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Hamilton Park Care Facility, OSV-0000139, 21 November 2019

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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Hamilton Park Care Facility
Name of provider:	Hamilton Park Care Centre Limited
Address of centre:	Balrothery, Balbriggan, Co. Dublin
Type of inspection:	Announced
Date of inspection:	21 November 2019
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0022730

About the designated centre

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

Hamilton Park is a purpose built care facility located in the countryside a short drive from the town of Ballbriggan. The centre is registered to care for 135 residents, both male and female over the age of 18 years of age. It offers extended care and long term care to adults with varying conditions, abilities and disabilities. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to residents with dementia, a cognitive impairment, those with a physical, psychological, neurological and sensory impairment. Residents are accommodated on two floors. There are 131 single and two twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and outside garden. There is close access to the restaurants, pubs, and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	125
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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
21 November 2019	08:30hrs to 16:00hrs	Sheila McKeivitt	Lead
21 November 2019	08:30hrs to 16:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

27 residents completed feedback questionnaires and left them in the centre for inspectors to review. The responses were very positive as were those of residents and relatives who spoke with inspectors during the inspection.

One relative told inspectors that over the past two years there was a noted improvement in the standard of care being provided to residents and staff morale had improved which had a positive impact on residents.

Residents and relatives knew who to complain too. They said there were good communications between staff and residents or their next-of-kin. This included regular care plan reviews.

Residents told inspectors they had lots of choice of activities of interest to them and they had regular trips out to places chosen by them. They enjoyed these trips.

Staff were described as kind, happy and good fun. Residents said that staff facilitated them to live as independently as possible and some residents told the inspectors that staff advocated on their behalf.

Capacity and capability

The governance team in this centre has grown in strength over the past three years. The governance team have established and maintained monitoring systems and continue to build these systems to ensure residents receive a high standard of care. Where non-compliances have been identified a root cause analysis has been completed and new systems put in place to prevent a re-occurrence. For example, since the dementia thematic inspection in June 2019 a 3 Tier Observation of Standard Monitoring System, has been implemented and this has led to an improvement in practices. The centre was found to be in full compliance on this inspection. They have brought the staff and residents on board and together they have made this centre a good, happy and homely place to live.

The governance team was stable and all members of this team are competent in their role. The provider representative, operations manager, person in charge and two assistant directors of nursing work well together and are continuously striving for excellence in practice to provide the best possible outcomes for residents.

The person in charge was nominated as one of three finalists in a person in charge

of the year award held in Ireland for 2019. She has implemented numerous initiatives, including the 3 Tier Clinical Auditing System which has led to a major reduction in the number of falls, hospital transfers, and reduction in the use of restraint. Additionally, she has developed a care pathway for Palliative care, the Care Mapping of residents with dementia. The 3 Tier Clinical Auditing System gained a finalist place in Nursing Project of the Year in the Irish Health Care Awards held in November 2019.

Both of the assistant directors of nursing have been awarded Nursing Home Registered Nurse of the Year Awards one in 2018 and the other in November 2019.

The centre was well resourced. There were no staffing vacancies. Staff worked well together, a number who had left in early 2019 to work elsewhere had returned to work in the centre. They all had their up-to-date mandatory training in place and had additional training which focused on their training needs identified during their annual appraisal.

The premises was kept well inside and out. A new internal smoking area had been developed to meet the needs of residents. Equipment was services within and a record of all services were available.

Registration Regulation 4: Application for registration or renewal of registration

A complete application pack was received, assessed and deemed complete prior to this inspection. An updated statement of purpose and set of floor plans have been received and meet the regulatory requirements. The fees to renew registration have been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been in the post since November 2016. She works in the centre full-time and is on-call when not on duty. She has the relevant skills and experience to undertake the role. She is well qualified in clinical care and health care management and holds a post registration management qualification.

The person in charge was well supported by the provider representative, the operations manager, two assistant director of nursing, clinical nurse managers and a well-trained team of staff.

Judgment: Compliant

Regulation 15: Staffing

There were no staffing vacancies at the time of inspection. Adequate staff numbers with the appropriate skill-mix to meet residents' needs were in place in the designated centre. There was at least one staff nurse on duty for each shift. The centre did not use any volunteers.

A sample of staff files reviewed showed that all staff were Garda vetted prior to commencing the employment.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were familiar with residents' needs and had appropriate qualifications for their role. In discussion with inspectors staff demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents. Mandatory training was up to date and some staff had attended various other courses such as dementia care, palliative care, infection control, responsive behaviour, falls prevention and dysphagia training.

There were appropriate staff supervision arrangements in place, and records showed that regular performance appraisals were carried out. New staff underwent a comprehensive induction programme.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and overall was found to contain the required information outlined in Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review and included insurance against injury to residents and other risks including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

Oversight systems had been developed, implemented and maintained to ensure the service provided was safe and continuously monitored by management. Sufficient resources were in place for the effective delivery of care. An annual review had been completed, it included residents' feedback and a quality improvement plan for 2019, most of which had been implemented. The annual review for 2019 was almost complete.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and was on display. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted. There was a comprehensive record kept of all falls, near misses and incidents. The number of falls in the centre had reduced dramatically in this centre since 2017 through the introduction of a standardized management falls prevention and reduction plan. From 2017 to 2019 there had been an 81% reduction in falls.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five of the regulations were available for review. They had been reviewed within the past three years and those read in detail reflected current practices in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided to the residents was of a high standard. Inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. The management and staff promoted a person-centred approach to care and were continuously striving to improve residents' quality of life.

