## Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Norwood Grange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000258</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinora, Waterfall, Near Cork, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 487 3291</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:norwoodgrange@gmail.com">norwoodgrange@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Butterfly Care Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eilís Farrell</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Margaret Quinlan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>15 April 2014 08:55</td>
<td>15 April 2014 19:00</td>
</tr>
<tr>
<td>16 April 2014 09:00</td>
<td>16 April 2014 17:00</td>
</tr>
</tbody>
</table>

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Contract for the Provision of Services</th>
<th>Outcome 03: Suitable Person in Charge</th>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
<td>Outcome 05: Absence of the person in charge</td>
<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

Norwood Grange Nursing Home comprises 25 beds and on the dates of inspection was undergoing structural improvements to increase the bed capacity and also to address shortcomings identified on previous inspections.

During this inspection, which was carried out as part of a registration renewal application, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good
standard. However, a number of improvements were required in areas such as contracts of care, records and documentation, risk management, medication management, premises, quality improvement, care planning, end-of-life and nutrition. These are discussed in more detail throughout this report. The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was written statement of purpose, however, it did not adequately address all the requirements of Schedule 1 of the Regulations. It did not include:
• the names and positions of all persons participating in the management of the centre
• the registration number, date of registration and the expiry date
• any conditions attached to the registration
• the organisational structure of the designated centre
• the arrangements made for consultation with residents about the operation of the designated centre.

Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Each resident had a written contract of care, however, they did not include all the requirements of the Regulations. Not all contracts contained:
• the weekly fee to be paid by residents
• fees for additional services

**Outcome 03: Suitable Person in Charge**

_The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service._

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge is a registered nurse, works full-time in the centre and has a minimum of three years experience in the area of nursing of the older person within the previous six years. Based on a review of records by the inspector, there was evidence of continuing professional development through attendance at fire warden training and train the trainer in elder abuse recognition and prevention.

Throughout the registration inspection the person in charge demonstrated adequate knowledge of the Regulations and the Standards. Based on observations, findings from this inspection and discussions with the person in charge, the inspector was satisfied that she was suitably qualified and experienced with authority, accountability and responsibility for the provision of the service.

**Outcome 04: Records and documentation to be kept at a designated centre**

_The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)._

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector viewed records and documentation and found that there was substantial compliance, however some improvements were required.

The directory of residents was reviewed and was found to be up-to-date and contained all of the information required by the Regulations. However, as outlined under Outcome 1, the Statement of Purpose did not contain all of the requirements listed in Schedule 1 of the Regulations. Similarly, the Resident's Guide did not contain all the required information as it did not include a summary of the Statement of Purpose, the terms and conditions in respect of accommodation, a standard form of contract or the most recent inspection report. A copy of insurance was available and included provision for accidental damage to residents' property. A record was maintained of all visitors to the centre.

Most of the policies and procedures listed in Schedule 5 of the Regulations were available, however, policies on personal property and possessions, communication and the handling of unused and out-of-date medicines were not available in the centre on the days of inspection.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge was absent from the centre for a period in excess of 28 days and the Authority was notified as required. There were suitable arrangements in place for the management of the centre in the absence of the person in charge.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support
Judgement:
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was an up-to-date policy on the protection of residents from abuse. All staff members had received up-to-date training on the prevention and detection of abuse. All staff members spoken with were knowledgeable of what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector were complimentary of the care they received, stated that they felt safe in the centre and would immediately report any concerns to staff.

Throughout the inspection process the provider, person in charge and other members of management were seen to be knowledgeable of individual residents and there appeared to be no barriers to residents engaging with management. There were no records of any incidents or allegations of abuse.

There were adequate systems in place for the management of residents' finances and records were available of transaction made for and on behalf of residents.

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was an up-to-date health and safety statement. There was an emergency plan that addressed emergencies such as loss of water supply, power outage, loss of telephone, loss of heating, fire, and the safe placement of residents in the event of a prolonged evacuation. Training records indicated that all staff had received up-to-date training on manual handling.

