



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:	27 February 2020
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0027878

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 is home to the River Day Spa, which offers our residents a full selection of hairdressing, beauty and spa services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	135
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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
Thursday 27 February 2020	09:00hrs to 18:45hrs	Margo O'Neill	Lead
Thursday 27 February 2020	09:15hrs to 18:45hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

Thirteen residents and family members completed satisfaction questionnaires sent by the Health Information and Quality Authority in advance of the inspection. Inspectors met with a number of residents and their relatives during the inspection. Feedback received was overwhelmingly positive regarding residents' experiences and their level of satisfaction with living in the centre.

The first impression that inspectors had when they arrived was that the centre was bright and cheerful, staff were welcoming and the residents were smiling and seemed to be happy to live there. This impression was validated throughout the day. Relatives said you get a positive vibe and you feel welcome the minute you come through the door. Residents felt they were valued and that staff were there to support them. All the residents who spoke with inspectors commented positively about the staff. One resident said absolutely nothing is too much trouble, the maintenance, the laundry and the kitchen staff all interact with you and everyone is willing to help. If an issue arises every effort is made to sort it out and keep everyone happy. Staff were described as professional and hardworking. One residents stated 'It's not just a job to them they are caring and passionate'.

Inspectors observed that the majority of residents had single rooms and a married couple who shared a twin room were delighted that this arrangement suited them. Nearly all the residents personalised their bedrooms with family photographs, fabric throws and ornaments. Some residents brought items of furniture from home. Most of the residents were up and about and some of them returned to bed for a rest after lunch. Residents had a lockable compartment in their bedside locker. They were satisfied that there was sufficient wardrobe space for their clothes and shelves on which to display their ornaments and photographs. Many of the residents used the laundry service and were pleased with how their clothes were maintained. All the clothes which inspectors checked were labelled with the residents' name. Residents looked well groomed and many of the ladies wore items of jewellery or a shawl to match their outfit. A relative commented that her mother was better groomed than her daughters, because she loves going to the spa and had her hair done every week there. Inspectors observed the hairdresser/ beautician met residents on the unit and took them to the spa for their appointment.

Residents in twin rooms were pleased that they had a television with ear phones, so that they could watch whatever programmes they wanted without worrying that the other person might be disturbed. One person who completed the survey recommended that a second storage unit be installed in the shared en suite in twin rooms. A resident who shared a room was pleased with this suggestion, as he suspected that his toothbrush may have been used by the second person on one occasion. He said that the head man had provided him with a new toothbrush immediately when he told him about it.

Comments about the food were very positive. Residents said 'You couldn't fault it'

and 'It's so good, you could nearly eat the plate'. One person who completed a survey recommended more gluten free options. The Chef explained that all the soups and sauces were gluten free for everyone and that gluten free cakes and desserts were made daily. Inspectors met with three residents who required a coeliac diet and they said they were happy with the options on offer.

Staff were observed to be respectful, kind and gentle towards residents. Their approach was person-centred and as they knew residents well, they chatted easily about family members and residents' lives. Staff were available, they had time and they paced their work so that they had time to engage socially with residents. Residents said they liked to spend their day in a favourite room, as it provided an opportunity to 'meet and chat' with other residents. Many of the residents identified the cinema as their favourite room. They liked to watch a movie or a show there. Other residents liked to sit in the Sun Room and chat with other residents. Some residents commented on how beautiful the tropical fish were. One man said he likes to sit in the day room with a cup of tea in the morning, when there is nobody else there and just watch the fish swimming about. Inspectors observed that each unit had a secure garden which could be accessed freely by residents. Visitors said they enjoyed taking residents for a walk in the garden and residents were pleased to see that daffodils were in bloom. Some raised beds had herbs and plants which residents tended. There was also a pitch and putt practice area in one of the outdoor areas.

