



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

Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	05 June 2024
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0040534

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	138
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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 5 June 2024	09:10hrs to 17:20hrs	Aislinn Kenny	Lead
Wednesday 5 June 2024	09:10hrs to 17:20hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors observed that residents appeared relaxed in the designated centre and residents spoke positively about their experience of living in Parke House Nursing Home. Residents told the inspectors that they were happy living there and that they felt safe. Throughout the day residents appeared comfortable in their surroundings and were seen to be interacting with each other and the staff on duty.

The inspectors spent periods of time chatting with residents and observing the daily routine in the centre. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspectors that they have 'the loveliest of staff'.

Overall, the environment was clean and warm. The premises was mostly well-maintained, wear and tear was observed in some areas and there was an ongoing maintenance schedule in place to address this. All communal areas were well-used by residents throughout the day. Facilities made available to residents included an oratory, a sun room, a large lounge area. There was a coffee shop that sold magazines, cards and refreshments and residents were observed using this space to host their visitors.

During a walk around of the centre the inspectors observed there were fire safety concerns in some areas that required attention. For example, the oxygen storage was being stored in a cage at the top of a stairwell above the chemical store room and some fire doors were not closing properly. This is discussed further in the report.

The inspectors observed that the registered provider had made positive changes in response to the previous inspection to improve the delivery of services. An activity co-ordinator joined the team since the last inspection which ensured that residents had access to meaningful activities Monday to Sunday within the centre. The inspectors saw that following a review of the mealtimes and dining experience, a new dining schedule was implemented. Residents informed inspectors that they were happy with the new dining schedule and the quality of food was very good.

Lunch was observed in the two main dining rooms. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch. Residents said that they got plenty to eat, lots of choices of food were available and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. Inspectors observed that the dining experience was overall a pleasant experience for most residents, one residents' dining experience required review.

Residents were supported to enjoy a good quality life in the centre. Newspapers were delivered daily to the centre. The centre's hairdresser was in attendance on

the day of inspection. The hairdressing room and spa was well-equipped and residents were seen enjoying this social occasion. A beautician also visits the centre and residents informed inspectors that they enjoyed being 'treated like royalty'. An activities schedule was on display and on the morning of the inspection the inspectors observed the breakfast club which residents appeared to enjoy as a social occasion. Several residents informed the inspectors that they attend the Men's shed every week in the local town, others told inspectors about their weekly 'drive' where they often stop at a shop for an ice-cream while others said they enjoy the pet therapy every Friday.

Resident bedrooms were neat and tidy. Residents who spoke with the inspectors were happy with their bedrooms and told the inspectors that they had enough storage for their belongings and clothes in their rooms. Residents said that their clothes were regularly laundered and returned to their rooms promptly.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They were very positive about the way their loved one was taken care of and spoke about the great efforts that were made by staff to ensure 'they were well looked after'.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents.

This was an unannounced inspection to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The centre had a history of good compliance with the regulations. This inspection of the centre also found a good level of compliance with the regulations assessed. The compliance plan from the previous inspection in November 2023 was followed up and all actions had been completed. Nonetheless, some further action was required to comply with the regulations as outlined in the report.

The registered provider is Parke House Nursing Home Limited. There are three directors, one of whom is the registered provider representative. The person in charge was supported in their role by the registered provider representative who was present in the centre on a daily basis. The person in charge worked full-time in

the centre and was a registered general nurse. They were supported in this role by an assistant director of nursing (ADON), clinical nurse managers and a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

A review of staffing arrangements in the centre found that there were sufficient staff to meet the needs of the residents during the day. Night time staffing arrangements were also reviewed and inspectors found that one staff nurse was on duty to provide care to 48 residents in one unit. Inspectors were informed that the staff nurse from a different smaller unit was available to this unit to assist the nurse with dispensing medications.

There was a comprehensive audit schedule and the registered provider had adequate systems in place to monitor the clinical needs of the residents through a variety of audits that were conducted on a weekly and monthly basis. Audit systems were also in place to monitor risk, incidents and infection prevention. The registered provider had prepared an annual review for 2023 in consultation with residents and their families.