Residents who spoke with the inspectors all confirmed that their experience of living in the centre was positive and that their wellbeing was supported by staff in their daily interactions. Staff were observed engaging with the residents in a kind and supportive manner.

Residents' rights were upheld and staff worked closely with residents to ensure they received their full entitlements and benefits particularly those residents living with with an Acquired Brain Injury. The nursing team advocated effectively on behalf of this group of residents and had developed the Care Mapping system to keep the disability services up-to-date on each resident's care.

Residents' nutritional and hydration needs were met. Individual food preferences and choices were respected and residents' feedback on mealtime experience was regularly sought and acted on. As a result, and for quality improvement purposes the registered provider had extended a dining area in one of the units and was planning to install a food serving island in the middle. This would ensure residents could see the food and actively choose their meals and express their preferences at the time of serving. Pictorial menus were also available on display in the various dining areas in the centre.

The activity coordinators organised daily breakfast clubs for the residents. They were well attended and on the day of inspection. The inspectors saw residents engaged in cooking pancakes, while the smells of fresh baking was filling the room. Specialist equipment to enable residents to maintain their independence at mealtime was available. For example adaptive cutlery, plate-guards or specialised drinking cups. The mealtime experience and the foods served were audited regularly by the

dietitian.

From a review of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and that appropriate interventions and treatment plans were being implemented. For example, falls and incidents were well-managed with post-incident reviews completed to identify any contributing factors. Risk assessments were regularly revised and these informed the care plans. Residents' skin and pressure area care was closely monitored and there was a low incidence of wounds and pressure ulcers in the centre.

The use of restrictive practices was closely monitored and the centre was working towards a restraint-free environment in line with national policy. A wide range of alternatives were available and trialled to ensure the least restrictive option was in place. There were no physical restraints used in the centre.

The social care plan provided was interesting, age appropriate and met the individual needs of both male and female residents. Residents were observed enjoying quizzes, music, sport activities and visiting the hairdressing salon. There were five activity coordinators in the centre which ensured that a rich and stimulating programme of activities was available to the residents.

Suitable fire systems and fire safety equipment were provided throughout the centre and the documentation reviewed by the inspectors evidenced that services were completed at appropriate intervals. Throughout the centre escape routes were adequately signposted, however some additional signage was required in one area to ensure that staff and residents had clear directions in the event of a fire emergency.

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious, warm, bright and welcoming with a selection of comfortable and appropriately decorated communal spaces were available for the residents. These included a number of quiet areas, an oratory and a cosy indoor smoking area. Signage throughout the centre was clear. Residents were facilitated to personalise their bedrooms.

There were currently three twin rooms and the remaining 129 bedrooms were single. Some bedrooms had an ensuite with a shower toilet and wash hand basin other bedrooms shared an ensuite.

Judgment: Compliant

Regulation 18: Food and nutrition

The food menu was varied, nutritious and wholesome. The food was attractively presented and served in adequate quantities. Residents had access to fresh drinking water and snacks throughout the day. There were sufficient staff available to assist the residents at mealtimes. There were good communication systems in place to ensure residents were receiving the food as per their dietary requirements.

Residents' weights and nutritional status were assessed on admission and monitored thereafter using a validated nutritional screening assessment tool. Staff understood the nutritional needs of residents and were knowledgeable regarding the management of malnutrition and dietary or weight problems.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre and the fire safety equipment including emergency lighting, smoke detectors and fire alarm were regularly serviced and tested. All residents had a personal emergency evacuation plan in place and evacuation equipment was available corresponding to the identified needs. Additional directional signage was required in one area.

Fire-fighting equipment was in place throughout the building and emergency exits were clearly displayed and free from obstruction. Daily and weekly fire equipment checking procedures were completed. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor and records to evidence that were available.

Staff displayed good knowledge of evacuation procedures and the training records confirmed that all staff had attended the mandatory training. The records confirmed that simulated night-time and daytime fire drills were carried out on a regular basis, and included comprehensive information to support learning. All bedroom doors were fitted with adjustable self-closing devices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission. A comprehensive assessment followed within 48

hours of admission and a range of validated assessment tools were used to inform the care plans seen developed. Care plans were maintained and were subject to regular reviews at intervals not exceeding four months or sooner if changes had occurred. The contents of these care plans reflected the person-centre care being delivered for residents.

Residents, and where appropriate, their relatives or friends, were involved in the care planning and support decisions made.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate supports and supervision in place to provide a positive environment in which the behaviours of residents were managed in a person-centred manner. This was also reflected in the individualised care plans for responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable of residents' individual needs and could describe various diversion and de-escalation strategies to positively support residents' behaviours.

Overall, the centre was restraint free, where a small number of bedrails were used as enablers, they were based on robust risk assessments with input from the wider health and social care team.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff and volunteers, ongoing training and effective supervision of staff.

The process in place for managing residents' pensions was safe. All monies collected on behalf of residents were being lodged into a residents account, in line with the Social Protection Department guidance. The Social Protection Department had carried out an audit of these processes in the centre during the summer of 2019 and found them to be safe.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, including, civil, political and religious rights were respected by staff throughout the centre. Advocacy services were available to residents where required.

Residents were facilitated to maintain their privacy and undertake any personal activities in private. Inspectors noted that residents' call bells were available and within reach.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. Residents' meetings were held regularly and the inspector saw minutes from these meetings. There was evidence that residents' views and feedback was acted on and used to improve the service. The inspector also spoke with visitors throughout the inspection, who were complimentary about the care and support provided by staff.

Links were maintained with local community through various outings and events organised in the centre as well as an exchange programme of social visiting with other nursing homes in the area.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant