



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

Issued by the Chief Inspector

Name of designated centre:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0036998

About the designated centre

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

The Park Nursing Home is designated centre and is located within the suburban setting of Castletroy, Limerick city. It is registered to accommodate a maximum of 56 residents. It is a two-storey facility with a lift and four stairs to enable access to the upstairs accommodation. Bedroom accommodation comprises 52 single bedrooms (21 downstairs and 31 upstairs) and two twin bedrooms (upstairs) with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Upstairs, communal areas comprise a large day room, dining room, family visiting room, hairdressing salon and smoking room, and seating in the foyer. Upstairs there is a lounge, dining room with kitchenette, a separate kitchenette, physiotherapy gym, lounge seating area with balcony views of the main entrance, foyer and gardens. Residents have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery. The Park Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 June 2022	09:00hrs to 17:45hrs	Claire McGinley	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The inspector was met by the person in charge who guided the inspector through the infection prevention and control measures necessary on entering the designated centre. Following an introductory meeting, the inspector walked around the centre with the person in charge.

The centre was registered to accommodate 56 residents. There were 55 residents accommodated in the centre on the day of inspection. The inspector spoke with a total of 14 residents around the centre on the day of the inspection. This included residents sitting in the coffee dock, the dining room and in their bedrooms. Resident feedback about the centre was mixed, with some residents stating that 'the food was good', they were 'very happy', and that they were 'safe and enjoyed a good quality of life'. However, other residents said that the food was 'not great' that 'some things were better than others'.

During the walk around the building, the inspector observed that parts of the premises were in a poor state of repair. For example, there was broken cupboards in the upstairs kitchenette, and floor coverings were damaged in the day room, dining room and smoking room. There was a strong odour from cigarettes in the corridor outside the smoking room, and a residents' bedroom was located opposite this room. The inspector observed that boxes were stored in the entrance foyer and in the residents' assisted bathroom, restricting resident access to this bathroom.

The inspector observed that communal areas of the premises were not cleaned to an acceptable standard, and that some resident equipment was not visibly clean.

There were a variety of communal areas for residents to use. On the ground floor, there was a large day room and dining area which opened up into a large secure garden. Residents could not independently access the outdoor space in the centre. Access to one of the gardens was restricted by a door alarm and a code lock. The second secure outside space was locked and not available to residents at the time of inspection. Upstairs there was a dining area and a coffee dock area which overlooked the entrance to the building. There was lift access between the ground and first floor, and residents were observed moving freely between the floors.

The lunch-time dining experience was observed on both floors. The residents were asked during the morning about their preference for lunch that day. The dining room was supervised at all times. Meals appeared appetising and well-portioned. The inspector observed that the dining experience was not rushed, and staff assisted residents with meals in a kind and respectful manner.

An activities schedule for residents was in place, and staff were seen to support activities. The inspector observed activities in the afternoon, where 20 residents were observed attending a sing along.

Residents personal care was attended to an acceptable standard, in accordance with their preferences. The inspector observed interactions between the staff and residents throughout the day and found that, in general, they were kind, respectful, and person-centred. Staff spoken with were knowledgeable about the residents.

Residents had access to the internet, telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection on 12 May 2021 and on notifications. The inspector also followed up on unsolicited information received by the Chief Inspector and found it to be partially substantiated.

The findings of this inspection were that there were sufficient resources available to ensure effective delivery of care and support to residents. However, action was required in areas such as governance and management, maintenance of the premises, and infection prevention and control to ensure regulatory compliance.

The registered provider of this centre was Mowlam Healthcare Services Unlimited Company. This provider has a number of designated centres in Ireland and has a defined management structure in place. The person in charge of the centre was supported by a regional manager. Within the centre, the person in charge was supported by a clinical nurse manager, nurses, care staff, an activities coordinator, catering, housekeeping, laundry, administration and maintenance staff.

The person in charge facilitated this inspection and demonstrated a clear understanding of their role and responsibilities. There had been a number of changes to the person in charge role over the past ten months, impacting on the management structure of the centre. Communications systems were not robust, as there was no evidence that staff meetings took place from November 2021. These findings are discussed under Regulation 23: Governance and management.

A range of audits and an annual review of the quality and safety of care in 2021 was completed.

The person in charge and the clinical nurse manager provided supervision to all staff. There was a range of training scheduled to take place within the centre.

On the day of inspection, the number and skill mix of staff was appropriate to meet the needs of the residents, and for the size and layout of the building. The team providing direct care to residents consisted of two registered nurses on duty at all times, supported by a team of health care assistants.

