



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Central Park Nursing Home
Name of provider:	AllanBay Limited
Address of centre:	Clonberne, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	18 September 2024
Centre ID:	OSV-0000328
Fieldwork ID:	MON-0042879

About the designated centre

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

Central Park nursing home is a purpose-built single-storey building with accommodates 70 residents and includes a specific dementia unit known as Memory lane that accommodates 23 residents. The centre is located a rural area in the village of Clonberne in county Galway. The centre accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, dementia care, end of life care, palliative care, respite and convalescent care. Bedroom accommodation is provided in 41 single ensuite bedrooms, seven twin ensuite bedrooms, and seven twin bedrooms and one single bedroom without ensuite facilities. There is a variety of communal day spaces provided including several dining areas, day rooms, oratory, visitors' rooms, large seated reception area and seated areas on corridors. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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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 18 September 2024	09:45hrs to 17:40hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

Residents living in Central Park Nursing Home told the inspector that they received good quality care and support from staff that who described as 'so nice' and 'very kind.'

The inspector was greeted by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector spent time walking through the centre with the assistant director of nursing, giving an opportunity to observe and meet with residents and staff in their living environment.

Located in the village of Clonberne, Co Galway. Central Park Nursing Home is registered to provide care for 70 resident with a range of dependencies and needs. There were 68 residents living in the centre on the day of inspection.

The centre is a spacious, single-storey building, with easy access to a variety of communal rooms, which contained comfortable furnishings for resident use. There was a warm and welcoming atmosphere in the centre and the inspector observed several residents relaxing in a spacious communal room at the entrance to the centre. The inspector noted that music was playing and some residents were being assisted with breakfast, while others were relaxing in the company of the staff.

As the inspector walked through the centre, they overheard friendly conversations between residents and staff. It was evident that the management team were well known to the residents and the assistant director of nursing paused to speak with several residents during the walkabout of the centre. The inspector observed residents spending most of their day in communal rooms and a small number of residents told the inspector that they preferred to spend time independently in the comfort of their own bedrooms. Staff were observed attending to residents requests for support without delay.

Care for residents living with dementia was provided in an 23-bed wing known as Memory Lane. Resident accommodation was provided in single and double bedrooms, some with ensuite facilities, and the decor in this unit was designed to support and facilitate residents to move independently around the unit. Residents living in this unit had unrestricted access to their own dining room, sitting rooms and secure garden. The inspector noted that staff engaged with residents in a gentle manner and the pace was relaxed. The inspector observed this wing was well-resourced with nursing and care staff, which gave opportunities for frequent meaningful engagement with residents living there. Some residents living in the centre had complex care needs and several residents were assessed as requiring enhanced supervision. The inspector observed that residents were well-supported by staff and there was a constant staff presence in communal rooms.

The centre was found to be well-lit and warm, making the environment homely and comfortable. The corridors in the centre were long and wide and provided adequate

space for residents to walk around. Many corridor walls were decorated with artwork and some displayed resident memorabilia boxes. Handrails were available along all the corridors to maintain residents' safety and independence. There was a well maintained enclosed courtyard which contained sufficient seating for resident use. Access to the courtyard was unrestricted and residents were observed socialising here during the inspection.

Several residents expressed high levels of satisfaction with the quality of the food provided. The inspector spoke with a resident who requested an alternative to the lunch-time menu option upon their admission to the centre, and they were provided alternative meals of their choice. Residents told the inspector that they felt safe living in the centre, and they expressed that they could raise complaints or concerns to the management team with ease.

The inspector observed a number of visitors coming and going throughout the day of the inspection and they spoke with several visitors who described high levels of satisfaction with the quality of the care and service provided.

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

Capacity and capability

This was an unannounced inspection 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). This inspection found that residents were supported to live a good quality of life and the provider was committed to achieving compliance. The governance and management was well organised and there were effective oversight systems in place.

AllanBay Limited is the registered provider for Central Park Nursing Home. There were three company directors. One of the directors represented the provider and they supported the person in charge with the operations of the centre. The person in charge was also supported by an assistant director of nursing who deputised in their absence. A team of clinical nurse managers, nurses, care staff, activities, catering, house-keeping, laundry, administration and maintenance personnel made up the staffing compliment. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. There were a minimum of two registered nurses on duty in the centre, twenty four hours a day. The person in charge facilitated this inspection and they demonstrated an understanding of their role and responsibilities.