There was a risk management policy and a risk register, however they did not adequately address the controls in place to minimise the risk of assault, accidental injury to residents and staff, unexplained absence of a resident, assault and challenging
behaviour. The inspector reviewed the accident and incident log which predominantly contained records of falls by residents. Records viewed by the inspector did not demonstrate an analysis of incidents on an individual basis, and even though there was an audit outlining the number of falls each month, there was insufficient evidence of analysis to identify trends to support learning and minimise recurrence.

As discussed in more detail under Outcome 12, a building extension was under construction at the centre. On the days of the inspection all building works were external to the centre and there appeared to be adequate warning signage and protective fencing surrounding the construction works. The provider informed the inspector that future construction would involve structural changes to the existing centre. Records were not available, however, of risk assessments and measures in place to protect residents and staff from the risks associated with current and future construction works.

There were reasonable measures in place for the prevention of accidents such as safe floor covering, handrails on corridors and grab-rails in toilets, however windows did not have restrictors in place to prevent them from opening completely and posed a risk for residents at risk of absconision.

There were procedures in place for the prevention and control of infection, however some improvements were required. There were antimicrobial hand-gel dispensers strategically located throughout the centre and there were policies on the management of infectious disease outbreaks, the management of waste and the management of laundry. The centre appeared to be clean throughout, however, even though a colour coded cleaning system was outlined to the inspector by staff, it was not documented and did not adequately address the prevention of cross contamination. For example, the cleaning cart did not provide for the segregation of used and clean cloths and there was an inadequate system for decontaminating mops following use.

There was a fire safety register that detailed the annual maintenance of fire safety equipment, six-monthly maintenance of emergency lighting and the quarterly maintenance of the fire alarm system. There were adequate arrangements in place for reviewing fire precautions such as the weekly testing of the fire alarm and the daily inspection of emergency exits to ensure they were free of obstruction. Records indicated that all staff had received up-to-date training in fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire.

<table>
<thead>
<tr>
<th>Outcome 08: Medication Management</th>
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<tr>
<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
</tr>
</tbody>
</table>

| Theme: |
| Safe Care and Support |

| Judgement: |
| Non Compliant - Major |
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was an up-to-date medication management policy, however, it did not adequately address the prescribing, recording or disposal of medication or the procedure for PRN (as required) medication prescribing, administration and review. A review of a sample of prescriptions found that the route of administration was not always specified, the frequency of administration was not always clearly stated and a line was not drawn through discontinued medications, all of which had the potential to contribute to medication errors.

Based on a sample of prescription and administration records viewed by the inspector, it was not always possible to ascertain the current prescribed dosage of medication. For example, the prescription sheet for one resident specified the administration of a full tablet of a particular drug, however, based on the administration record and on the medications supplied from the pharmacy, the resident was only getting a half tablet. Nursing staff stated that the prescription had been amended incorrectly by the general practitioner (GP). Another resident was prescribed a medication for prolonging blood clotting time in order to prevent blood clots, however it was not clear from the records available what was the current prescribed dosage. The inspector requested nursing staff to immediately clarify the correct prescriptions.

There was a system in place for the return of unused and out-of-date medicines and records were maintained, however the record did not contain a signature from the receiving pharmacist to verify the return. Appropriate systems were in place for the management of drugs requiring special control measures. Medications requiring refrigeration were stored appropriately and the fridge temperature was monitored. The pharmacist attended the centre regularly and provided ongoing education to nursing staff. Residents’ prescriptions were reviewed regularly by their GP.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a system in place to review and monitor the quality and safety of care, however improvements were required.

A resident survey had recently been completed and based on records viewed by the inspector, feedback was overwhelmingly positive. A survey of relatives of residents addressing issues such as food, personal hygiene, cleanliness of the centre, religious needs, and entertainment was also extremely positive.

As discussed in Outcome 7 falls audits were completed, however there was not sufficient analysis of falls on an individual basis or systematically to inform practice and identify where improvements may be required. Other audits included an audit of equipment to determine that it functioned and was clean and an audit of the cleanliness of the centre. Records were not available of an analysis of the data collected or of an action plan to implement issues identified through the audit process.

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Based on a sample of records viewed by the inspector, residents had timely access to GP services, including out-of-hours, and were regularly reviewed. There was evidence of regular review by allied health/specialist services such as physiotherapy, speech and language therapy, dental, chiropody and dietetics.

