



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:	Unannounced
Date of inspection:	19 July 2023
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0040774

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 five inner courtyards and an outside garden accessible to residents. 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:	124
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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 19 July 2023	08:50hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 19 July 2023	08:50hrs to 16:30hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

Residents and their relatives told the inspectors they received a high standard of quality and personalised care. The overall feedback from all those spoken with was that the centre was a lovely place to live.

Inspectors were informed that a high number of the 124 residents living in the centre had been assessed as having maximum care needs. Some residents had such high care needs that they required one-to-one care. Inspectors observed a number of residents pacing the corridors and a dedicated one-to-one staff was available close-by, providing appropriate levels of supervision and support.

Residents reported that their visitors were able to freely visit them and they had no concerns around visiting. Two visitors spoken with confirmed this. Inspectors observed visitors wearing masks when walking from the reception area to their relatives bedroom. This practice was not in line with the latest guidance issued from public health. The provider informed the inspectors that they had made this decision to continue the use of face masks, to protect the residents in their care.

The inspectors spoke with residents and visitors, all of whom were positive and complimentary about the staff. They described the staff as 'marvellous', 'very kind' and 'patient'. The feedback was overwhelmingly positive about residents' experiences of residing in the centre.

Staff spoken with felt supported in their roles and said they were facilitated to take part in continuous training to enhance their role, both mandatory and non-mandatory.

Inspectors observed that infection control practices were overall good and the centre was clean. Inspectors observed improvements in practices. For example, the risk of cross-contamination had been reduced with the separation of clean and dirty items in separate storage areas.

Residents in each unit had access to an activities schedule and inspectors observed that most were engaged in activities throughout the day. However, on Starling Unit there were no meaningful activities being provided to the residents who lived there. All the residents in this unit had been assessed as maximum dependency and a high number were confined to bed, only getting out into their chair on alternate days in accordance with their care plan. These residents spent long periods of time alone in their bedroom without any interaction. Inspectors were informed that the activities person was on leave and there was no replacement. Care staff on this unit were tasked with providing meaningful activities, however they did not have time to deliver meaningful activities with only three staff on duty to meet the needs of twelve maximum dependant residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. However, the inspectors found a number of fire related risks that had not been identified by provider's management systems, which were acted on the day of inspection. The provider had progressed the compliance plan following the previous inspection in 2022.

The registered provider is Hamilton Park Care Centre Limited. It is registered to accommodate 135 residents. The centre provided an appropriate number of communal spaces where residents could spend time with other residents and their friends. There was a large number of young residents living in the centre and the provider had good arrangements to ensure their needs were effectively met.

The centre had a director of operations who was present and visible in the centre. The person in charge (PIC) was a registered nurse who worked full-time in the designated centre. They were supported in their role by two assistant directors of nursing (ADON) and six clinical nurse managers (CNM). The staff rosters viewed showed that there was management staff covering the centre over a seven day period. There were clear lines of accountability across all levels. Staff were aware of who to contact should the need arise for particular issues. The management of fire required review and this is discussed further under Regulation 23; Governance and Management.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of the inspection. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive audits completed and action plans were devised to improve the care delivery to residents.

There was an annual review available which showed results of audits, resident and relative questionnaires and quality improvement plans for the centre.

There was a complaints procedure displayed in prominent places around the centre. There was a nominated person who dealt with complaints. The centre had updated the complaints policy in line with the changes to the regulations. A record of complaints received were viewed. There was evidence that the complaints were

effectively managed and the outcomes of the complaint and complainants satisfaction were recorded.

The person in charge had notified the Chief Inspector of any accident that had occurred in the centre. However, they had not notified about an incident of physical abuse between two residents which is required under the regulations. The registered provider and person in charge had taken appropriate action at the time of the incident to safeguard the residents involved.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safeguarding, fire training and infection prevention and control. There was an on-going schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

Further strengthening in relation to fire safety management was required. On the day of the inspection the floor plans in relation to evacuation in the event of a fire were not clear. For example;

- Inspectors found that one fire door was difficult to open, however this was repaired and operating safely by the end of the inspection.
- Inspectors also observed that the fire evacuation plans in some bedrooms did not match the correct fire exits to be used, and some of the fire exit doors to be used were not indicated on the evacuation plan.
- One fire exit door had a curtain covering the escape route, this was removed prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge, had not notified the Chief Inspector of Social Service of an episode of peer-to-peer physical abuse. The person in charge submitted this retrospectively.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainant's level of satisfaction was included.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider was aware of their responsibility in relation to notifying the Chief Inspector should the person in charge be absent from the centre. They had a person available that met the requirements of the regulations should the need arise.

