheck, CervicalCheck and BowelScreen, were facilitated to avail of these programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that staff had the appropriate skills to respond to and manage responsive behaviours to enable positive outcomes for residents. All staff had attended training in responsive behaviour. Care plans contained adequate detail with regard to issues that may precipitate responsive behaviour.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

The provider had clear processes in place to protect residents' finances. The provider was not pension agent for any residents on the days of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents had control over their daily routine. Adequate processes were in place for consultation with residents in relation to the day to day operation of the centre. There were regular residents' meetings and annual surveys. Feedback was analysed and efforts made to address required improvements. There was a programme of activities that included group and one to one activities, some of which were facilitated by external providers.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not 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