The inspectors reviewed the directory of residents, the format of which had been changed since the last inspection and all information as required by the regulation was in place.

The incident log was reviewed and incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

A copy of the complaints procedure was available in the reception area, located in a document holder. A summary was outlined in the residents' guide, there was a nominated person for managing complaints and a review officer had been appointed. Advocacy services posters were on display throughout the centre. Complaints audits took place and a review of the complaints log found complaints were being investigated and responded to within the required time frames.

There was a training schedule in place and staff were booked on up-coming training courses. Gaps noted in mandatory trainings were the result of recent trainings being cancelled due to COVID-19 outbreaks in the centre. The inspectors were shown a training schedule to address this and there was training taking place for new staff on the day of inspection.

Regulation 15: Staffing

On the day of inspection there were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs.

Judgment: Compliant

Regulation 16: Training and staff development

There were gaps identified in some mandatory trainings such as fire safety and manual handling. The inspectors were shown a training schedule that was in place with training scheduled for next month to address some of the gaps.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The following management systems required strengthening and action, to ensure the service provided was safe, consistent and effectively monitored:

- The environmental and infection control audits to monitor aspects of the service that were fundamental to residents' safety and quality had failed identify the findings of this inspection in respect of the risks associated with fire precautions, infection control and premises to ensure they were proactively addressed.

- The systems for oversight of the quality of care provided to residents required some improvement to ensure that each residents' privacy needs were met at all times and that the care provided was in line with residents' care plan. For example the dining experience observed for one resident on the day of inspection required review to ensure their dietary needs were met in line with the requirements of their care plan. This was discussed with the person in charge at the end of the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required a notification to be submitted to the Chief inspector were submitted in line with the regulations, this included notifications that required submission within three days of their occurrence and notifications which were required on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place. The records showed that complaints were recorded and investigated in a timely manner.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be good. Notwithstanding the positive findings, this inspection found further improvements were required to infection control practices and fire precautions, this is detailed in the report under the relevant regulations.

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language, as required. There was a physiotherapist on site who was seen attending to residents on the day of inspection.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided.

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to assist residents at meal times and the dining experience was observed to be unhurried and relaxed.

The premises was of suitable size to support the numbers and needs of residents. It was generally well maintained, some aspect of the premises required minor attention to ensure it fully met the individual and collective needs of the residents. Privacy arrangements required review as there were bathroom door locks that required repair to ensure residents' privacy when using these bathrooms.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. However, further action was required to be fully compliant with the regulation and will be discussed further in the report.

While there was evidence of fire training and good practice observed and fire drills took place at regular intervals to maintain staff competency in safe evacuation of all residents, further action was required to ensure that residents were protected from the risk of fire. This is discussed under the regulation. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. Simulated night time drills were completed also.

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a choice of meals and the food provided was observed to be wholesome and nutritious. Observations confirmed that portion sizes were sufficient. Residents who spoke with the inspectors said that they were happy with the quality and variety of food available in the designated centre.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that improvements were required to ensure that infection prevention and control practices in the centre reflected the *National Standards for infection prevention and control in community services (2018)*. For example;

- There was easy access to hand washing facilities available for staff to wash their hands if visibly soiled. However, at least three sinks had locally fitted traps placed on the outlets to prevent paper blocking the outlet. The traps were unable to be removed which prevented them from being cleaned properly and may lead to cross contamination.
- The washing machines in the laundry were situated on a raised platform. However, there were breaks in the integrity of the platform surface, which did not facilitate effective cleaning and decontamination.
- Single use dressings observed to be open and partly used, were stored with un-opened products, which could result in them being re-used and posed a risk of cross contamination.
- Some staff were not aware of the single-use sign that is used for one single resident and one procedure only, which reduces the risk of cross contamination.