Residents received a comprehensive nursing assessment on admission and at regular intervals thereafter using evidence-based tools for issues such as pressure sore prevention, falls risk assessment, nutritional status and dependency levels. Care plans were developed based on these assessments, however, many of the care plans were generic and did not provide adequate detail in relation to the care to be provided on an individual basis for residents. For example, one resident had a urinary drainage catheter in place, however, the care plan for that resident did not address the care required for the specific type of catheter in place. Additionally, even though staff members were knowledgeable of the modified dietary requirements of residents, care plans did not incorporate advice from specialists such as speech and language therapists or dietitians.

The only restraint in use was in the form of bed rails and there was evidence of risk assessments for the use of bed rails and there were records detailing the type and time bed rails were in place and of safety checks.

Residents had opportunities to participate in a programme of activities including Sonas, hand massage, a programme of exercises, music by external entertainers and games such as bingo.

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Norwood Grange is a single-storey facility comprising five single bedrooms and 10 twin-bedded rooms. Four of the single bedrooms and three of the twin-bedded rooms had en suite toilet, shower and wash-hand basin and the other bedrooms had an en suite toilet and wash-hand basin.

The centre appeared to be generally clean throughout and in a good state of repair. Records viewed by the inspector indicated the annual maintenance of equipment such as beds, speciality mattresses, shower chair, chair scales and the six-monthly maintenance of hoists.

There were two sitting rooms, a small dining room and a conservatory. There was no facility for residents to meet visitors in private separate from the residents’ own bedrooms. There was no lockable storage for residents to safely store items of a personal nature or valuables in the rooms.

The laundry contained a large washing machine, a tumble dryer, a wash-hand basin, a one and a half bowl sink with a single drainer and ironing facilities. This room was small and cluttered, containing equipment such as large chairs and did not adequately support the segregation of clean and dirty linen. The wash-hand basin appeared to be unused and there were no disposable towels available. Staff members informed the inspector that they washed their hands in the staff bathroom. The cleaning cart was stored in the laundry when not in use. There was a general lack of storage space for equipment such as chairs and hoists.

There was a sluice room that contained a bedpan washer, a toilet and a wash-hand basin, however, it did not contain a sluice sink. There was no suitable racking for storing clean commode pans or urinals.

The provider was in the process of addressing deficiencies in the premises that were identified on previous inspections and construction work was at an advanced stage that would result in increased dining space, additional bedrooms, increased communal space, an accessible toilet/bathroom, a treatment room, secure outdoor space and a salon. The provider was unable to specify when construction would be complete.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The inspector viewed two complaints policies, one was not dated and the other was dated April 2013. Both policies specified that the person responsible for dealing with complaints was the person in charge, however the policy dated 2013 did not specify the independent appeals process and neither policy addressed the person responsible for overseeing the complaints process to ensure all complaints were appropriately responded to. The provider was asked to put in place one comprehensive up-to-date policy clearly outlining the management of complaints in the centre.

The complaints process was on prominent display in the centre. The inspector viewed the complaints log, however a number of the complaints referred to minor medical issues and the most recent record of a complaint was in August 2013.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. The non-compliance related to care plans not adequately directing care to be delivered.

The inspector viewed the centre's policy on end-of-life care, which was dated June 2013. The policy addressed the assessment and management of residents approaching end of life and was supported by policies such as a resuscitation policy and a pain management policy, both also dated June 2013.

The person in charge informed the inspector that she had only recently commenced the process of developing end-of-life care plans and addressing end-of-life issues with residents. This was supported by a sample of care plans for current residents viewed by the inspector, demonstrating only a passing reference to end-of-life issues.

A number of care plans of deceased residents were reviewed. Medical records indicated that residents were regularly reviewed by their GP and there were frequent reviews as residents approached end-of-life. There was evidence of discussions with family
members as residents approached end-of-life and there was evidence of referral and review by palliative care services. However, care plans were not always developed to address end-of-life when it was evident that end-of-life was imminent. There was no evidence of the use of a pain assessment tool to assess pain management as specified in the pain management policy.

Available records did not demonstrate the ongoing assessment of pain to determine the effectiveness of analgesia, and in particular for residents prescribed analgesia via a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe).