Some residents with high support needs, who spent their day in the sitting room told the inspector that they enjoyed being in the company of other residents. Other residents said they chose to spend most of their time in their bedrooms watching television. Residents all appeared to be awake and watching or engaging with what was going on. One resident introduced the inspector to her baby. A doll which staff said took a shower when the resident showered. It was evident that this resident derived comfort and enjoyed from doll therapy. Activity boxes were available in every communal room, to support staff to engage with residents. Residents expressed a broad range of activities that they enjoyed. These included yoga, pilates, country music, karaoke and the walking club. A man showed inspectors his mobile phone app which indicated that he had taken over 6,000 steps before noon. A resident said they enjoyed trips home and the opportunity to meet with neighbours and friends. The activity team leader was aware that some residents wished for more engagement with the wider community. He had arranged for transition year students to spend time in the centre. He also had plans to set up a Men's Shed and identified staff with key skills to support this project.

Inspectors spent time in the centre's dementia specific unit, the Boyne and the Barrow unit. This had a relaxed and calm atmosphere. Residents were observed spending time in a number of homely and comfortable sitting areas throughout the unit. Some residents were engaged in activities such as the daily newspaper discussion, while others were observed looking at books of old pictures to reminisce or strolling around the unit. The different sitting areas had cosy faux fireplaces and were decorated with interesting pictures, record players to play music and create ambiance, attractive items of furniture and bookshelves that contained various games and books for residents' use. Staff interactions with residents were patient,

kind and person-centred. Inspectors noted that residents were offered choice in all aspects of their daily routine and at mealtime. Inspectors observed that the dining tables were set with care and each table had a small floral arrangement, meals were a relaxed and social occasion for residents on the unit.

Outside the Boyne and the Barrow unit was an interesting streetscape that residents could look on at when relaxing inside. The centre's activity coordinator informed inspectors of the many plans that were in progress to use the streetscape for outdoor parties and events during the upcoming summer.

Complaints were reviewed at the centre's monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, other staff members or their family members.

Capacity and capability

The centre's governance and management structure was clear. The provider representative worked in the centre on a full time basis and oversight of the service was assured. The provider took a proactive approach to managing risk and had management systems in place to monitor the quality and safety of the service and continuous quality improvement of the service. The provider representative and management team met formally on a weekly basis and convened regular governance and management meetings to review all aspects of the service provided including, action plans from monitoring activity, risk management, staffing resources and complaints. The person in charge worked full time in the centre.

The service was adequately resourced and suitable arrangements were in place to maintain and service all equipment. Maintenance staff were employed full time and the premises was maintained to a high standard.

The staffing levels reflected the centre's statement of purpose. The staffing compliment and skill mix was under constant review to ensure the staffing resource was sufficient and competent to meet the assessed nursing and social needs of residents.

In addition to developing and implementing action plans to achieve compliance following the previous inspection in July 2019. The management team also took a proactive approach to developing the service and improving the quality of life for the residents. The person in charge and assistant director of nursing were visible on the ground and they knew the residents well. They were available to meet with residents and relatives. Residents who were admitted for a short term stay were issued with a satisfaction survey post discharge. Annual surveys were completed to elicit feedback from residents and relatives and the arrangements for residents' meetings were revised to facilitate greater attendance. Feedback was discussed at

management meetings and there was evidence that complaints and feedback was used to inform quality improvements. A recently recruited activity team leader was working to enhance the quality of life for residents and support care assistants to be more involved in recreational activities. The staff uptake of the flu vaccine had increased to 75% following education and an incentive prize draw.

The provider ensured that all staff had completed Gardá Vetting before commencing working in the centre in line with the National Vetting bureau (Children and Vulnerable Persons) Act 2012. The provider was a pension agent and had suitable, transparent, arrangements in place to ensure that residents' finances were appropriately safeguarded.

