Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Sally Park Nursing Home
Centre ID:	0092
Centre Address:	Sally Park Close Firhouse Dublin 24
Telephone number:	01 4526482
Fax number:	01 4526396
Email address:	sallyparknh@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Oaklands Nursing Homes Ltd
Person in charge:	Rosario Baldicontos
Date of inspection:	26 and 27 April 2011
Time inspection took place:	**Day-1 Start:** 10:30 hrs **Completion:** 18:00 hrs **Day-2 Start:** 09:00 hrs **Completion:** 14:30 hrs
Lead inspector:	Finbarr Colfer (day 1 only)
Support inspector:	Aileen Keane (day 1 and 2)
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Sally Park Nursing Home is an original Georgian building set in large mature gardens and has views looking out over the Dublin mountains. The building has two purpose-built extensions, the most recent one being a new kitchen and dining room to the rear of the house built in 2005. There are three floors with a lift available to access all levels. Care is provided to 46 residents over 65 years of age, some of whom have dementia related conditions.

On the ground floor there is a reception area, three communal lounges, a dining room, kitchen, staff room and administration office. There are two shower rooms, both of which have wash-hand basins and toilets. There are also two additional toilets, one of which is located near the dining room, and a staff toilet on the ground floor. There are 10 single bedrooms with en suite toilets and wash-hand basins on the ground floor.

On the first floor there are 11 single bedrooms with en suite toilets and wash-hand basins, three single bedrooms with wash-hand basins only, one twin bedroom with a wash-hand basin, one twin bedroom with en-suite toilet and wash-hand basin and two shared bedrooms for up to four residents. There are two additional toilets and one bathroom on the first floor.

The second floor has one single bedroom and three twin bedrooms. There is one shared bedroom for up to four residents with en-suite toilet and wash-hand basin. There is a shower room with a toilet and wash-hand basin on this floor also.

The sluice room is on the first floor. The laundry facility is housed outside in a separate building. Outdoors, there is a large garden, an enclosed courtyard area and a patio space accessible from the dining room. There is ample parking to the front of the centre.

Location

Sally Park is situated at the end of a cul de sac on Sally Park Close just off the Ballycullen Road in the south Dublin area of Firhouse/Templeogue. It is approximately seven miles from Dublin's city centre and is well serviced by buses. The centre has neighbouring houses and is walking distance to some local shopping facilities.

Date centre was first established:	1988
Number of residents on the date of inspection	46 including one in hospital
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	26	12	8

Management structure

The Registered Provider is Oaklands Nursing Homes Ltd and the designated contact person is the Nursing Home Manager, Simon Brady. He took over the full-time management of the nursing home in 2002 from his parents. His parents, John Brady and Vera Brady remain involved as part-time managers in the day-to-day running of the centre. The Person in Charge is Rosario Baldicantos who is a qualified registered nurse. She has worked at the centre since 2001 and was appointed Director of Nursing in 2005. Nurses report to the person in charge and care assistants report to either nurses or directly to the person in charge. John Brady has primary responsibility for building maintenance. Cleaning and catering staff report to Vera Brady.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3* am 2 pm	6 am 4 pm	1 Chef 1 Kitchen Assistant	1	0	4**

* Additional nurse rostered to facilitate registration inspection
**John and Vera Brady, Simon Brady and Maintenance worker

Summary of findings from this inspection

This was an announced registration inspection, and the centre's second inspection by the Health Information and Quality Authority's (the Authority). It took place over two days. The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. The reports from these inspections can be accessed on the Authority's website www.hiqa.ie.

As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors met with residents, relatives, and staff members. They also met with the provider and the person in charge. Inspectors observed the daily routine and reviewed documentation such as residents' care plans, medical records, accident and incident logs, policies and procedures, fire safety and maintenance records and staff files. The provider and person in charge had completed the fit person entry programme and inspectors conducted fit person interviews with each of them during the inspection.

Inspectors found that the provider and person in charge were knowledgeable about the Health Act, 2007, the Regulations and the Standards. They had prioritised the safety of residents, staff and visitors through the risk management process. Fire precautions had been put in place and a new process for reviewing the safety and quality of care had been introduced.

Infection control was the only area identified during the inspection that required significant improvement. While all of the policies required in the Regulations had been provided, they did not consistently reflect practices in the centre. Although all staff were aware of the arrangements for preventing and responding to elder abuse, the provider and person in charge were not clear on how they would respond to allegations of elder abuse. Improvements were also required in the emergency plan and the complaints process. Some improvements were required in the statement of purpose, the Resident's Guide, the contracts of care and the directory of residents. Inspectors found that the role of person in charge would be enhanced by the further development of her management skills. Some improvements were also required in the recruitment and training of staff.