Religious preferences were respected and services were held monthly in the centre. Residents were facilitated to be attended by a member of the clergy, when required and residents were facilitated to participate in religious observance on Sundays.

Family and friends were facilitated to be with residents approaching end-of-life, even though there were no overnight facilities and there was limited private areas.

Training records indicated that a small number of staff had attended training on end-of-life care in December 2013, however improvements were required including the provision of training on issues, such as the use of a syringe driver.

The person in charge informed the inspector that personal possessions were returned to relatives, however there was no protocol in place for this.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:** Person-centred care and support

**Judgement:** Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 20 and Standard 19, which address food and nutrition.

There was a policy on meeting the nutrition and hydration needs of the residents, dated June 2013. Staff were facilitated to attend training on nutrition that included the topics
of food safety, food hygiene and allergy awareness. All residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed regularly.

Residents food preferences, including likes and dislikes, were established at admission and staff members spoken with by the inspector were knowledgeable of residents needs and preferences in relation to nutrition. The inspector observed mealtimes including breakfast, mid-morning snacks, lunch and tea. A small number of residents chose to eat breakfast in their bedrooms and this was facilitated. The inspector observed other residents having their breakfast at various times during the morning.

There was a menu on display and residents were offered a choice of food and alternatives were available when residents did not like the options available on a particular day. Meals were served in the small dining room and attached conservatory. The dining areas were not spacious and would not allow sufficient space for staff to assist residents requiring assistance in a dignified and respectful manner. However, on the days of inspection many of the residents did not require assistance.

Fresh drinking water was readily available throughout the day and light snacks and warm drinks were offered at mid-morning.

Residents and relatives spoken with by the inspector were complimentary of the food and were happy with the choices available.

The inspector met with the chef who confirmed to the inspector that nursing and care staff on duty kept her informed in relation to any changes in residents nutritional status or requirements. The chef was knowledgeable of residents' individual dietary needs and preferences and also maintained a written record for other staff that worked in the kitchen when she was not present.

A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed, for most, but not for all residents in receipt of supplements.

Outstanding requirement(s) from previous inspection:

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor
No actions were required from the previous inspection.

**Findings:**
There was evidence of consultation with residents through regular residents' meetings. Additional consultation and feedback was obtained via surveys of residents and their relatives and the feedback was generally positive.

Residents were facilitated to vote in local and national elections, either in the centre or at the local polling station. Religious observance of all denominations was facilitated. Care practices respected residents' privacy and dignity and independence was promoted.

Visitors were welcomed throughout the day supporting residents to maintain contact with relatives and friends, however as discussed in Outcome 12, there was limited communal space to support residents receive visitors in private, separate from their bedrooms. Residents had access to radio, televisions and newspapers.

There were closed circuit television cameras (CCTV) throughout the premises, including corridors and communal living and dining areas. There was adequate signage advising residents, relatives and others that CCTV was in use. However, the inspector was concerned that the use of CCTV in communal areas compromised the privacy and dignity of residents and visitors. During the feedback meeting, at the end of the inspection, the provider committed to reviewing the location of the CCTV cameras.

### Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The policy on residents' personal property and possessions was not available in the centre on the days of inspection. A record of residents' property was taken on admission, however, it was not updated when additional valuables or items of furniture were brought to the centre. Residents had adequate wardrobe space, however, they did not have lockable storage to store personal items of value.

Residents clothing was laundered on-site and adequate arrangements were in place to support the return of residents' personal clothing. Based on discussions with residents, relatives and staff residents' clothing was rarely misplaced, and every effort was made
Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Duty rosters were viewed by the inspector that accurately reflected the staff on duty. Based on the observations of the inspector and findings of this inspection, there were adequate staff numbers and skill mix to meet the needs of residents.

A comprehensive programme of training had been undertaken since the last inspection and all staff members had received up-to-date training on fire safety, manual and patient handling and prevention and detection of abuse. Additional training had been facilitated on issues such as infection prevention and control, food safety, dementia care training, the management of restraint, social skills and active learning, food hygiene, and wound care.