Judgment: Compliant

Quality and safety

The quality of service and quality of care delivered to residents was of a good standard. Overall, the inspectors found that staff worked hard to meet residents' preferences for care and daily routines. However, although residents' rights to dignity and privacy were upheld, improvements were required to fully support and meet all residents' right to have opportunities to access meaningful activities irrespective of their dependency.

Residents had access to medical care and additional treatment and expertise from varied inter-disciplinary team members.

Overall resident's care needs were comprehensively assessed. Care plans were developed to reflect the resident's assessed needs and sample reviewed reflected the resident's needs.

There was a low use of restraint in the centre. Those residents prescribed chemical restraints (as a last resort) were monitored closely and the overall use of psychotropic medication in the centre was audited. Inspectors found that the care plans for those who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were detailed and informed staff of the care they required.

The activities support workers had completed an activities assessment for each of the residents and a "Key to me" document which reflected each resident's interests, likes and preferences. Residents' daily records reflected the activities they participated in on a daily basis. There were adequate facilities and a wide variety of equipment available to deliver activities to residents. However, the inspectors found that residents living in Starling Unit did not have adequate opportunities to participate in meaningful activities on the day of inspection and the arrangements in place to provide meaningful engagement to these residents were not effective.

There was open, unrestricted visiting in the centre. A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents. Inspectors noted that three temporary external visiting pods erected during the COVID-19 pandemic had not been removed. Inspectors were informed that the provider planned to remove these as they were no longer in use.

Residents were safeguarded against all forms of abuse with staff all having up-to-date training in place and required safety checks completed and on file prior to commencing employment in the centre.

Regulation 10: Communication difficulties

Inspectors found that residents identified on assessment with communication difficulties had their communication needs met. They each had a detailed communication care plan in place. These care plans outlined the communication aids, tools and devices used to enable them to communicate effectively.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions for visitors in the centre. There were suitable communal facilities for residents to receive a visitor.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had comprehensive assessments completed on admission. Care plans in place were based on the completed assessments and those reviewed reflected the residents' assessed needs. There was evidence that care plans were reviewed on a four monthly basis in consultation with the resident and with the resident's consent, their next-of-kin.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy on managing responsive behaviours, was available for review. There was an appropriate and detailed care plan in place which identified the triggers and de-escalation techniques that worked for the resident in question. The supervision provided was as per the resident's individual needs.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and residents were protected from abuse. Staff spoken with were clear about their role to report any concerns to senior staff as per the policy.

There was a rigorous recruitment procedure in place. Staff had An Garda Siochana (police) vetting prior to starting work in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The opportunity to participate in activities was not available to all residents. For example, on the day of inspection residents on Starling Unit did not have access to meaningful activities.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0040774

Date of inspection: 19/07/2023

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> <ol style="list-style-type: none"> 1. All fire doors in the care facility to be inspected regularly. All fire doors will be inspected for any signs of wear and tear and replaced or report any issues. 2. All fire evacuation plans in all resident’s bedrooms were updated with appropriate fire exits which contain critical information about escape routes, fire exits, and assembly points. 3. All fire exit doors and escape routes will be checked regularly to ensure that they are not obscured, kept clear and hazard free at all times. 4. Specific template for Fire Doors Checks to be incorporated in the Fire Doors/Automatic Door Release Mechanism Inspection. <p>Person(s) Responsible: Registered Provider, Director of Operations, Person in Charge</p> <p>Time Frame: Completed 21st of August 2023</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

1. All incidents involving allegation, suspected or confirmed, of abuse to a resident will be notified to the Office of the Chief Inspector HIQA within three (3) working days of the incident by the Person In charge.

Person(s) Responsible: Person in Charge

Time Frame: Completed 21st of August 2023

Regulation 9: Residents' rights

Substantially Compliant

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

1. The preferred social activities were identified for each resident in Starling Unit. The recording of the social care map of each resident incorporated the social profiles, activity assessments, activity preferences, daily activity timetable, social activity care plans, calendar of events schedule, type of social activities both routine and special, and day trips schedule.

2. Designated social activity staff was allocated to support the social activity programs of the residents.

Person(s) Responsible: Person in Charge

Time Frame: Completed 21st of August 2023

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	21/08/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	21/08/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	21/08/2023

	their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	21/08/2023