Regulation 14: Persons in charge

The Director of Care was the person in charge. She was appointed to the post in April 2018 and worked full time in the centre. She had 20 years experience as person in charge and holds two management qualifications. She has a clear understanding of her role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of competent staff to meet the assessed nursing and recreational needs of residents. The number of registered nurses, including nurse managers on duty ranged from nine in the morning to five on night duty.

Staff were observed to be caring towards residents and were knowledgeable regarding their individual and collective needs. A clinical nurse manager on-duty each day was supernumerary to staff providing direct care of residents and supported the person in charge with supervision of residents' care, staff and with auditing procedures.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional development training. There was effective oversight of staff training and all mandatory staff training was up-to-date.

There were suitable arrangements for the induction of new staff and annual staff appraisals were linked to continued professional development. The provider organised for the QQI level 5 Health Care support programme to be held in the centre to ensure that staff were trained and competent to perform their roles.

Approximately one third of staff attended training in dementia care which included supporting residents with responsive behaviours. Some staff were scheduled to attend this training in March and the provider had plans in place to roll out this training to all staff in 2020.

Staff were supervised according to their role. Staff teams were nurse led and senior care assistant grades had responsibility to oversee and support care assistants. The task allocation system had been developed to provide clarity for each team member regarding their specific roles and responsibilities and it supported individual accountability. The person in charge said the new system helped her to get to know the staff better. She was aware of the strengths of each team member and could ensure that teams were balanced with more experienced staff available to supervise and support other team members.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and contained all items of information as required by the regulations in respect of persons employed in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The provider representative gave assurances that all staff working in the centre had completed Garda Siochana vetting disclosures available in their files.

Records of emergency evacuation drills and testing of fire equipment were maintained and made available to inspectors. The records of simulated emergency evacuation drills viewed on the day of inspection contained sufficient detail of the simulated emergency evacuation. The evacuation drill records reflected the evacuation of room and not a compartment, as required in an emergency situation. This is discussed further under Regulation 28.

The policies as required by Schedule 5 were all available. Daily records of each resident's condition and treatments received was maintained by night and day nursing staff.

Judgment: Compliant

Regulation 22: Insurance

The provider had a current insurance policy which met regulatory requirements

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management structure to ensure the oversight and continuous delivery of a safe and effective care. A well defined management and team structure was in place that identified lines of authority and accountability. All staff had defined roles and responsibilities in all areas of care provision.

The centre has sufficient resources to ensure the effective delivery of care in accordance with the centre's statement of purpose.

The centre's management systems were effective and comprehensive; these included an extensive schedule of audits, evidence that incidents, accidents and near misses were analysed to inform learning in addition to ongoing quality improvement action plans and initiatives. This ensured effective ongoing monitoring of the service to ensure it was safe, appropriate, consistent and effective.

There was a comprehensive annual review of the service for 2019.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract for the provision of services. The contract had been reviewed since the previous inspection to reflect the Competition and Consumer Protection Commission (CCPC) guidance.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose clearly described the management structure, the facilities and the service provided. The provider agreed to make minor amendments to include a table with more details of the

accommodation in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted required statutory notifications of incidents involving residents to the Chief Inspector within the timescales as specified by the regulations.
Judgment: Compliant
Regulation 32: Notification of absence
The provider representative was aware of the providers responsibilities to notify the Chief Inspector about the absence or the proposed absence of the person in charge. Inspectors noted that the Assistant Director of Nursing who deputised for the person in charge also held a management qualification.
Judgment: Compliant
Regulation 34: Complaints procedure
A policy was in place to inform the management of complaints in the centre. Residents' feedback was welcomed and used to improve the service as necessary. Information on the complaints procedure in the centre and accessing support was communicated to residents and the complaints procedure was displayed.
A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. The records confirmed that complaints received were appropriately recorded and investigated. The satisfaction of complainants with the outcome of investigations was recorded. The policy needed review to provide clarity regarding the appeals procedure.
Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to inspectors. Policies and procedures were centre-specific and included the policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

Quality and safety

Overall, care and support was delivered to a good standard and there was evidence that residents enjoyed a good quality of life. The centre was well maintained, clean, warm and comfortable. There was ample choice of different spaces and areas for residents to use and enjoy in addition to their bedrooms. The centre was tastefully decorated throughout and there was adequate storage space for residents' belongings.