A sample of personnel files viewed by the inspector contained most of the requirements of Schedule 2 of the Regulations, however a number of staff had signed self-declarations in relation to medical fitness rather than an assessment by a medical practitioner.

Closing the Visit
At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.
Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Norwood Grange</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000258</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15/04/2014 and 16/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/05/2014</td>
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</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was written statement of purpose, however, it did not adequately address all the requirements of Schedule 1 of the regulations.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Our Statement of Purpose is being amended to include any missing matters listed in Schedule 1 of the Health Act 2007

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Outcome 02: Contract for the Provision of Services**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care did not include all the requirements of the regulations.

**Action Required:**
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Please state the actions you have taken or are planning to take:**
We have added an addendum to our Contract of care showing cost of any extra services provided as well as the weekly fee.

**Proposed Timescale:** 30/06/2014

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide did not contain all the required information as it did not include a summary of the statement of purpose, the terms and conditions in respect of accommodation, a standard form of contract or the most recent inspection report.

**Action Required:**
Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Our Resident’s guide is being amended to include all of the above mentioned items.

**Proposed Timescale:** 30/06/2014

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Most of the policies and procedures listed in Schedule 5 of the regulations were available, however, policies on personal property and possessions, communication and the handling of unused and out-of-date medicines were not available in the centre on the days of inspection.

**Action Required:**
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

**Please state the actions you have taken or are planning to take:**
We do have Policies on personal property and possessions, communication. We overlooked them on the day. We can let you have copies if required.

**Proposed Timescale:** 30/06/2014

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The wash-hand basin in the laundry appeared to be unused and there were no disposable towels available.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The sink in the Laundry has been made available for use and disposable towels provided. At the time of Inspection certain changes were being made to the Laundry area.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 20/05/2014</td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was a risk management policy and a risk register, however they did not adequately address the controls in place to minimise the risk of assault, accidental injury to residents and staff, unexplained absence of a resident, assault and challenging behaviour.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
</tbody>
</table>
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
We have policies addressing all of the above mentioned and have now put a Risk Assessment Register in place.

Proposed Timescale: 31/07/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records viewed by the inspector did not demonstrate and analysis of incidents on an individual basis, and even though there was an audit outlining the number of falls each month, there was insufficient evidence of analysis to identify trends to support learning and minimise recurrence.

Action Required:
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Our Risk Management Policy is being reviewed and all missing information will be included.
Any serious incidents, should they happen, will be analysed by the P I C and systems put in place to minimise recurrence.

Proposed Timescale: 31/07/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records were not available, however, of risk assessments and measures in place to protect residents and staff from the risks associated with current and future construction works.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
We are in the process of drawing up a policy to deal with the protection of Residents
and staff during the current and future construction works.

**Proposed Timescale:** 31/07/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Windows did not have restrictors in place to prevent them from opening completely and posed a risk for residents at risk of absconsion

**Action Required:**  
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**  
We are discussing the best way to restrict the opening of windows, as some of our residents request that the window is open in full on warm days. When we find suitable restrictors we will fit it to all existing windows. All windows in our new development will have restrictors in place.

**Proposed Timescale:** 31/07/2014

**Outcome 08: Medication Management**  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Improvements were required in medication management practices, as:

- the medication management policy did not adequately address the prescribing, recording or disposal of medication or the procedure for PRN (as required) medication prescribing, administration and review
- a review of a sample of prescriptions found that the route of administration was not always specified, the frequency of administration was not always clearly stated and a line was not drawn through discontinued medications, all of which had the potential to contribute to medication errors
- based on a sample of prescription and administration records viewed by the inspector, it was not always possible to ascertain the current prescribed dosage of medication
- the system in place for the return of unused and out-of-date medicines did not incorporate a signature from the receiving pharmacist to verify the return.

**Action Required:**  
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such
Please state the actions you have taken or are planning to take:
Regarding the issues with the route of administration, discontinued medications, and current prescribed dosage - all this has been rectified by the P I C.

Regarding the return of unused/out of date medication we have put a system in place where the receiving pharmacist will verify the return.

Proposed Timescale: 20/05/2014

Outcome 10: Reviewing and improving the quality and safety of care
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The audit process did not include an analysis of the data collected or of an action plan to implement issues identified through the audit process.