Overall, inspectors found that the health and wellbeing of residents were provided for in the centre. Residents had regular access to medical and other health professionals. Their health was monitored using recognised assessment tools and health issues were managed effectively. Improvements were required in restraint management, behaviour management and dementia care. A new care planning process had been introduced but it needed further development.

Inspectors found that staff had a caring relationship with residents while promoting their independence. Meal times were a pleasant, sociable experience for residents, and activities were available to residents during the day. However, the social activities programme was not based on a social assessment of residents' needs and preferences. The social needs of residents with a cognitive impairment were not adequately responded to. Choice for residents at mealtimes also needed to be improved.

The centre was warm and homely, and residents had a choice of communal areas where they could spend their day. However, some aspects of the building compromised the privacy and dignity of residents. Some of the rooms were not of adequate size and some were shared by more than two residents.

These improvements are discussed in the body of the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors received completed questionnaires from residents and relatives prior to the inspection and met with many of the residents and some relatives during the inspection.

Residents and relatives were very complimentary of the staff. They described staff as "wonderful", "caring" and "always so helpful". Some relatives said that most of the staff had been in the centre for a long time and knew their family members well. Relatives told inspectors that the provider and the person in charge were approachable and that they could speak with them any time they wished.

Residents said that they felt safe in the centre and that staff took good care of them. For example, one resident told inspectors that she felt much safer since moving to the centre as she lived on her own previously. Residents said that staff responded promptly when they sought assistance.

Some residents said that they had lots of interesting things to do during the day but others said that they sometimes find the day very long. Relatives were complimentary of the care that staff gave residents, but some said that there needed to be more activities.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge were aware of their legal responsibilities and had a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This was reflected during the fit person interviews which were conducted during the inspection.

Inspectors found that the provider had established a clear management structure. When the person in charge was absent either a senior nurse or Vera Brady, one of the owners and a qualified nurse covered for her. Staff were aware of their roles and responsibilities and were able to discuss these with inspectors. The provider had made copies of the Regulations and Standards available to staff and they were aware of them and able to tell inspectors about them.

The provider had prioritised the safety of residents, staff and visitors. A risk management policy had been developed and included all of the risks required by the Regulations. The safety statement had been reviewed in January 2011 and included a specific safety self assessment tool for nursing homes. The policy included the management of risks associated with work practices and with the environment.

Fire procedures were posted throughout the centre and inspectors reviewed documentation which confirmed that fire equipment was serviced regularly. The fire logs also recorded regular checks on fire exits, fire alarms and emergency lighting. Fire training records, which were not well organised, indicated that all staff had received fire training by an external consultant. The external consultant also conducted fire drills on a six-monthly basis and these included an evacuation practice from the top floor. Prior to the inspection, the provider submitted a letter from a competent person to confirm that the building was substantially compliant with the statutory fire and building control regulations.

Both the person in charge and the provider had participated in external training on auditing and quality improvement. They had introduced a new auditing process and were gathering information on a range of items such as the number of falls, the use of bed rails and the use of psychotropic medication. They had started to evaluate this information and told inspectors that the information would be used to inform management decisions and improve the quality and safety of service for residents.

Some improvements required

The person in charge had strong clinical skills and was diligent in the supervision of staff and the delivery of care. Staff told inspectors about the supervision of their work and inspectors observed the person in charge directing the work of staff. However, inspectors found that her role would be enhanced by strengthening her management skills particularly in the area of updating clinical practice and in staff development through an effective staff appraisal process.

Inspectors reviewed the emergency plan and found that it provided guidelines on how to respond to fire and reflected the fire evacuation procedures. However, it did not provide staff with clear guidelines on what to do in any other emergency situation or what to do should it be necessary to evacuate the centre. There were no details of alternative accommodation or how residents would be transported to such accommodation.

The provider had taken measures to prevent elder abuse. Staff had participated in training on the prevention of elder abuse and those that spoke with inspectors were knowledgeable about the different forms of abuse and what they would do if they suspected abuse. They knew where the policy on preventing abuse was kept and could access it easily. The inspector reviewed the policy and found that it provided clear guidance to staff. However, inspectors found that while the provider and the person in charge had participated in this training and were knowledgeable about different forms of abuse, they were not clear on how they would manage an allegation of abuse if it arose. Although the prevention of abuse policy provided clear guidelines to staff, it stated that all incidents of abuse should be reported to the Gardai but it did not include the legal requirement to inform the Chief Inspector of any allegations of abuse. The policy was not signed by the provider to indicate that it had been implemented.