Pre-admission assessments were completed to ensure the centre could meet residents' needs. Further improvements were required to ensure that care plans consistently contained person-centred information and that there was sufficient detail to direct staff when providing care to residents. Residents' end of life wishes and preferences were identified and recorded and there was a palliative care suite to provide additional facilities for residents and their families.

Overall residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort, with their social or physical environment) received positive person-centred support from staff that knew them well. Staff required training to ensure that person-centred interventions were tried first and PRN medicine was administered only as a last resort when responding to and managing episodes of responsive behaviours. Ongoing efforts to reduce the use of restrictive practice in the centre were evident; further improvements were required however and the centre's restraint register required updating to include all forms of restrictive practice in use.

Inspectors were assured that residents were provided with good quality, appetising and nutritious food in accordance to their choice and preferences. There was a comprehensive programme of activities in the centre that was developed based on residents' interests and capabilities. Residents' religious and civil rights were facilitated and respected in the centre. Privacy arrangements in place for residents on the Boyne and Barrow unit required review to ensure their right to

privacy was assured and respected.

Further assurance was sought regarding the arrangements in place to ensure the safe evacuation of residents in the event of a fire from the largest fire compartment with night time staffing levels. This assurance was submitted to the chief inspector following the inspection. Weekly fire safety checks and staff knowledge regarding emergency fire safety procedures required improvement.

Residents who spoke with inspectors reported they felt safe and respected in the centre.

Regulation 12: Personal possessions

Residents reported they were satisfied with the arrangements in place to manage their laundry and satisfied that there was sufficient space in which to store their clothes and personal belongings.

Arrangements were in place to facilitate residents to store their valuables safely. The provider acted as pension agent for one resident; these arrangements were in line with the guidelines set out by the Department of Employment Affairs and Social Protection.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Where possible, residents were involved in making advanced decisions regarding their end-of-life care. Residents were given opportunity to make informed choice regarding their end-of-life care including their spiritual care and where they wished to receive care. All the residents whose care plans were reviewed had a detailed end-of-life care plan to guide staff to provide care in line with the resident's preferences and wishes.

Residents were provided with good support to meet their spiritual needs from local clergy who attended the centre regularly and individual residents as requested. A palliative care suite with a single room, a kitchenette and a couch was available to support relatives to be with a resident on their final journey.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met residents' needs. The centre was very well maintained and in a good state of repair throughout. All residents' accommodation was on the ground floor. The centre was divided into four units; the Liffey, Rye, Blackwater and the Boyne and the Barrow Units. The centre had capacity for up to 145 residents and all rooms had full en suite facilities.

The Liffey unit contained 31 single bedrooms and nine twin bedrooms. The rye unit comprised of 22 single bedrooms and one twin bedroom. The Blackwater unit comprised of 40 single bedrooms and four twin bedrooms. The Boyne and the Barrow unit, the centre's dementia- specific unit, had 24 single bedrooms. Bedrooms were of adequate size and were furnished in line with the regulations. Residents were supported to decorate their rooms with personal items such as paintings, photos and small items of furniture. All residents who spoke with inspectors reported satisfaction with their living arrangements.

Each unit had a dining space and a number of comfortable sitting areas for residents to relax in. In addition there was a cinema room, an oratory, a cafe, a library, an activity room, a day spa which contained a barber's area, nail bar and hairdressers' salon, a physiotherapy gym and a fully equipped smoking room. Each unit had access to a well maintained outdoor space; some of these areas contained water features, a pitch and putt area, raised flower beds, gazebos and suitable sitting areas for residents and families to use.

