

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Central Park Nursing Home
Centre ID:	0328
Centre address:	Clonberne
	Ballinasloe
	Co Galway
Telephone number:	093 45231
Fax number:	093 45807
Email address:	maguire667@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Allanbay Ltd
Person in charge:	Stella Grogan
Date of inspection:	27 January 2011
Time inspection took place:	Start: 12:00 hrs Completion: 16:15 hrs
Lead inspector:	Jackie Warren
Support inspector:	N/A
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Central Park Nursing Home is a purpose-built single-story residential centre, established in 1999. It has 41 residential places for older people, some of whom have dementia. There were 41 residents at the time of inspection including one resident who was in her early 60s. The provider stated that she does not intend to provide a service for other residents under 65. Services include long-term care, palliative care and respite care for people who need a short period of recuperation after illness, when family are on holidays or at other times when they may need residential support away from their own homes.

The construction of an extension to the building has commenced. The front entrance is not in use while the development is being carried out and a temporary entrance is located at the side of the building. The provider has constructed a sheltered covered walkway from the entrance to the car park to protect residents and visitors from the weather when they are coming to and from the building.

The reception area is comfortably furnished with seating, occasional tables and wall pictures. The nurses' station is located off the reception area and it has a glass panel through which staff can observe and supervise this area. All parts of the building are wheelchair accessible and the corridors are wide and have grab rails.

The communal and recreational areas are centrally located close to the reception area and nurses' station. Communal accommodation consists of a large day room, a smaller day room and a conservatory style sitting room. The day rooms are comfortably furnished and are domestic in character. The designated smoking room adjoins the conservatory but is not connected to it internally and residents exit the building via a short covered walkway to reach the smoking room. There is a small oratory with seating and stained glass windows and a large dining room adjoining the kitchen.

There are two corridors leading off the reception area which contain bedrooms and bathrooms. Bedroom accommodation consists of eight single bedrooms, 15 double bedrooms and one three-bedded room. Four of the single bedrooms have en suite showers, wash-hand basins and toilet facilities. There are four separate additional bathrooms, all with assisted showers, toilets and wash-hand basins, and three with baths. There is a separate staff toilet which is also used as a visitors' toilet and there are separate staff changing facilities. The laundry and sluice room are located in one of the corridors.

The garden space surrounding the building has been reduced due to the construction work in progress on the site. There is a secure enclosed courtyard garden which has a greenhouse for residents' use. Provision has been made in the plans to develop secure gardens for residents. The pet farm has been temporarily relocated while the building work is in progress, but the provider stated that it will be returned on the completion of the development.

The car parking space for staff and visitors to the front of the building has decreased due to the construction work, but there is plentiful roadside parking adjacent to the building.

Location

Central Park Nursing Home is located in the centre of Clonberne village, County Galway in close proximity to the church, shop, post office, Credit Union and a pub.

Date centre was first established:	15 November 1999
Number of residents on the date of inspection	41
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	3	15	12	11

Management structure

Allanbay Ltd is the Provider and the Directors are Caroline and Thomas Maguire. Caroline Maguire is a nurse and the Clinical Manager of the centre. She is assisted by her daughter Megan Maguire who is the Assistant Manager. Thomas Maguire is the Administrative Manager with responsibility for maintenance. The Person in Charge is Stella Grogan and she reports to the Clinical Manager. There is an Assistant Director of Nursing who reports to the Person in Charge. Care assistants, kitchen staff and the Recreational Therapist report to the nurse on duty and nurses report to the Person in Charge. Cleaning and laundry staff and the maintenance worker report care issues to the nurse on duty and environmental issues to the Assistant Manager.

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	1	6	2	3	2*	1**

* 1 Manager and 1 Assistant Manager

** 1 Recreational Therapist

Background

This was a follow-up inspection, which was unannounced and focused on the areas where improvements were required following the previous inspection by the Health Information and Quality Authority (The Authority) on 6 and 7 April 2010. The inspection report can be found at www.hiqa.ie, and the centre ID is 0328.

On the previous inspection, inspectors found evidence of good leadership. Inspectors were satisfied that the medical and health care needs of residents were catered for. Local general practitioners (GPs) provided medical cover and West-Doc provided out of hours GP services.

Although a good standard of accommodation was noted at that time, the building did not comply with all the structural requirements of the Regulations and the Standards. The provider had told inspectors of plans to carry out an extension and refurbishment to bring the premises into line with legal requirements and to improve the quality of life for residents.

The provider and person in charge placed great emphasis on recreation and there were a variety of organised and informal social events and activities which made the day interesting and fulfilling for residents.

However, on that inspection, some serious concerns were identified such as insufficient numbers of toilets available for residents and poor quality risk assessments in which all potential risks to the health and safety of residents, staff and visitors had not been identified. The emergency plan was also found to be inadequate. Other areas that required improvements included the recording of complaints and the revision of contracts of care to accurately reflect the service provided.

Following the inspection, the provider responded promptly providing a plan to address all of the actions required within a realistic timeframes.

This additional inspection report outlines the findings of the follow up inspection that took place on 27 January 2011.

Summary of findings from this inspection

The provider and person in charge had completed the majority of the actions required by the report for the inspection of 6 and 7 April 2010 within the agreed timeframes. One action, relating to risk assessment, was incomplete. Work on the risk management process was in progress but required further development.