Inspectors reviewed the complaints procedures and the complaints log. The complaints log recorded details of complaints and actions taken. The level of detail indicated that residents were encouraged to express their concerns and that the provider and person in charge took these seriously. However, the log did not consistently record whether the complainant was satisfied with the outcome of the process. The procedures informed the reader about how to make a complaint but they did not include an independent appeals process. The provider stated that there was an informal arrangement with a visiting priest but this was not reflected in the procedures. The complaints procedures were displayed in a public place in the lobby. However, they were posted high up on the wall and were very difficult to read.

The provider had produced all of the policies and procedures required in the Regulations and inspectors reviewed a sample of them. Some had not been adapted adequately to reflect practices in the centre and they were not all signed as implemented by the provider. For example, the policy on managing the risk of falls stated that a falls diary would be kept for those at risk. In practice, although this information was being recorded elsewhere, falls diaries as set out in the policy had not yet been implemented. The policy on care planning stated that a daily activity flow sheet would be completed at the end of each shift and inspectors found that this was not in place. Other examples of policies which had not been implemented or which did not reflect work practices in the centre are referred to elsewhere in the report.

Although the provider had produced a statement of purpose and a Residents' Guide, they did not include all of the information required by the Regulations. For example, the statement of purpose did not contain room sizes and the Residents' Guide did not contain a copy of the contract of care or the most recent inspection report.

All residents had been provided with a contract of care, as required by the Regulations. However, the contracts of care did not contain information on what was included in the fees and items that required an additional charge. Some relatives had not yet returned a signed contract of care.

Inspectors reviewed the directory of residents and found that all residents were entered in the register. However, all of the information required in the Regulations was not being recorded. For example, the register did not contain the name of the person or organisation that referred the resident to the centre. Also, the information was not kept up-to-date. For example, the details of the transfer of a resident to hospital had not been recorded.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that residents were encouraged to be independent and that staff consulted with them during the day. Residents were encouraged to move about the centre independently. Walking aids were provided to many residents. At meal time, residents were only provided with assistance if they needed it and were gently encouraged to eat independently. Staff were observed offering assistance before undertaking any action with residents.

Residents had personalised their bedrooms and reported that care was taken with their personal property. Some residents had their personal laundry done in the centre and family members did laundry for other residents. Residents had expressed concerns about laundry going missing during the previous inspection but said that this was no longer an issue. The provider was in the process of putting a new laundry system in place to prevent the recurrence of this issue. An external laundry contractor processed bed linen and towels.

Inspectors joined residents for lunch in the bright, spacious dining room. Round tables for up to four residents were used to promote social interaction during meals, and each had a table cloth, flower arrangement and condiments. The meal was served plated, looked appetising and was tasty. Residents who required their food to be mashed had it presented in individual portions on their plate. Some residents were on a special celiac or diabetic diet. Inspectors spoke to the chef who was knowledgeable about the dietary requirements of these residents and had researched a variety of meal options for these residents. Some residents needed assistance with their meals and staff sat beside them and assisted them in a respectful and discreet manner. Residents were offered napkins or bibs and staff encouraged some residents to use the bibs. They were observed explaining that the bib was to protect the residents' clothing. They did so sensitively and respected the decisions of the residents. At the end of the meal, staff checked whether residents were satisfied with their meal and whether they would like second helpings. Residents confirmed that this was what usually happened at meal times, that they enjoyed the meal times and that the food was always of a good quality.

Residents had access to drinks and to snacks throughout the day. Inspectors saw a staff member bringing a trolley around during the day offering a choice of drinks and

biscuits. There were also jugs of water and glasses in common areas. Residents said that the kitchen was open during the evening and at night and that they could have a sandwich if they felt hungry. Relatives confirmed this to inspectors.

The provider was responsive to the religious and civil rights of residents. Mass was provided in the centre each week, and communion on Sundays. The provider also stated that ministers from other churches attended the centre when residents of their faith lived there. The provider had arranged for residents who wished to vote in the recent general election.

Some improvements required

Inspectors observed staff being attentive to the dignity and privacy of residents. They explained what they were doing, and chatted while assisting residents. They were discreet when discussing personal matters or assisting residents with personal care. However, some aspects of the building compromised the privacy of residents. Screening curtains in shared bedrooms did not ensure the privacy of residents during personal care. They did not completely surround the bed area and in some shared rooms, all of the beds did not have a screening curtain. In these rooms, anyone entering the room would have full view of the resident. A toilet on the ground floor did not have a lock on the door, and this compromised the privacy of residents who wished to use that toilet.