All records requested during inspection were made readily available to the inspector. Staff files reviewed were compliant with the regulations and contained all the items listed in Schedule 2. An Garda Siochana (police) vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. An induction programme was in place, which all new staff completed.

Information regarding the complaints process was displayed in the foyer of the centre. A review of the complaints records found that they were managed in line with regulatory requirements.

Regulation 15: Staffing

A review of the rosters provided found that number and skill mix of staff on the day of inspection was appropriate to meet the assessed needs of the residents and, for the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had access to training relevant to the service.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that management systems in place were not robust to ensure the service was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Systems of communication with staff were not in place. For example, staff meetings had not been held since November 2021 and there was an effective system in place to staff had been updated on changes within the centre.
- Systems in place to organise the delivery and storage of goods were not effective. For example, there were a number of boxes stored in the entrance foyer, and stocks of personal protective equipment (PPE) were stored in the resident bathroom, restricting resident use of these areas.
- Systems of oversight and management of the premises, and infection prevention and control were not effective, as detailed under Regulation 17 and 26, and did not ensure the safety and well being of the residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All mandatory notifications were submitted to the Chief Inspector, in line with the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints reviewed were managed in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents received an appropriate quality of care from a team of staff who knew the residents needs and preferences. However, action was required to ensure that infection prevention and control and the premises were compliant with regulation.

The design and lay out of the premises was generally suitable for its stated purpose and function. However, parts of the premises were in a poor state of repair. There was inappropriate storage in many areas of the premises. Further findings are discussed under Regulation 17: Premises. The inspector observed that communal

areas of the premises were not cleaned to an acceptable standard. Finding are detailed under Regulation 27: Infection control.

A sample of residents' care records were reviewed on an electronic nursing documentation system. Records reviewed showed that residents' health care needs were assessed using validated tools. These assessments informed appropriate care planning. Care plans reviewed were person-centred and directed the care needs of the individual resident. The care plans were reviewed and updated, as required.

Arrangement were in place for residents to access their general practitioner (GP) as required. Residents were also provided with access to other health care professionals, such as dietitian, occupational therapy, tissue viability and speech and language therapy.

Resident meetings were held quarterly. Minutes of recent resident meetings showed that feedback was sought on the delivery of care, catering, maintenance and housekeeping. Residents had access to an independent advocacy service.

A restraint-free environment was promoted in the centre, in line with local and national policy.

The inspector observed visitors coming and going throughout the inspection. Residents who spoke with the inspector confirmed that they were no restriction on receiving visitors.

Regulation 11: Visits

Visiting was facilitated within the centre in line with the requirement of Regulation 11.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was generally suitable for for the number and needs of the residents, however, some parts the premises were not in compliance with regulation 17. This was evidenced by:

- The kitchenette and the dining rooms were in a poor state of repair. For example, there were broken cupboards in the kitchenette, the laminate was lifting from the sink surround, there was no functional bin in the area, and the flooring was damaged in the dining rooms.
- Lack of ventilation to the laundry room had resulted in restricted access to an enclosed garden for residents. The laundry room was ventilated by opening

an external door, resulting in the area being unsafe for use by residents. This issue had been identified by the provider in June 2021 and a plan was in place to install an air conditioning unit into the laundry. This action had not been completed.

- The paint on the ground floor doors and door surrounds was scuffed and chipped. The paint on some residents bedroom walls was chipped and damaged. Some radiators were observed to have rust and others the paint was worn.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required in the management of infection prevention and control (IPC) to ensure compliance with Regulation 27. This was evidenced by;

Equipment in use was not cleaned to an acceptable standard. For example;

- equipment in the dining room and kitchenette was not visibly clean,
- some resident own supportive equipment was not visibly clean,
- the medication trolley, medication crushers and containers for resident hearing aids on the medication trolley were not visibly clean

There was no cleaning schedule available for the cleaning of curtains in communal areas.

There were shared items in communal resident toilets, for example, incontinence wear was left in a container on the floor, and on a shelving unit at the back of the door, in a communal resident bathroom.

