



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

Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Announced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0040532

About the designated centre

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

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the other units. Within the Boyne and Barrow, there is a reminiscence town streetscape where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting rooms, dining rooms, gardens and a cafeteria, which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit also includes a range of hairdressing, beauty and spa services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	132
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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 15 November 2023	09:10hrs to 18:10hrs	Sinead Lynch	Lead
Wednesday 15 November 2023	09:10hrs to 18:10hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Inspectors met with a number of residents and spoke with residents who were well and able to converse. The feedback from residents was they were well looked after by the management and staff.

Residents spoken with said they attended activities when possible. However, some residents did say that the weekends were quieter as there was no member of the activities team working at the weekends. One resident told the inspectors that 'sometimes they forget to put mass on the tv for us'. Inspectors were informed that health care staff were nominated to carry out activities at the weekends but they were also expected to carry out their own duty as care provider during this time.

The premises appeared well-maintained and residents informed the inspectors that their rooms were cleaned daily. Each bedroom was found to be clean and well-organised. Each resident had space available to store their personal items. Residents spoken with were happy with their rooms and the facilities available to them. There were many day rooms and dining rooms throughout the centre which were found to be bright and airy. Around each unit there were garden areas that residents had safe access to, some of these included a mini-golf putting green for residents' recreation. The centre also had a coffee shop and day spa facility for residents to avail of and inspectors observed residents having their hair done and enjoying a hot drink on the day of inspection. One resident spoken with said they enjoyed sitting in the sun room and that they were 'very happy here and they love it here'.

Each dining room had tables set with all the required condiments. Inspectors observed that residents were served wholesome and nutritious meals. All meals served appeared appetising and there were appropriate staffing levels to assist residents when required or requested at each meal. However, some residents did say that the lunch meal was served too early in the day. This meal was being served at 12.00 midday. The inspectors shared this feedback with the management team who said they would review this.

Visitors were observed to be coming and going from the centre with no restrictions in place.

Some visitors took the time to speak with the inspectors. The majority of visitors spoke very positively about the centre and the care their loved ones received. However, a few relatives highlighted that there appeared to be a high turn over of staff.

Laundry facilities were available on site. Residents informed the inspector that they could send their laundry for washing and received it back clean and fresh every few days. Clothing was labelled with the resident's name to prevent loss.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in place with effective management systems ensuring the delivery of quality care to residents.

The registered provider of Parke House Nursing Home was Parke House Nursing Home Limited. The person in charge was supported in their role by an assistant director of nursing (ADON), senior nurses and a full complement of staff, including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff.

Minutes of management team meetings were made available to the inspectors. These meetings were attended by senior managers of the centre. Among some of the items discussed were in relation to admissions and discharges, human resources and any equipment that was required for the residents living in the centre.

The inspectors followed up on feedback from residents and relatives in relation to a noticeable high turnover of staff. A review of rosters showed that there had been a small number of staff who had left the centre over time but not large numbers. The inspectors spoke with staff that had been working in the centre for between two and seven years. The management team did highlight that as it is a large centre, staff were being rotated at times and could be rostered to work throughout the centre as meeting the residents needs was their priority.

There was a comprehensive annual review completed by the management of the centre. This included, residents participation and opinions, statistics and results from audits and also had a detailed improvement plan for 2024 for the centre.

The management and staff had made good progress in relation to the compliance plan following the inspection in January 2023. The provider and person in charge had robust oversight of infection prevention and control and fire management in the centre. A walkabout audit was completed regularly and items highlighted were actioned and completed within a short time frame. Oxygen was stored appropriately and signs indicated where oxygen was being stored. All fire exits were free from obstruction on the day of the inspection. Staff had been educated in infection prevention and control and improvements were observed by the inspectors in relation to single use dressings and general knowledge around cross-infection.

There were surveys completed by residents. The results of these surveys showed an over all positive response from the residents. Regular meetings were also held with

management, staff and residents. These meetings gave the residents the opportunity to discuss changes they wanted to implement in the centre or what they believed was working well in the centre. Records showed that these meetings were well-attended.

The management team had a suite of audits available in the centre. These included audit in relation to falls, wounds, infection prevention and control, care planning and medication management. There was learning identified with clear target dates to be completed by and the accountable person was specified.

Records were made available to inspectors on the day of the inspection. These were stored in a safe and accessible manner. Improvements were observed in relation to staff files being completed prior to commencement of employment for all staff.

The inspectors viewed residents contracts for the provision of service. These contracts specified the services to be provided to the residents, the fees to be paid and any additional fees for services as required.

There was a directory of residents' made available to the inspectors. It contained the majority of information required. However, it did not specify who arranged the admission or the sex of the resident being admitted.

Regulation 19: Directory of residents

The registered provider had maintained a Directory of residents in the designated centre. However, it did not contain all the required information as set out in Schedule 3 of the regulations. For example;

- The name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre
- The sex of each resident

Judgment: Substantially compliant

Regulation 21: Records

Records were maintained in the centre in a secure but easily accessible format. All required documents for each staff member was available upon request.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident concerned, the terms, including terms relating to the bedroom to be provided to the residents on admission. The contract included any fees to be charged for each service. All contracts were signed by either the resident or their nominated person.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of any accident or incident within the required time-frame as set out in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing a suite of policies as set out in Schedule 5 of the Regulations. These policies were amended every 3 years or more frequently if guidance or best practice changed.