Inspectors found that there had been improvements in the provision of interesting things for residents to do during the day since the previous inspection. A number of activity events were organised during the week, and inspectors joined a lively music session in the afternoon. Inspectors also observed a staff member chatting with residents in the common rooms and offering hand cream. However, the activities were not informed by a social assessment which identified the preferences of residents. In addition, many of the residents had a cognitive impairment. The dementia care policy referred to the development of meaningful activities for these residents. It had not been implemented and the care plans and the activity programme did not reflect the needs of these residents or contemporary best practice in providing opportunities for engaging in meaningful social activities for these residents. Relatives told inspectors that there needed to be an improvement in the provision of activities.

Although the dining experience for residents was generally good, choice for residents at mealtimes needed to be improved. Inspectors noted that only one meal option was on the menu and when they queried this, the chef added fish fingers as an alternative. Residents were not offered a choice and were served the main meal. Residents were able to tell inspectors the meal for each day of the week which indicated that the menu was not reviewed on a regular basis. The chef told inspectors that she was told about residents likes and dislikes verbally, but there was no record of them in the kitchen and no evidence that they were used to inform menu planning. Meals were served ready plated and some residents said that they did not get their preferred portion sizes. Residents were not offered a choice of gravy or sauces and all meals were served with gravy poured.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Generally, inspectors found that the health of residents was promoted. All residents had regular access to general practitioner (GP) services and residents also had access to other health professionals. For example, inspectors read about appointments with psychiatry of old age team and a physiotherapist attended the centre on a weekly basis. All residents were assessed by the physiotherapist following admission and further assessments were carried out as needed. The physiotherapist worked with staff to develop individual programmes for residents and also provided group exercise activities.

Inspectors joined nurses on a medication administration round and found that it was administered carefully, in a manner that promoted the safety of residents. Medications that required additional precautions were stored securely and balances were checked at the change of each shift.

The nutritional needs of residents were cared for. Residents had ready access to drinks and snacks, and were encouraged to take drinks regularly. Residents' records indicated that weights were monitored regularly for any changes that might indicate a health issue. Staff used a recognised assessment tool to plan for the nutritional needs of residents and there was access to a dietician and a speech and language therapist for residents when needed.

Inspectors reviewed the files of two residents who had small wounds. Inspectors found that the wounds were regularly reviewed by a GP. Nurses had assessed the wounds and provided clear guidelines about the treatment in the care plan. Comprehensive records of the progress of the treatment were kept and were supplemented by photographs of the wound as it healed.

Falls were managed in a way which promoted the safety and the independence of residents. There was a falls management policy which had been implemented, except for the use of falls diaries. Nurses used a recognised assessment tool to identify residents at risk of falling and to plan for the prevention of falls. Inspectors reviewed the incident forms and found that they were completed in detail, included any follow up actions and the outcome for the resident. Notices of a falls prevention

checklist were posted throughout the centre to remind residents and staff about safe practices.

Some improvements required

Although nurses administered medication in a manner which promoted the safety of residents, inspectors reviewed the medication policy and found that it had not been fully implemented and did not accurately reflect practices in the centre. For example, one section of the policy stated that the medication trolley would be kept securely in the medication room. The centre did not have a medication room and the trolley was secured to a wall outside of the provider's office. The prescription chart did not contain a photograph of the resident and there was no policy for some aspects of medication management such as the disposal of medication and self administration of medication.

A new care planning process had been developed following the last inspection and all residents had a care plan. Recognised assessment tools were used and care plans were signed by residents or their relatives to confirm that they agreed with the plan. However, further improvements were needed in the care planning process. Inspectors reviewed the care plans of two residents and found that they did not provide adequate, clear guidelines to staff on the provision of care to residents. For example, one resident's care plan recorded that the resident required assistance with continence management but did not provide specific instructions to staff on how to provide this. There was no evidence of reviewing to confirm whether the care plan resulted in improvements or not. There was inconsistency in the review of care plans. While some aspects of the care plans had been reviewed regularly, some had not been reviewed on at least a three-monthly basis. Some of the information in the care plans was not up-to-date. For example it was unclear whether the interventions to care for a resident with a urinary tract infection were still in place. Inspectors reviewed the daily narrative nursing notes and found that they did not link to the care plans. They also contained some clinical information that was out of date and not relevant to residents' current conditions.