The key measures taken by the provider and person in charge since the previous inspection were as follows:

- the development of a new building and upgrading of the existing building had commenced
- storage arrangements for hazardous items, such as cleaning chemicals and glass containers, had been reviewed and such items were being stored safely
- the arrangements for cleaning bedpans and commodes had been reviewed and revised and such items were now being mechanically sanitised thereby improving infection control measures
- recording the use of restraint had been revised to include the duration for use of restraint
- an assistant manager had been appointed to assist the provider and person in charge and a nurse had been promoted to assistant director of nursing to assist the person in charge in her role
- the emergency plan had been revised to include all required information
- care plans were reviewed and revised to include interventions to address any identified care needs
- a supply of newspapers and magazines was available to residents
- the process for recording complaints had been revised
- staff recruitment files and policy had been satisfactorily revised and updated
- the Residents' Guide had been satisfactorily amended
- the contract of care had been satisfactorily amended

Actions reviewed on inspection:

1. Action required from previous inspection:

Identify and assess all risks throughout the centre and put in place precautions to control the risks identified.

Significant progress had been made on this action, but it had not yet been completed.

The inspector reviewed the risk management policy and processes. A comprehensive written risk management system was not yet in place. The provider had engaged the service of a private consultant to advise her on risk assessment and the risk management process had commenced. Risk management assessments had been carried out for each resident. These identified risks associated with use of hoists, use of wheelchairs and included mobility assessments, and moving and handling assessments. The assistant manager had commenced monthly risk assessment inspections of the building during which she identified and recorded hazards, risk scores, responsible persons and monitoring or evaluation of controls. She told the inspector that she intended to develop this process to carry out a wider assessment which would identify all risks associated with the service and the residents.

The specific risks addressed during the last inspection had been satisfactorily addressed:

- glass vases and cleaning chemicals were now securely stored in areas which were not accessible to residents
- the cleaning procedure for commodes, bedpans and urinal bottles had been revised to improve infection control management. Staff told the inspector that all such items were now being cleaned in the sanitising unit in the sluice room
- cleaning equipment was stored in a separate cleaning area, as an interim measure, while a new cleaning room was being constructed in the new development.

2. Action required from previous inspection:

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

This action was completed.

The inspector viewed records for the use of restraint for two residents. The records outlined the type of restraint in use, assessment of the resident for the use of restraint, alternative measures which had been tried, and the length of time for which the restraint would be in place. The forms were signed by two nurses and by the residents or their representative.

3. Action required from previous inspection:

Revise the emergency plan to include all arrangements for responding to emergencies.

This action was completed.

The inspector read the revised emergency plan. The provider had included sufficient information to guide staff in the event of the evacuation of residents from the building.

4. Action required from previous inspection:

Provide sufficient numbers of toilets having regard to the number of dependent persons in the centre.

This action was in progress.

The provider was constructing a new building to bring the centre into line with the structural requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and to increase the level of comfort for residents. Planning permission had been granted and the building was in progress. The inspector viewed the plans and noted that the development would include eight en suite twin rooms and 15 single en suite rooms, additional toilets and assisted bathrooms for residents. The plans also provided for a therapy room, a chapel, a hairdressing room and a visitors' overnight room, as well as enclosed garden areas. The building was scheduled for completion in October 2011.

5. Action required from previous inspection:

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

This action was completed.

The inspector looked at some residents' files and noted that there were documented care plans in place to address the assessed needs of residents. For example, clear interventions were provided on the promotion of continence and addressing communication problems.

6. Action required from previous inspection:

Arrange for each resident to have access to newspapers.

This action was completed.

There was a supply of newspapers available in the centre and some residents were reading newspapers during the inspection. The inspector saw the results of a survey

carried out by the person in charge which documenting residents' preferences for weekly newspapers and magazines.

7. Action required from previous inspection:

Revise the written operational policies and procedures relating to the making, handling and investigation of complaints from any person, and ensure that they meet all of the requirements of the Regulations.

This action was completed.

The complaints recording sheets had been amended to include a section to record whether or not the complainant was satisfied. The inspector reviewed the complaints register and noted that comprehensive details of each complaint was recorded, such as details of the complaint, the outcome and whether or not the complainant was satisfied. Each entry was signed by the investigating nurse, the person in charge or provider and the complainant. All complaints reviewed were addressed to the complainant's satisfaction.

8. Action required from previous inspection:

Revise the written policies and procedures relating to the recruitment, selection and vetting of staff to include all the criteria as required by the Regulations.

This action was completed.

The inspector read four staff files and found that the information recorded was in line with legal requirements. Each file contained up to date An Bord Altranais registration details for nursing staff, photographic identification, three references, evidence of Garda clearance, certification from a general practitioner of mental and physical fitness, certificates of relevant qualifications or training and employment histories.

The recruitment policy was a comprehensive document, which reflected practice in the centre and the requirements of the Regulations.

9. Action required from previous inspection:

Revise the Residents' Guide to include all items specified in the Regulations and provide a copy to all residents and to the Chief Inspector.

This action was completed.

There was a revised Residents' Guide available, which contained the required information, including a copy of the most recent inspection report.

10. Action required from previous inspection:

Include in the contract of care details of the services to be provided for residents and the fees to be charged.

This action was completed.

The inspector viewed the contract of care, which had been amended to clearly and comprehensively outline the services to be provided for residents and the fees to be charged.

Report compiled by:

Jackie Warren

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

1 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
6 and 7 April 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Central Park Nursing Home
Centre ID:	0328
Date of inspection:	27 January 2011
Date of response:	24 February 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:

A comprehensive written risk management system was not in place.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

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: A comprehensive written risk management system is now in place.	Immediately

Any comments the provider may wish to make:

Provider's response:

The providers, management, residents and staff of Central Park Nursing Home would like to thank the inspector of the day, Ms. Jackie Warren for her professionalism during this inspection.

Provider's name: Caroline Maguire and Tommy Maguire

Date: 24 February 2011