



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:	08 August 2024
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0040231

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. Downstairs, communal areas comprise a large day room, dining room and smoking room, and seating in the foyer and gardens. Upstairs there is a dining room with kitchenette, a separate kitchenette, family visiting room, hairdressing salon, physiotherapy gym and a lounge seating area with balcony views of the main entrance. 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:	56
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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
Thursday 8 August 2024	09:30hrs to 18:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life and received a high standard of person-centred care from staff. Residents spoke positively about their day-to-day life in the centre. Visitors who spoke with the inspector were also complimentary about the care provided to their loved ones.

This was an unannounced inspection. On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector completed a walk around the centre. Many residents were making their way to the centre's communal areas after their breakfast, while others were being supported by staff as they got ready for the day ahead. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner.

The Park Nursing Home is a two-storey building which can accommodate up to 56 residents in 52 single bedrooms and two twin bedrooms. All bedrooms contained ensuite facilities. Many rooms had been personalised with ornaments, photographs and belongings that were personal to the residents. For example, a resident celebrated their home county recently winning the All-Ireland hurling championship by hanging a jersey in their room. Residents' bedrooms were laid out to ensure they had sufficient space to meet their needs including suitable storage space for their clothing and personal items. The inspector spoke with a number of residents who confirmed that they were happy with the size, layout and appearance of their bedrooms.

Communal rooms for residents were located across both floors and included dining rooms, day rooms and a coffee dock area. There were dedicated rooms for residents to meet with their visitors. Residents had access to a large enclosed garden as well as a courtyard, both of which contained suitable furniture and colourful flowers and shrubbery. Residents were supported to plant and tend to the garden if they so wished. Residents were observed relaxing or engaging with one another in these areas throughout the day. Staff were available to supervise and provide assistance to residents who were spending time in these areas. Staff and residents were observed chatting and laughing together and it was evident that residents and staff knew each other well. All of the residents who spoke with the inspector were complimentary about the care and service they received.

Residents said that they felt safe and that they could speak to staff about any concerns or worries they might have. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice.

Activities were facilitated by an activity co-ordinator as well as a number of external service providers. A schedule of current activities was displayed prominently, which included arts and crafts, music therapy, exercise classes and hand massages. On the

morning of the inspection, residents were observed watching a music concert on television while games of bingo were played in the afternoon. Staff ensured that residents attending these activities were supported to engage in line with their capabilities. Residents told the inspector that they were satisfied with the schedule of activities available to them.

Residents were offered a variety of food, snacks and refreshments throughout the day. On the day of the inspection, the inspector observed some of the meal time experiences. Freshly prepared food was served to residents promptly. There was classical music being played in one dining room during the meal time, which residents appeared to enjoy. Residents spoke positively about the food they were served, with one resident saying "I get exactly what I want, every single day". Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful and unhurried manner.

Visiting arrangements in place were not restrictive and it was clear that visitors were welcome to attend the centre throughout the day and evening. Visitors who spoke with the inspector said that staff were very communicative in relation to their loved one's needs and any changes that occurred.

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 a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's compliance plan response to the previous inspection in August 2023. The findings of this inspection were that the provider had taken significant action to address the non-compliances found on the previous inspection. However, this inspection found that Regulation 17, Premises and Regulation 23, Governance and Management were not in full compliance with the requirements of the regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider of The Park Nursing Home. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The director of care services and a healthcare manager participated in the management of the centre at a senior level. It was evident that the management team were aware of their roles and responsibilities in relation to the operation of the centre.

The person in charge worked full-time in the centre. They were supported in their role by an assistant director of nursing, as well as a team of nurses, health care assistants, catering, housekeeping, activities staff and maintenance staff.

On the day of the inspection, there were adequate numbers of skilled staff available to meet residents' needs. There were a minimum of two registered nurses on duty at all times. The rosters available for review reflected the configuration of staff on duty on the day of the inspection. Following the previous inspection, the provider had increased house-keeping resources and it was evident that this had been sustained. Staff were appropriately supervised according to their roles and were supported and facilitated to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs.

There were systems of monitoring and oversight systems in the centre, which for the most part, were observed to be effective. Records showed that the quality and safety of care and services were regularly audited by the management team and that action plans were developed to address any areas identified as needing improvement. However, the inspector identified a risk in relation to the management of the centre's internal smoking room which had not been assessed.

Regular meetings took place with staff and management in relation to the operation of the service. Meeting records demonstrated that the senior management team and person in charge met regularly, as well as the nursing management team and remaining staff groups.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed. This contained an overview of key areas of the service and included quality improvements that the provider planned to complete during 2024. Some of these actions had been completed at the time of the inspection.