A significant number of residents had dementia or other cognitive impairments. Inspectors saw staff interacting and providing assistance to these residents in a caring and respectful manner. However, the care plans for these residents were not informed by current best practice and staff had no training in responding to the specific needs of these residents. Other aspects of best practice in caring for residents with dementia were not available such as the use of specific signage throughout the centre to assist residents to orientate themselves.

The centre had a policy on the management of behaviours that challenge. However, it had not been implemented. In the notes of one resident, staff had recorded incidents of verbal and physical aggression directed at staff members. This had not been described in the resident's assessments and there was no care plan to provide staff with clear guidelines on identifying triggers, preventing occurrences and managing incidents.

Some residents used bedrails and while this was recorded in residents' files, inspectors found that the management of restraint needed to be improved. Inspectors reviewed residents' files and found that the restraint documentation was general and did not provide adequate guidelines to meet the specific needs of residents. The risks associated with the use of restraint were not adequately identified and precautions put in place. There was no evidence that alternatives to the use of bed rails had been explored.

Some information about the needs of residents was being gathered prior to the admission of new residents. Inspectors saw reports completed by the social worker, GP and Health Service Executive (HSE) nurse. However, there was no centre based pre-admission assessment to ensure that the service could meet the needs of residents.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The premises were homely and domestic in nature throughout. There were three sitting rooms and each had a variety of seating and occasional furniture. There were fresh flower arrangements in communal areas and residents confirmed that these were usually there.

There was a sufficient supply of assistive equipment and the provider had records to demonstrate that it was serviced regularly to ensure that it was safe for use by residents. A resident told an inspector that her specialist seating was very comfortable and that the person in charge had obtained it for her. The provider also had records to demonstrate that other equipment in the centre such as hoists and lifts were serviced regularly.

The kitchen was new, spacious, bright and well equipped. There were ample supplies of fresh and frozen food. The provider showed inspectors the most recent Environmental Health Officer reports for the kitchen which acknowledged that a number of minor required actions had been completed. Staff in the kitchen had participated in food hygiene training, and inspectors reviewed training certificates to confirm this. The kitchen was open to staff at all times and there was a variety of snacks available for residents outside of meal times.

Residents had access to the landscaped gardens and on the second day of inspection, inspectors observed residents sitting in the gardens enjoying the sunshine.

Some improvements required

Although rooms were personalised with residents' photographs, ornaments and other possessions, one of the shared rooms did not have adequate space for residents' wardrobes which were kept in the corridor outside their rooms. In addition, some of the rooms were not of adequate size to meet the Standards and some rooms had an occupancy level of more than two residents.

Although inspectors did not observe any negative impact for residents, there was only one toilet on the top floor and it was not an accessible toilet. The shower on the top floor had a step into it and residents had to use the bathrooms on the ground floor.

Inspectors found that there was inadequate storage space in the centre. Assistive equipment was stored in bathrooms and on corridors.

There was a call-bell system so that residents could seek assistance when required. The provider showed inspectors the maintenance record for the call bell system and inspectors tested the call bells and found they were in working order. However, inspectors met one resident who needed the assistance of staff. Although there was a call bell, it was not accessible for the resident. The nurse provided assistance promptly when the inspector sought assistance for the resident.

The provider stated that he was aware of the improvements needed in the physical environment and intended to address these within the timeframe specified in the Standards.

Significant improvements required

Although the centre was clean, inspectors were concerned about infection control measures. Inspectors interviewed cleaning staff and found that they did not have a good knowledge of infection control practices. Although latex gloves were available for staff, there was poor access to hand washing sinks and disinfecting hand rubs were not prominently available. Staff were observed moving from one area of work to another without taking adequate precautions. Inspectors saw staff who had worked in the laundry going to work in the kitchen without taking precautions.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors reviewed the communications policy and found that it informed staff about interacting with residents who had communication difficulties. Inspectors observed staff and found that they used good practices when communicating with residents. They were observed bending down to make eye contact, gently repeating what they said to ensure that the resident understood and giving residents time to respond. They chatted with residents while they assisted them and encouraged residents to engage with staff and with other residents. Residents had easy access to newspapers and to television. A notice board in the sitting room informed residents about the events planned for the day.

The provider had a good rapport with residents and relatives. They told inspectors that if they had a problem or concern they could go to the provider and referred to him by name. Inspectors observed the provider engaging with residents and relatives throughout the inspection.