There was suitable equipment to assist residents of higher dependency and there was adequate storage facilities with a number of designated storage areas available throughout the centre.

There were handrails throughout the centre's corridors to support residents' safe movement and independence. Additional handrails were required however, in a number of en suite and accessible toilets. Additional shelving in twin bedroom en suites was also necessary to ensure adequate space for residents to store and segregate their products.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents nutrition and hydration needs were assessed and met. Residents were screened for risk of malnutrition or dehydration on admission and reassessed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain.

Appropriate procedures were in place to support residents with insufficient fluid and

food intake. Records of food and fluid intake were maintained.

Three of the four units had two meal sittings to ensure that staff were available to support and assist residents who needed assistance with eating and drinking. The Boyne and Barrow Unit were considering introducing a second meal sitting. Mealtimes were observed to be social occasions for many residents and staff made efforts to ensure residents choice was respected and friends were seated together.

Residents had appropriate access to dietetic and speech and language therapy. Care plans were updated to reflect specialist advice and communicated to the carers and the catering team. Suitable arrangements were in place to provide meals to residents with special dietary requirements including gluten free, renal diets, high calorie and diabetic diets.

The chef met with residents to ensure the menu options reflected their preferences. The menu was revised recently following review by a dietitian. Inspectors saw that two hot meal options were provided at lunch time and chicken or fish were available as a third choice if required. Residents who required a modified diet had the same menu choices as other residents. The tea menu included a hot meal, a salad and sandwiches and soup. Gluten free options were on offer at each meal.

The senior care assistant had a key role in overseeing that each resident was provided with a meal appropriate to their needs and ensuring that records in intake were current and accurate.

Staff and residents confirmed that snacks and refreshments were available for residents throughout the day and at night.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide booklet contained the required information and was available to residents .

Judgment: Compliant

Regulation 26: Risk management

There was an up to date risk management policy and procedure to inform the management of risk in the centre. The policy outlined measures and actions to control the five specified risks outlined in the regulation; abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression

and violence and self-harm. There was a comprehensive risk register maintained in the centre that was reviewed and updated regularly.

Incidents that occurred in the centre were analysed and all learning identified was communicated to staff through daily handover meetings, staff meetings and IT based alert messages.

The registered provider had a plan in place for responding to major incidents and arrangements for alternative accommodation for residents if a situation occurred that required this.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Sufficient numbers of hand washing sinks and hand hygiene dispensers were conveniently located throughout the centre to support good hand hygiene practices. Residents and staff were observed using the hand hygiene dispensers.

All staff attended infection control training every two years and regular hand hygiene audit reports showed consistent positive results.

The chemical store room was well equipped and cleaning trolleys had compartments and drawers to support good practice.

The sluice was well equipped but inspectors found clean linen skips stored in a sluice room.

All residents' bedrooms had en suite facilities and the majority of residents in the centre were accommodated in single bedrooms. The cleaning system in place reflected best practice cleaning procedures. Staff who spoke with inspectors were suitable trained and knew their job. While the cleaning supervisor provided details of cleaning routines, documentary evidence of cleaning schedules for toilets and deep cleaning of bedrooms was not available.

Staff told inspectors that hoist slings were used by more than one resident. This presented a potential infection control risk to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Regular fire evacuation drills were carried out in the centre, however; no drill to evacuate the centre's largest (8 bedded) compartment with night time staffing levels had been simulated. Inspectors requested further assurances regarding this. A record of a fire evacuation drill that simulated full evacuation of the largest (8 bedded) compartment in the centre with night time staffing levels was submitted shortly after the inspection. The record detailed that the compartment had been evacuated in one minute and 36 seconds with night time staffing levels (8 staff members).

Staff were facilitated to attend training and fire evacuation drills, however; staff that inspectors spoke with were unclear regarding the procedure to follow when evacuating residents and where to evacuate residents too. Staff knowledge of fire safety procedures required further improvement.