Action Required:
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Please state the actions you have taken or are planning to take:
An audit has been done by our P I C and an analysis done of any falls and preventative action is being addressed.

Proposed Timescale: 30/06/2014

Outcome 11: Health and Social Care Needs
Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Many of the care plans were generic and did not provide adequate detail in relation to the care to be provided on an individual basis for residents.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All care plans are being reviewed by our P I C and her assistant and all will be personalised from here on.
**Proposed Timescale:** 31/07/2014  
**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Improvement were required in relation to the management of end-of-life:  
- care plans were not always developed to address end-of-life when it was evident that end-of-life was imminent  
- available records did not demonstrate the ongoing assessment of pain to determine the effectiveness of analgesia, and in particular for residents prescribed analgesia via a syringe driver.

**Action Required:**  
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**  
This is being addressed (As above)

**Proposed Timescale:** 31/07/2014

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**Outcome 12: Safe and Suitable Premises**  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was a sluice room that contained a bedpan washer, a toilet and a wash-hand basin, however, it did not contain a sluice sink. There was no suitable racking for storing clean commode pans or urinals.

**Action Required:**  
Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

**Please state the actions you have taken or are planning to take:**  
All this is being addressed as part of our new development.

**Proposed Timescale:** 01/04/2015  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The laundry room was small and cluttered, containing equipment such as large chairs.
and did not adequately support the segregation of clean and dirty linen. The cleaning cart was stored in the laundry when not in use. There was a general lack of storage space for equipment such as chairs and hoists.

**Action Required:**
Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

**Please state the actions you have taken or are planning to take:**
This is also being addressed as part of the new development.

---

**Proposed Timescale:** 01/04/2015  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate sitting, dining and recreation areas and inadequate communal areas for residents to meet with visitors in private.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**
This is being addressed in the new development.

---

**Proposed Timescale:** 01/04/2015

**Outcome 13: Complaints procedures**  
**Theme:** Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were two complaints policies, however, neither policy specified the independent appeals process.

**Action Required:**
Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

**Please state the actions you have taken or are planning to take:**
Only one policy on complaints and compliments will be in place from here on and it will be amended to outline the independent appeals process.
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<thead>
<tr>
<th>Proposed Timescale: 30/06/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The complaints policy did not specify the person responsible for overseeing the complaints process to ensure all complaints were appropriately responded to.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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</tr>
<tr>
<td>We have appointed an independent person who will be nominated in our complaints notice at reception.</td>
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<tr>
<th>Proposed Timescale: 21/05/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 16: Residents Rights, Dignity and Consultation</strong></td>
<td></td>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
<td></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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</tr>
<tr>
<td>The use of CCTV in communal areas compromised the privacy and dignity of residents and visitors.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</td>
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</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>We are awaiting advice on how the CCTV cameras compromise the privacy and dignity of residents and visitors. We are also seeking the opinion of residents and their families. If needs be, the cameras in the sitting rooms can be disconnected.</td>
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<th>Proposed Timescale: 30/06/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 17: Residents clothing and personal property and possessions</strong></td>
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</tr>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
<td></td>
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</tbody>
</table>
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A record of residents property was taken on admission, however, it was not updated when additional valuables or items of furniture were brought to the centre.

Action Required:
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:
We do have a policy on resident’s personal property which was overlooked by us when requested by the Inspector. On admission a log is taken of each resident’s possessions. This will now record pieces of furniture and fittings and will be signed by the resident or their relative as well as by the admitting staff member. It will also be signed by both on the return of items.

Proposed Timescale: 30/06/2014
Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no lockable storage for residents to safely store items of a personal nature or valuables in the rooms.

Action Required:
Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

Please state the actions you have taken or are planning to take:
We are having locks fitted to a section of each resident’s bedside locker.

Proposed Timescale: 31/07/2014

Outcome 18: Suitable Staffing
Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A sample of personnel files viewed by the inspector contained most of the requirements of Schedule 2 of the regulations, however a number of staff had signed self-declarations in relation to medical fitness rather than an assessment by a medical practitioner.

Action Required:
Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Please state the actions you have taken or are planning to take:
We are attending to this and each staff member will have a declaration from their GP.

Proposed Timescale: 31/07/2014