Staff told inspectors that there were regular staff meetings and that they felt that the provider kept them informed about what was happening in the centre. There were handover meetings at the start of each shift. Staff meetings were held regularly and inspectors reviewed the minutes of recent meetings. At one recent staff meeting on 13 April 2011, staff had discussed the inspection by the authority and how to prepare for it. The person in charge had also discussed the addition of a new twilight shift to the staff rota to meet the needs of residents.

Some improvements required

Although the provider said that he sits regularly with residents in the dining room to get their opinion on the service, the opportunity for residents and relatives to be consulted on the running of the centre was limited. There were no residents' or relatives' forums or any other formal method for getting the views of residents. There was no independent advocacy process to support residents to express their views on the service or to represent the views of residents with cognitive impairment.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

There was a clear management structure and staff were able to tell inspectors about their roles and responsibilities. Staff told inspectors that they liked working in the centre and the low levels of staff turnover supported this. Relatives commented to inspectors that the low turnover meant that staff knew the residents very well and this resulted in a better service for residents.

Inspectors found that there were sufficient staff to respond to the needs of residents during the inspection. Staff responded to residents who required assistance in a timely manner. A review of the rota showed that an additional nurse had been rostered for the inspection days, but inspectors were satisfied that this was to facilitate the inspection and that the regular staffing levels were sufficient. The provider told inspectors that the rota was flexible and adapted to meet the needs of residents. Inspectors noted an example where additional staffing hours had been included for particular purposes in the rota.

Staff were provided with opportunities for training. For example, 30 staff had attended training on the prevention of elder abuse, seven nurses had attended medication management training and two nurses attended continence promotion training. Other training included risk management, care of older people, and hoist assistance training.

Some improvements required

Inspectors reviewed the recruitment policy and found that while it outlined the process used during recruitment, it did not contain all of the items required in the Regulations to ensure that staff were fit to work in the centre such as obtaining three references and Garda Síochána vetting for staff.

A sample of staff files were examined and they did not contain all of the items required in the Regulations. Some files did not contain photographic identification and there was no evidence of mental and physical fitness of staff to work in the centre.

Although training is provided to staff, the training records were fragmented and it was difficult to identify which staff had completed training. For example, inspectors had to go through records to confirm that staff had received the mandatory fire training and found that two staff had not yet participated in this training. Staff confirmed that fire training was provided twice a year by an external trainer and that they are required to attend. While the records confirmed that the training was provided, they did not record what was covered in the training and whether it was adequate to prepare staff to respond to a fire emergency.

Although the provider stated that staff had induction training, there were no records of this training or any evidence that staff had achieved a sufficient level of competence before going on the rota.

There was no process to identify training needs based on the assessed needs of residents. For example, a significant number of residents had cognitive impairment or dementia and staff had no training in this area. While staff were sensitive and respectful in caring for these residents, they were not aware of how to provide a programme of meaningful and therapeutic activities based on the assessed needs of these residents.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Finbarr Colfer

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
5 January 2010	☐ Registration ☒ Scheduled ☐ Follow up inspection ☐ Announced ☒ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Sally Park Nursing Home
Centre ID:	0092
Date of inspection:	26 and 27 April 2011
Date of response:	27 June 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors were concerned about the lack of precautions to manage the risk of infection.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Sally Park Nursing Home is committed to using all precautions to prevent the risk of spread of infection. New Cleaning guidelines are in place within the nursing home. All Cleaning staff have been updated with best practice and will attend training in relation to Infection Control. Risk Management Policy has been updated to include procedures for infection control.	 Complete 30/09/2011 Complete

2. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors found that while the provider and the person in charge had participated in training and were knowledgeable about different forms of elder abuse, they were not clear on how they would manage an allegation of abuse if it arose.

The policy did not refer to the requirement to inform the Chief Inspector about allegations of abuse and it had not been signed as implemented by the provider.

Action required:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The elder abuse policy has now being updated to include the requirement to inform the Chief Inspector about allegations of abuse and it has now been signed as implemented by the provider.	 Complete

Both the provider and the person in charge are now clear on how to manage an allegation of elder abuse should it ever arise. The person in charge has attended training in responding to elder abuse.	Complete Complete

3. The provider has failed to comply with a regulatory requirement in the following respect: The emergency plan did not provide staff with clear guidelines on what to do in an emergency other than fire or what to do should it be necessary to evacuate the centre.	
Action required: Put in place an emergency plan for responding to emergencies.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The emergency procedures are updated to ensure that all staff are aware of the procedures in place and what they are to do in the case of all emergencies and in the specific case of an evacuation of the building.	Complete