Although written fire procedures were present in the centre, fire maps were not available with detailed fire compartment boundaries to aid staff to identify the closest point of safe refuge. The registered provider undertook to address this.

Quarterly and annual servicing of fire system, emergency lighting and fire fighting equipment was up to date. There was evidence of daily and weekly safety checks; with the exception of weekly sounding of the fire alarm to ensure it was operational.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine management procedures and practices. Nurses administering residents' medicines wore red plastic tabards advising that they not be disturbed during this procedure. Inspectors observed timely administration of residents' medicines as prescribed and in line with professional guidelines.

Residents had access to the pharmacist responsible for dispensing their medicines. Dates for his attendance at the centre were posted on the notice board. The pharmacist was facilitated to meet their obligations and completed regular medicine audits.

Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Suitable procedures were in place to return unused or out-of-date medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Admissions to the centre were based on a pre-admissions assessment. For all residents, a comprehensive assessment of their needs was completed on admission; these assessments informed care plan development.

Ongoing work and effort by staff, was noted by inspectors, to ensure care plans contained person-centred information; this was particularly evident from examining the end-of-life care plans which were found to detail residents' preferences and wishes to direct staff at this important time. However some of the care plans examined were generic and lacked specific information to support person-centred care.

Some care plans lacked sufficient detail to direct staff to ensure consistent, safe care and support was provided. For example; a seizure care plan examined by inspectors lacked sufficient detail to direct staff regarding frequency of blood tests to monitor and inform safe use of medicines. Another care plan to direct staff regarding wound care could not be located on the day of the inspection; this was addressed on the day of the inspection by creating a new care plan to inform staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met and they had timely access to a GP and specialist medical services such as psychiatry of older age and palliative care services as necessary. A geriatrician led community support team from Connolly Hospital also visited the centre and reviewed residents. This initiative prevented residents from being admitted unnecessarily to hospital.

Referrals were made for residents to community health and social care professionals as appropriate. The provider employed a physiotherapist on a full time basis and also had arrangements for residents to access health and social care professional services privately to ensure timely interventions to meet residents' needs. The physiotherapist played a key role in falls prevention and did a post falls assessment if a resident sustained a fall. Residents had access to occupational therapy services and a number of residents had specialist seating and motorised wheel chairs and scooters. Risk assessments were carried out to determine if residents could safely operate motorised equipment independently or if staff supervision was required. This was reflected in their care plans.

Residents were supported to attend out-patient appointments. Arrangements were in place for residents to access national screening services such as diabetic retinal

screening, breast and bowel screening.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents who presented with episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort, with their social or physical environment) were provided with appropriate positive behavioural supports to meet their needs. This support was observed by inspectors to be person-centred, kind and patient. Behavioural support care plans contained mostly person-centred information. This information directed staff regarding non-pharmacological de-escalation strategies when supporting residents.

The use of PRN ('as required') medicine with residents who had episodes of responsive behaviours required review, to ensure that person centred interventions were tried first and PRN medicine was administered only as a last resort. Although there was evident that episodes of responsive behaviours were analysed, there was insufficient detail in records to evidence that alternative non-pharmacological methods of de-escalation were used by staff before administering the PRN medicine. This finding did not ensure that PRN medicine was administered as a last resort as outlined in the national policy guideline. Furthermore analysis of each use of PRN medicine was not reviewed at a local level in the centre to ensure consistent appropriate clinical decision making occurred.

Forty staff members (approximately 27%) of the 150 staff working in the centre, had received dementia specific training. This required review particularly in light of recent staff turnover. Management had identified this training need and had proactively organised dates for five dementia training sessions for new staff members to attend.