There were 68 residents accommodated in the centre on the day of the inspection. The inspector observed that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Communal

areas were appropriately supervised and residents who required enhanced supervision were well supported by staff.

Training records demonstrated that staff had access to a varied training programme including safeguarding, patient moving and handling, and fire safety. Additional training was provided on topics including infection control and restrictive practices. A system of annual performance appraisals was in progress.

The provider had a quality assurance system in place to monitor the quality of care and service provided. The inspector viewed a sample of clinical and environmental audits in areas including health and safety, and nutrition. Overall, records demonstrated that audits identified where improvements were required. The person in charge also completed an analysis of compliance under the care and welfare regulations, which formed a monthly operational management report. This report informed governance meetings attended by the registered provider, to ensure that they had oversight of the service. There were systems in place to manage risk. The risk register identified risks and included the additional control measures in place to minimise these risks. Records demonstrated that new or updated risk assessments were distributed to the staff team electronically, to ensure risk management controls were implemented effectively.

A paper based record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

A review of the complaints records found that complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34. A review of the records evidenced that there was a comprehensive record kept, both for complaints resolved locally and complaints which were investigated through the formal process.

A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The registered provider had undertaken an annual review of the service for 2023.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of resident. Staff also had access to additional training to inform their practice which included, restrictive practices, infection prevention and control, falls prevention, dementia, and cardiopulmonary resuscitation (CPR) training.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had submitted a statement of purpose to the office of the Chief Inspector which contained the required information, as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures as required under, Schedule 5, were available for review on an electronic system which was accessible by staff. There was a system in place to ensure that policies and procedures were reviewed and updated.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of services provided to residents living in this centre were of a good standard. The governance and management was well organised and there were effective oversight systems in place.

There were measures in place to protect residents against the risk of fire, including regular checks of fire safety equipment and the provision of fire safety training, to ensure that resident could be evacuated in a safe and timely manner.

The inspector found that overall, the premises was clean and well maintained and there was an ongoing programme of maintenance works in place. Infection prevention and control measures were in place and monitored by the person in charge.

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 of old age, dietitian and tissue viability.

Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that comprehensive assessments and care plans were developed within 48 hours of the resident's admission. The inspector reviewed a sample of care plans and found they reflected the information gathered from the assessments and they detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity and risk of malnutrition. Care plans were person-centred and effectively guided care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

There were records of resident satisfaction surveys and resident and relative meetings, giving opportunities for feedback to the management team on the quality of the service. Residents had access to television and newspapers. Residents were supported to practice their religious faiths and were supported to attend mass in the local chapel. Mass was held monthly in the centre. There were three staff employed for the provision of social activities in the centre. There was a planned activities schedule which included musical events, sensory activities for residents

with dementia and visits from local schools. The centres' administration team produced a monthly resident newsletter, which contained images of the many events enjoyed by residents in the centre.

Measures were in place to safeguard residents from abuse. Safeguarding training was up-to-date for staff. All staff interactions with residents, observed by the inspector, were kind and caring. The provider did not act as a pension agent for any resident. There were systems in place to safeguard residents monies. A logbook was maintained to record deposits and withdrawals made by residents in the centre. A sample of transactions was reviewed by the inspector, balances were found to be accurate and reflected the monies held, which were stored securely.

The inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Regulation 11: Visits

Visiting was facilitated in an unrestricted manner and inspectors observed many visitors being welcomed to the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management

The registered provider maintained a policy and procedure to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed person centred information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP).

Residents had access to a range of allied health and social care professionals such as a physiotherapist, speech and language therapy and tissue viability services.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded.

Judgment: Compliant

Regulation 27: Infection control

Overall, the building was found to be very clean. Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

Regulation 28: Fire precautions

All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place and overseen by the person in charge.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Central Park Nursing Home OSV-0000328

Inspection ID: MON-0042879

Date of inspection: 19/09/2024

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
Outline how you are going to come into compliance with :	

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