4. The provider has failed to comply with a regulatory requirement in the following respect: Inspectors reviewed the medication policy and found that it had not been fully implemented and did not accurately reflect practices in the centre.
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The medication management policy is been updated to reflect accurately the current practices and procedures in place in Sally Park Nursing Home. All staff are familiar with new best practices. We are working closely with our pharmacy to update our policy on the procedures for disposal of medications.	 Complete Complete 31/07/2011

5. The person in charge has failed to comply with a regulatory requirement in the following respect:

Care plans did not provide adequate, clear guidelines to staff on the provision of care to residents. The care plans for residents with specific care needs such as dementia care or behaviour that challenges were not informed by current best practice and staff had no training in responding to these specific needs. Reviews of care plans were inconsistent.

There was no centre based pre-admission assessment to ensure that the service could meet the needs of residents.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	
We are happy that the amount of work carried out on our care plans since the last inspection was acknowledged by the inspectors.	
We are now in the process of a full review of all our care plans to ensure that they are specific to the individual care needs of our residents.	31/08/2011
As many of our residents require dementia care, two of our senior Staff have completed train the trainer dementia care training.	Complete
They have now commenced training for all staff on dementia specific care.	31/08/2011
All care plans are kept under formal review as required by the resident's changing needs or circumstances. This will be no less frequent than at three-monthly intervals.	Complete
Regular staff meetings are in place to update all staff on current best practice in relation to care planning for each individual resident.	Complete
While we do carry out a full pre-admission assessment to ensure our service can meet the needs of residents, we will now formally document all assessments carried out.	Complete

6. The person in charge has failed to comply with a regulatory requirement in the following respect:

The restraint documentation was general and did not provide adequate guidelines to meet the specific needs of residents. The risks associated with the use of restraint were not adequately identified and precautions put in place. There was no evidence that alternatives to the use of bed rails had been explored.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Regulation 25: Medical Records
Standard 13: Healthcare
Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	
We are updating our restraint policy in line with the Health Service Executive's policy on the use of physical restraint in designated residential care units for older people.	30/09/2011
Falls assessment training is now complete.	Complete
We have formed a multi-disciplinary team to complete comprehensive assessments including a balance tool to help us identify high risk residents and residents in need of bed rails.	30/09/2011
One resident has a sensor monitor that alerts staff when the resident gets out of bed as an alternative the bed rails.	Complete
Completed documentation will be recorded for all use of bed rails.	30/09/2011

7. The provider has failed to comply with a regulatory requirement in the following respect:

Some aspects of the building compromised the privacy of residents. Screening curtains in shared bedrooms did not ensure the privacy of residents during personal care. A toilet on the ground floor did not have a lock.

Action required: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have completed a full review of all privacy and dignity issues for all residents in shared rooms in Sally Park Nursing Home. Some alterations are been made to rooms where issues have arisen. There is now a lock on the toilet in question.	 Complete 31/08/2011 Complete

8. The provider has failed to comply with a regulatory requirement in the following respect: The activities were not informed by a social assessment which identified the preferences of residents and the activity programme did not reflect the needs of residents with cognitive impairment.
Action required: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: Social assessments to identify the preferences of residents are ongoing within the comprehensive assessment tools and also the resident life story books that are commencing for residents within Sally Park. We have a full programme of activities for all our residents both on a group and individual basis. On completion of dementia specific training we will commence a programme of activity that relates to our residents of all capabilities. Staff will undertake training to enable them to create opportunities for each resident to participate in activities that are appropriate to their interests and capacities.	 30/09/2011 Complete 30/09/2011

9. The person in charge has failed to comply with a regulatory requirement in the following respect: Choice for residents at mealtimes needed to be improved.	
Action required: Provide each resident with food that is varied and offers choice at each mealtime.	
Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We will enhance the level of choice at meal times within Sally Park Nursing Home. Our food is always home-cooked, wholesome and varied. We are seeking opinions of all our residents on dishes they would like to see on our menu and we will update from feedback received. Kitchen staff will continue training on specific dietary requirements of our residents.	 31/07/2011 Complete 31/07/2011 Ongoing

10. The provider has failed to comply with a regulatory requirement in the following respect:

The opportunity for residents and relatives to be consulted on the running of the centre was limited.