On the day of the inspection the use of restrictive practices was relatively high with 33 (approximately 25%) of the 135 residents using one or more bedrails. There was, however, evidence of ongoing work to reduce the level of restrictive practices in the centre through education and provision of less restrictive alternatives for residents. Care plans related to the use of bed rails and other restrictive practices contained sufficient detail to direct staff when using and carrying out safety checks on restrictive equipment. Inspectors observed that there was unrestricted access to outdoor spaces in the centre.

There was a restraint register maintained in the centre. This required updating to include all forms of restraint used in the centre, for example all physical, environmental, chemical restraints and the withholding of residents' cigarettes in a central location.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from abuse. An up to date policy and procedure informed staff regarding safeguarding of residents and staff had received training in the prevention, detection and response to abuse. Residents who spoke with inspectors reported they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and were given opportunity to participate in the organisation of the centre. Staff respected residents' privacy and dignity by closing screen curtains around beds in twin bedrooms and closing all bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors. However, not all toilet doors had a functioning lock to ensure privacy and dignity for residents when using these facilities. Staff outlined plans to install new locks in the bedroom doors in the Barrow and Boyne unit. The proposed locks will necessitate that residents have to request a key if they want to lock their door. This arrangement could impact on the rights of these residents. The person in charge was advised to explore alternative locks.

Residents were assessed to ensure that suitable activities were provided to meet their individual needs. Each resident had a 'key to me' completed and other information regarding the activities that interested them. A person-centred care plan was developed for each resident describing their interests and the activities available that best suited their capabilities and interests. The activity team worked to provide a range of activities for residents each day. Residents were free to attend activities in other units if they wished. Activity staff were trained and the team leader had a special interest and insight into the needs of residents with a dementia and used a validated tool to determine the level of functioning and suitable activities for each resident.

Inspectors were also told that facilitating residents' activities was an integral part of all staff roles and staff were observed socialising with residents. One resident told inspectors that everyone including the maintenance man will stop to have a chat with you.

Family members were encouraged to take residents out and maintain contacts with their community. Several residents used lap tops and a work station with a computer connected to Wifi was available in the sun room for residents to use. A

number of residents used it to SKYPE family or friends.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were respected. Residents' right to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks. Residents were satisfied with opportunities for religious practices.

There were protected mealtime but otherwise there were no restrictions on visitors. There were several areas in the centre where residents could meet their visitors in private if they wished. Residents had access to national and local newspapers.

The centre had a spa which operated from Monday to Friday. Residents availed of a range of beauty, pedicure and massage therapies as well as hair dos and nail bar treatments.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0027878

Date of inspection: 27/02/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Parke House Nursing Home is committed to the implementation of a complaints management process that is fair, transparent, non-prejudiced, non-recriminatory and impartial to the Complainant and the subject of the complaint.</p> <ul style="list-style-type: none"> • RR-017: Responding to Complaints Policy and Procedure, was reviewed, updated, approved and distributed to staff – Completed 10/03/2020. • The Responding to Complaints Policy and Procedure was updated to include that the Complainant may seek an independent appeal review from nominated individual external party – Completed 10/03/2020. • Accessible version of complains procedure also updated to reflect changes within the policy and procedure, distributed throughout the nursing home -Completed 10/03/2020. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The location, design and layout of Parke House Nursing Home is appropriate to the number and needs of the residents in accordance with the Nursing Homes' Statement of Purpose and promotes the independence of residents. Communal and bedroom accommodation is provided to residents with sufficient space to cater for each resident's individual assessed needs, considering their privacy and dignity requirements</p> <ul style="list-style-type: none"> • Residents' bedrooms and accessible toilets were reviewed the Person in Charge (PIC) in conjunction with the Management Team. All resident bedrooms are fitted with appropriate handrails in place. Additional handrails have been ordered for toilets within Parke House that are accessible to residents in order to ensure their safety – To be 	

completed 17/04/2020.