The management of linen was not in line with best practice guidance, as clean linen was stored on the floor in the linen room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. The care plans reviewed were individualised, person-centered and contained relevant information to direct care.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate access to medical and allied health professional services. Recommendations made by allied health professionals were acted upon and updated in the resident's care plan.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were found to be valued and upheld. Residents opinions were sought and respected through resident meetings. The centre facilitated an activities programme. Residents were supported in every aspect of their social care needs.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0036998

Date of inspection: 22/06/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) is supported by the Healthcare Manager and the Director of Care Services in the achievement of all required objectives and in ensuring that there are safe, high-quality systems of governance and management in place. Key Performance Indicators and operational issues in the home are recorded and reviewed on a weekly basis by this senior management team to ensure sustainability of progress, to identify areas in need of improvement and to take corrective actions if required. • There is a scheduled monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives. The PIC will ensure that all staff are kept up to date with any actual or proposed changes regarding the nursing home at these meetings, which include at least one representative from each department. • The Person in Charge (PIC) will schedule regular meetings for each department, which will be held on a three-monthly basis to ensure that all staff are aware of all relevant issues, proposed changes and developments in the home. • The PIC will review systems regarding delivery and storage of items in the nursing home. Inappropriate storage of boxes in the entrance foyer and storage of Personal Protective Equipment (PPE) in a resident’s bathroom were addressed on the day of inspection, and there are no items inappropriately stored in the home. Compliance will be monitored daily by the senior nurse on duty to ensure that all items continue to be suitably stored and oversight by the PIC to ensure that deliveries are stored away as soon as possible after they have been received in the home. We will arrange for additional shelving to be installed in the storerooms to assist with storage capacity. • The PIC and Clinical Nurse Manager (CNM) will complete fortnightly spot checks in conjunction with the Maintenance Person. The spot checks will supplement the quarterly IPC audit tool on infection prevention and control (IPC). These audits will review whether there are defects or repairs required on all equipment/furniture/flooring within the nursing home. The PIC will address any non-compliances through a Corrective Action 	

Plan (CAP), ensuring compliance with Regulation 17 and 26 and will prioritise the safety and wellbeing of all residents. The CAPs will be reviewed at the monthly management team meeting and the monthly IPC Committee meeting.

- The CNM will be the designated Lead IPC nurse for the nursing home. We will ensure that enhanced IPC training is provided to the CNM, who will chair the IPC Committee meetings in the home.
- A deep cleaning schedule is in place which will be overseen by the PIC and the housekeeping supervisor. A daily checking system is in place to ensure that high standards of cleanliness are always maintained.
- A housekeeping manual is available as a reference guide for housekeeping staff regarding the appropriate procedures of cleaning and decontamination of equipment to meet the required standards of infection prevention and control in the nursing home.
- Clean Pass training has been provided for housekeeping staff.
- The Covid-19 contingency plan will be reviewed by the PIC and Healthcare Manager, who will ensure that all staffing requirements continue to be met in the event of a further outbreak.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A painting and decorating contractor has been engaged and work has commenced on painting and decorating throughout the nursing home. This will include painting on the ground floor doors, door surrounds and residents’ bedroom walls.
- As part of the decorative upgrade programme, radiators that require attention will be cleaned, painted or replaced where required.
- The Facilities Manager will implement a repairs schedule to include the installation of new storage units and the repair and replacement of items, as needed. These works will include upgrading the kitchenette (including repairing the cupboards and the laminate from the sink surround), and flooring repairs will be completed in the dining rooms and areas throughout the home that require attention.
- New waste bins have been installed in the kitchenette, dining room and visitors’ room.
- A new air conditioning unit has been fitted to the laundry room since the inspection.

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

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

- A regular daily cleaning and decontamination programme is in place and will be reviewed daily by the senior housekeeper, monitored by the Clinical Nurse Manager (CNM) and overseen/spot checked by the PIC.
- The clinical equipment cleaning schedule has been revised and enhanced to include residents' supportive equipment. The medication trolley, medication crushers and containers for residents' hearing aids on the medication trolley were cleaned the day of the inspection, and in future will be included in the daily cleaning regime. The PIC will conduct random spot checks to ensure compliance with the revised clinical cleaning schedule.
- Resident equipment was cleaned as part of the post-inspection deep clean of the nursing home. There is an equipment cleaning schedule in place and the PIC will monitor compliance with this.
- A cleaning/laundry programme for communal curtains is now in place and laundering has commenced.
- Any items that were left in communal residents' toilets were removed on the day of the inspection. There will be no storage of residents' items in communal bathrooms. Individual residents' items, such as incontinence wear will be stored correctly in the residents' own wardrobe to maintain residents' privacy and dignity
- Incorrect storage of clean linen was rectified the day of the inspection. The PIC has reviewed the storage of clean linen and additional shelving will be provided for linen storage by 31/10/2022.
- Clean pass training has been scheduled for the housekeeping staff in September 2022.
- A floor washer/buffer machine has been purchased for the home, and housekeeping staff will be fully trained on its correct and appropriate operations/use.
- IPC training and refresher updates are in progress for all staff.

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	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/09/2022

	associated infections published by the Authority are implemented by staff.			
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