A review of a sample of the contracts for the provision of services in place for residents found that they met the requirements of the regulation. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices. Staff were appropriately supervised in accordance with their role.

Judgment: Compliant

Regulation 23: Governance and management

While there were systems in place to ensure that the service provided was safe, consistent and effectively monitored, further action was required to ensure that risk identified in relation to the centre's smoking room was appropriately assessed and responded to. The door to the internal smoking room was held open at all times to facilitate the supervision of residents. This resulted in an odour of smoke along the adjoining corridor, where bedroom accommodation was situated. This had not been assessed by the provider and therefore the inspector was not assured that effective measures to mitigate this risk had been put in place.

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts for the provision of services confirmed that residents had a written and signed contract of care which clearly outlined the

services to be provided and the fees to be charged, including fees for any additional charges.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. Residents' care needs were being met through good access to health and social care services and regular opportunities for social engagement. The provider had addressed the non-compliances in relation to Regulation 5, Individual assessment and care plan, and Regulation 9, Residents' Rights. However, Regulation 17, Premises, did not fully meet regulatory requirements.

There was a programme of maintenance which was ongoing at the time of the inspection. Flooring had been replaced and repaired in multiple areas throughout the building and a programme of painting was in progress. However, some aspects of the premises still required maintenance or repair. The inspector identified that the centre's storage facilities and the ventilation within the internal smoking room required review to ensure that it met the requirements of Schedule 6 of the regulations.

A comprehensive assessment of residents' needs was completed prior to admission to the centre. Following admission, a range of clinical assessments were carried out using validated assessment tools. These were used to inform the development of care plans which addressed each resident's individual health and social care needs. The inspector found that the care plans were person-centred and guided the care delivered. Daily progress notes reflected the residents' current health status.

A review of residents' records found that there was regular communication with residents' respective general practitioner (GP) regarding their health care needs. Arrangements were in place to refer residents to health and social care professionals for further expert assessment and treatment, in line with their assessed needs. This

included access to the services of occupational therapy, speech and language therapy, dietetics, physiotherapy and tissue viability nursing.

There was appropriate oversight and monitoring of the use of restrictive practices in the centre. Where restrictive practices had been implemented, the records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned. There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff completed training to ensure that they could appropriately support residents exhibiting responsive behaviours.

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. An action from the last inspection had been addressed, whereby residents' access to the garden and courtyard areas was no longer restricted through the use of alarmed doors.

Residents were consulted with in relation to the day-to-day operation of the service. Residents' meetings were held on a regular basis, which gave residents the opportunity to provide feedback to management and staff. Satisfaction surveys were also distributed to residents and their representatives, which sought feedback in relation to the service provided. It was evident that action plans were developed in response to the feedback received.

Residents had access to local and national newspapers, television and radio. There were arrangements in place to ensure that residents were informed of, and were facilitated to access, advocacy services.

Regulation 11: Visits

Visitors were welcomed into the centre throughout the inspection. Residents who spoke with the inspector confirmed that there were flexible visiting arrangements in place for their families and friends.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure that the premises conformed with Schedule 6, which included the following:

- The storage of residents' equipment required review. Damaged resident equipment was being inappropriately stored in a sluice room and hindered access to the bed pan washer
- Ventilation in the centre's internal smoking room was not sufficient to prevent smoke from being detected on the adjacent corridor
- Some walls and wooden surfaces required maintenance or repair.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services as needed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practices to ensure it was implemented appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and residents were encouraged to make choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

Residents were provided with opportunities to be involved in the organisation of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0040231

Date of inspection: 08/08/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • We will review the door to the designated smoking room in the centre, to ensure that it can be closed without adversely impacting on the supervision of residents. • We will review the ventilation of the smoking room so that the effect of the odour of cigarette smoke on the bedrooms along that corridor can be minimized or eliminated. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • We will review the arrangements for the storage of residents’ equipment and ensure that this is safely and appropriately stored. • Since the inspection, damaged residents’ equipment has been discarded and new replacement equipment ordered. • We will ensure that there is no inappropriate storage of residents’ equipment in the sluice rooms or other inappropriate areas in the centre. • The Facilities team will review the ventilation of the residents’ smoking room to ensure that it is adequately ventilated so that the effect of the odour of cigarette smoke on the bedrooms in the adjoining corridor is minimised or eliminated. • The Maintenance Person will address the walls and wooden surfaces that require redcoration or repair. 	



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	31/12/2024
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	31/12/2024