- Shared bedroom en-suites reviewed by the PIC. Maintenance team to appropriately install additional shelving and vanity units where required – To be completed 17/04/2020

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

In order to ensure the application of appropriate prevention and control of infection measures in the Nursing Home, the Management Team, have:

- Ordered individual hoist slings for residents. The appropriate use and storage of individual resident hoist slings will be communicated to all staff through effective communication methods, including morning handover, mid-shift handover and relevant team meetings – To be Completed 04/05/2020
- Appropriate linen skips were immediately ordered and are now in use throughout the nursing home. These shall be reviewed on an ongoing basis and replaced as required – Completed 29/02/2020.
- Although cleaning schedules and deep cleaning records were reviewed and up to date, a thorough review of cleaning practices within the nursing home is currently under review to ensure that all cleaning records appropriately identify the daily and deep clean practices which are implemented throughout the nursing home – To be Completed 04/05/2020.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Parke House Nursing Home prioritises the provision of a safe environment and workplace for all individuals with adequate training, provisions and arrangements in case of fire.

- Fire training immediately scheduled and completed. Fire training specifically included a simulated compartment evacuation of 8 beds based on nighttime staffing levels. All documentation pertaining to the completed fire drill is maintained within the nursing home – Completed 01/03/2020
- Additional fire training scheduled and completed – Completed 19/03/2020
- Fire training to be completed for all staff on induction and annually thereafter – Ongoing
- Sounding of the Fire Alarm is now included in the weekly fire checks. Completed by designated member of the Maintenance team – Completed and ongoing
- Additional fire maps clearly outlining the required assembly/evacuation points to assist staff/ residents/ visitors in the event of a fire evacuation have been ordered by The

Registered Provider. These will be placed in clear locations throughout the facility – To be Completed 27/03/2020.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care plans are developed and implemented for all residents admitted to Parke House Nursing home on admission and on an ongoing basis.

- To ensure all residents existing care plans contain specific detail in the delivery of care, which is consistent of safe care and support, an internal care plan audit schedule has been developed by the PIC – commenced and ongoing
- To assist in the review of care plans an internal care plan audit checklist has also been developed and approved for use by the PIC – Completed 01/03/2020
- Weekly care plan audit to be completed by members of the Senior Nursing team – commenced and ongoing.
- Status of care plan audit and lessons learned to be overseen by the PIC and Assistant Director of Care on a weekly basis – commenced and ongoing.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Parke House ensures that residents with behaviour that is challenging/BPSD, including behaviour which is a high risk to the individual themselves and others, are managed and responded to effectively in an environment that promotes well-being and has the least restrictions.

- Managing Behaviours that is Challenging /BPSD training for additional staff scheduled – To be completed 30/12/2020
- Positive (non-restrictive and non-pharmacological) interventions are the preferred method of providing support to the resident experiencing behaviour that is challenging/BPSD and signs of dementia. To ensure all non-pharmacological intervention are trialled a PRN Psychotropic Oversight record has been developed and implemented. This must be completed prior to any administration of PRN medication and clearly outline the non-pharmacological interventions trialled prior to administration. The PRN Psychotropic Oversight record is reviewed on a regular basis by the PIC/Assistant Director of Care and Senior Nurse Team – Completed 24/03/2020.

- As outlined in Regulation 5: Throughout the care plan audit review all residents Managing Behaviours that is Challenging / BPSD care plan to be reviewed in detail to ensure appropriate non-pharmacological interventions are outlined - Commenced and ongoing.

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, is a fundamental part of the care provided at Parke House Nursing Home.

- Management Team reviewed all bedroom locks which currently do not required replacements.
- Accessible toilet doors locks are currently being replaced – To be Completed 04/05/2020.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/04/2020
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	04/05/2020
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	24/03/2020

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	27/03/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	27/03/2020
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	24/03/2020
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	04/05/2020

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/12/2020
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	04/05/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	04/05/2020
Regulation 9(3)(a)	A registered	Substantially	Yellow	04/05/2020

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Compliant		
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