Judgment: Compliant

Quality and safety

Staff working in the centre were committed to providing quality care to residents, they knew the residents and this was evident in their communication and respect shown to the residents.

Residents' care plans and assessments were completed following a documented pre-admission process. There was a comprehensive plan of care in place for all of the resident's current needs which were personalised and updated regularly. An end-of-life care plan was in place for each resident and records showed that residents were involved in the care plan and supported by their representative. Suitable facilities were available to residents' families when residents were receiving end-of-life care.

Communication care plans were in place for residents with evidence of appropriate referral to audiology and speech and language professionals. Staff were seen to be respectful, friendly and courteous with the residents. Staff who spoke with the inspectors showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities and restrictive practices were audited.

Residents' rooms were spacious and personalised with adequate storage space for residents' belongings and clothing. Clothing was laundered regularly and returned promptly to residents who were happy with the service. There was a lockable space beside each resident's bed for storage of personal items and the centre had a procedure in place for residents' finances.

Residents' meals were served early each day. The main lunch-time meal was being served at 12 midday. Questionnaires that residents had completed in advance of the inspection had highlighted this issue. The management team said they would review the meal service following the inspection in consultation with the residents. The meals prepared and served to residents appeared nutritious and appetising.

While there was evidence that residents rights were upheld in the centre and residents had access to TV, newspapers, phone and internet the provision of activities at weekends was identified as an area that required review. Residents meetings were held regularly and there was also evidence of consultation with residents in the annual review.

There was a residents' guide available for residents and each unit also had a large residents' information board with information displayed on it for all residents such as how to make a complaint, a copy of the residents guide, information on tax relief and details of advocacy services.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely in the centre. Where needed residents had access to appropriate services and care plans adequately reflected the needs of the resident.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that each resident received end of life care based on their assessed needs and residents loved ones were involved in their end of life care if they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Some residents reported that they were not satisfied with the times that the meals were being served at. For example, lunch was being served at midday and the evening meal was served at 4pm. The provider reported that they will review this feedback and practices.

Judgment: Substantially compliant

Regulation 20: Information for residents

An up-to-date residents guide was available for residents and contained all the required information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner. Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were documented and communicated to ensure resident's safety.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission, to ensure their needs could be met in the centre. On admission, care plans were developed for any identified issues. The inspector saw that there were individualised care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. Care plans were person-centred, detailed and reflected the residents' preferences. Care plans were reviewed on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff interacted appropriately and respectfully with residents at all times. Restrictive practices were used with the consent of residents and in the least restrictive manner.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that there was not much to do at the weekend and that opportunities for activities were limited. Activity staff were rostered Monday to Friday. While healthcare staff were nominated on the roster to carry out activities at the weekend this role was an add-on to their healthcare assistant role. This at times negatively impacted the residents rights. For example, residents informed the inspectors how on one occasion they were not able to watch mass on the tv at the weekend as the staff had forgotten to put it on or were too busy.

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
Capacity and capability	
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0040532

Date of inspection: 15/11/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Parke House Nursing Home shall ensure that a Directory of Residents in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (S.I. No. 415 of 2013) is maintained at all times.</p> <p>- Parke House Nursing Home has sourced an updated format for the Directory of Residents which includes all information specified in paragraph (3) of Schedule 3. It is currently with external design company for printing after final proof reading. Completion Date: 1st February 2024</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Parke House Nursing Home shall ensure that all meals are provided to residents in pleasant surroundings at times convenient to them from a menu that offers choice and caters for specific diets. Residents of Parke House Nursing Home shall choose where and when they wish to eat their meals. Whether they wish to dine alone or with other residents of their choice, in their own room or in the dining room, the resident is supported by staff in their decision.</p> <p>- A full review of the Parke House Nursing Home mealtimes and dining experience was completed. Completed: 01/12/2023.</p> <p>- Mealtimes were discussed with all residents and individual likes and preferences regarding mealtimes were implemented. Completed: 04/12/2023</p> <p>- Parke House Nursing Home following the review now have three lunchtime and teatime</p>	

options:

- Lunchtime: 12.00, 12.30 and 13.00.
- Teatime: 16.00, 16.30 and 17.00: Completed: 04/12/2023

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Recognising, protecting, and promoting the rights and diversity of residents, including autonomy, respect, dignity, privacy and equality of opportunity are a fundamental part of the care provided Parke House Nursing Home.

Parke House Nursing Home is committed to facilitating the resident to exercise choice and to continue a lifestyle in the nursing home that is consistent with their previous routines, expectations, preference, and recreational interests and needs where possible.

- Parke House Nursing Home are recruiting for an Activities Co-Ordinator specific to the delivery of meaningful activities to all residents every Saturday and Sunday. Completion date: 12/2/2024

- Parke House Nursing Home completed a full review of the activity's offerings provided to all residents. All activities schedules were reviewed to reflect the updated programme: Completion date: 12/02/2024.

- Resident satisfaction with the activity programme will be reviewed through regular resident committee meetings. All actions where required will be reviewed and actioned by the Management Team: Completion date: 12/2/2024

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 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	04/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	12/02/2024