- The cleaning processes for residents equipment required review. The 'I am clean' sticker system was in operation however, equipment in use by residents had green stickers remaining on them and inspectors were told when they were cleaned that the new label was applied over the old one. All residents' equipment including wheelchairs had green labels and was difficult to establish which required cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that the arrangements for the containment of fire were adequate. For example;

- Fire doors deficits were observed in some doors. Gaps were observed in doors leading to the kitchen where the doors did not fully close. One set of corridor doors were also observed to not be fully closing.
- A food trolley was parked in front of the dining room in Rye which would prevent the doors from closing in the event of a fire.
- While oxygen cylinders were stored securely in a cage, they were being stored on a landing area above the chemical store room and in proximity to combustible materials, the location required review to ensure safety.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The registered provider was pension-agent for four residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity arrangements required review as there there were no privacy locks on three bathroom doors used by residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0040534

Date of inspection: 05/06/2024

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> <p>See also:</p> <ul style="list-style-type: none"> - Regulation 27: Infection Control - Regulation 28: Fire Precautions and - Regulation 9: Residents Rights. <p>Parke House Nursing Home monitors, develops and strives to continually improve the quality and safety of care provided to residents on an on-going basis to assure that the service is safe, appropriate and consistent.</p> <ul style="list-style-type: none"> • A full review of all Fire Doors within the Nursing Home is scheduled to be completed. All recommendations and actions required will be addressed by the Registered Provider. The Registered Provider shall continue to engage with competent Fire Representatives in ensuring all resident, staff and visitor safety. Completed 28/06/2024 • The Management Team of Parke House Nursing Home shall ensure that appropriate action following monitoring and inspection activities are completed and further reviewed on an ongoing basis. Commenced and Ongoing. • The internal audit scheduled developed for Parke House Nursing Home is inclusive of all environmental, infection and prevention control and care requirements. Commenced and Ongoing. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Parke House Nursing Home supports good infection prevention and control practices and understands that these are critical in ensuring effective infection prevention and control to protect residents and staff. These include effective governance and oversight, appropriate resources, clear communication, strong risk management procedures, regular staff training and ongoing monitoring of practice.</p> <ul style="list-style-type: none"> • All traps have now been removed. The Housekeeping Supervisor shall ensure all sink outlets are not blocked. Completed: 28/06/2024 • The platform used to facilitate the washing machines was replaced. Integrity of the platform will be regularly reviewed by the Maintenance Team and replaced as and when required. Completed: 28/06/2024 • Lessons learned were discussed with the Nursing Team specific to the use of single use dressings. Completed: 28/06/2024 • The appropriate use of single use dressings is included in the Nursing Induction Workbook. Completed: 28/06/2024 • Competency assessments are completed with all members of the nursing team, this is inclusive of wound management and the use of single use dressings Completed: 28/06/2024 • Infection Prevention Control policies and procedures are developed and reviewed in line with the most up to date evidenced based best practice. Completed and Ongoing. • Resident cleaning equipment schedules are in place and overseen by the Senior Health Care Assistants. Completed and Ongoing. • The cleaning process specific to residents' equipment shall be reviewed, to ensure it is clear when equipment requires cleaning. To be completed: 30/07/2024 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>See also: - Regulation 23: Governance and Management</p> <p>Parke House Nursing Home will ensure, so far as is reasonably practicable, that the risk from fire will be managed in compliance with the appropriate fire safety legislation, guidance and best practice standards.</p> <ul style="list-style-type: none"> • A full review of all Fire Doors within the Nursing Home is scheduled to be completed. All recommendations and actions required will be addressed by the Registered Provider. 	

Completed: 28/06/24.

- The Registered Provider shall continue to engage with an external competent Fire Representatives in ensuring all resident, staff and visitor safety. Commenced and Ongoing

- All fire exit routes shall be check daily to ensure these are not obstructed. Commenced and Ongoing.

- Oxygen cylinders will be removed and stored in an fully external designated area. A new external self-contained storage unit has been ordered.

Completed: 19/08/2024.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Parke House Nursing Home recognises and respects the resident's right to dignity and privacy.

- A full review of all bathroom locks was completed. Where required locks were fitted.

Completed: 12/07/2024

- Bathroom locks shall be reviewed as part of the internal Privacy and Dignity Audits completed. Where issues are identified this shall be reported to the Maintenance team. Commenced and Ongoing.

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 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	28/06/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	19/08/2024

	containing and extinguishing fires.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	12/07/2024