Action required:

Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	
We are constantly looking at ways to improve our service to all our residents and also ways to receive feedback from our residents.	Complete
Meetings with our residents over dinner have proved to be a great way to receive informative feedback. We also conduct relative meetings with each family to enhance our service.	Complete
We will continue to seek new ways of gaining feedback from all our residents. We will look at new ways of creating a resident forum that informs our continuous improvement. This could take the form of a smaller group led by a nurse to gain more feedback from residents and relatives as we feel larger groups sessions have not always worked.	31/08/2011
We have an advocacy programme with our local priest who visits weekly and we are now enhancing advocacy services for all our residents.	

11. The provider has failed to comply with a regulatory requirement in the following respect:

The role of person in charge would be enhanced by strengthening her management skills particularly in the area of updating clinical practice and in staff development through an effective staff appraisal process.

Action required: Ensure that the person in charge has the ability to be engaged in the governance, operational management and administration of the designated centre.	
Reference: Health Act, 2007 Regulation 15: Person in Charge Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Formal staff appraisals are now under way within the nursing home. Training to enhance the skill set of our person in charge and in all aspects of management of a centre is ongoing to ensure best practice and all legal responsibilities are adhered to at all times to effect the smooth running of Sally Park Nursing Home.	30/09/2011

12. The provider has failed to comply with a regulatory requirement in the following respect: The complaints procedures did not include an independent appeals process. The complaints procedures were displayed in a public place high up on the wall and were very difficult to read. The complaints log did not consistently record whether the complainant was satisfied with the outcome of the process.
Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.
Action required: Display the complaints procedure in a prominent position in the designated centre.
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The complaints procedure is now displayed in a more prominent place within the nursing home. Recording of all complaints will now always include whether or not the resident is satisfied with the outcome. The policy is updated to reflect the independent appeals process in place.	 Complete Complete Complete

13. The provider has failed to comply with a regulatory requirement in the following respect:

The premises did not meet the requirements of the Regulations and Standards:

- there was inadequate access to toilets and bathrooms on the top floor
- there was inadequate storage space in the centre
- some bedrooms did not provide adequate space for residents and some had an occupancy of more than two residents
- the call bells were not accessible for all residents

Action required:

Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Action required:

Provide suitable provision for storage in the designated centre.

Action required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Action required:

Make suitable adaptations, and provide such support, equipment and facilities for residents, as may be required.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have commenced the process of full compliance by July 2015 as outlined in the nursing home standards and regulations to address the issues of some of our bedroom sizes, the bathroom locations, and storage facilities for our extensive range of equipment. We are in consultation with our Architects in relation to plans for development of the building as well as alterations to some of the existing rooms. Our nurse call bells are portable so appropriate arrangements are now in place to facilitate that residents are in reach of call bells at all times.	Ongoing Complete

14. The provider and person in charge have failed to comply with a regulatory requirement in the following respect:

The records and documentation did not meet the requirements of the regulations:

- the statement of purpose and a Resident's Guide did not include all of the information required by the Regulations
- the contracts of care did not contain all of the information required. Contracts of care were not available for all residents
- the directory of residents did not contain all of the required information and was not kept up-to-date

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Regulations.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Regulation 23: Directory of Residents
Regulation 28: Contract for the Provision of Services
Standard 28: Purpose and Function
Standard 32: Register and Residents' Records
Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The statement of purpose and a Resident's Guide now includes all of the information required by the Regulations and has been sent to the Authority. Our contracts of care are now be updated with all of the information required. The directory of residents now contains all of the required information and is up-to-date.	 Complete Complete Complete

15. The provider has failed to comply with a regulatory requirement in the following respect:

Arrangements for the recruitment and training of staff did not comply with Regulations:

- the recruitment policy did not contain all of the items required in the regulations to ensure that staff were fit to work in the centre
- staff files did not contain all of the items required in the Regulations
- there was no evidence that staff had achieved a sufficient level of competence during induction before going on the rota
- there was no process to identify training needs based on the assessed needs of residents.

Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Regulation 18: Recruitment Standard 24: Training and Supervision Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Thankfully we do not have to recruit on a regular basis as we have a very low turnover of staff within Sally Park Nursing Home. The recruitment procedures are now updated to include all of the items required in the regulations to ensure that staff are fit to work in the centre. Staff files are now being updated to contain all of the items required in the Regulations, All staff are made aware in writing of their obligations under the regulations. Records of staff obtaining a sufficient level of competence during induction before going on the rota will now be recorded. There is now a process to identify training needs of staff following on from the assessed needs of residents. An example would be the training to be undertaken by staff to enable them to create opportunities for each resident to participate in activities that are appropriate to their interests and capacities.	 Complete 31/08/2011 Complete 30/09/2011

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Oaklands Nursing Homes Limited
Date: 18 June 2011