<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Newtownpark House</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000075</td>
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<tr>
<td>Centre address:</td>
<td>Newtownpark Avenue, Blackrock, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 288 7403</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@newtownparkhouse.ie">info@newtownparkhouse.ie</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>Nursing &amp; Caring Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Thomas Keane</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Valerie McLoughlin</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>53</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
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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.
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>
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<tr>
<td>08 January 2015 09:15</td>
<td>08 January 2015 19:30</td>
</tr>
<tr>
<td>09 January 2015 08:30</td>
<td>09 January 2015 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Inspectors found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland to a good standard.

The centre is family run and provides long term care to residents, as well as convalescence following a hospital stay, and respite for those living at home. The designated centre is split in to two houses. One house is an period house that has been adapted to meet the needs of the residents, the other is a new building, specifically designed to meet the needs of the residents. The same management
oversee both buildings, and have their own staff team, kitchen and staff and laundries.

Residents were seen to be receiving a good quality of health and social care from staff that were well trained and knew their needs well. The feedback from residents and relatives was positive, and examples are included in the report.

Inspector observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives.

Inspector found that residents were receiving responsive healthcare that met their assessed needs. The food received positive feedback from the residents, and people were supported to maintain a good diet. The residents found the environment met their needs, and they enjoyed the well maintained gardens. A range of activities were provided that people could choose to take part in.

The new named provider and person in charge were both knowledgeable about the regulations, and were working to achieve compliance in all areas. There were clear systems in place for health and safety and risk management. There were also policies in place to guide staff in how to undertake their role effectively.

Areas for improvement focused on the risk management policy and emergency plan requiring more information, some systems not being fully followed in light of the centres policies, some areas of medication practice not following recognised guidelines. Some care plans also needed to be reviewed to include clear instructions. A review of staffing at meal times was also needed to ensure there were sufficient staff to meet the needs of the resident at meal times.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
**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:**
Governance, Leadership and Management

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

**Findings:**
Inspectors found that the statement of purpose contained all of the information as required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet and the services to be provided. Staff were familiar with the statement of purpose.

**Judgment:**
Compliant

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**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a clearly defined management structure that identified the lines of accountability and systems in place to monitor quality.
Since the last inspection there had been a change in the provider nominee. As it was a family business, the previous nominee was available, and had provided a hand over to him. Through the course of the inspection he was found to have a good understanding of the regulations, and the steps needed to reach compliance with them all. He was supported in his role by a director of service, and three people in administrative roles.

The person in charge was new to the service having joined the team about four weeks before the inspection. She had received some handover from the previous person in the role. There was also an assistant nurse in charge.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. For example there were monthly management meetings, and minutes seen by inspectors showed that they covered issues in relation to the residents and the premises. There was an action plan in place, and named people allocated tasks to complete the tasks identified. The risk register had been reviewed and updated prior to the inspection, and was monitored during the management meetings.

There were identified leads in the service for areas such a finance, recruitment and health and safety. They all sat on the management meeting, and were responsible for any changes that needed to be implemented.

The provider nominee reported that they focused on a range of audits some undertaken by the new person in charge. They planned to meet formally to cover key areas. However as they were both working together most days, informal discussion also took place on a regular basis to ensure he was up to date in relation to the quality and safety of the centre.

Inspectors reviewed a number of audits that had been undertaken of areas such as medication (including transdermal patches), staff knowledge on preventing elder abuse, manual handling, falls practice, and cognitive impairment. The audits supported the management team to ensure the service was being run in line with the operational policies, and areas for improvement.

An area they had identified as part of the review as needing more focus was dementia care, and a specialist was due in the service to audit their practice and make recommendations for improvement.

There were residents meetings that took place every few months. They discussed a range of topics and were guided by the residents. In the last meetings residents said they would like some informative talks, and improved seating in the garden. Both had been addressed, with new chairs, and talks on history, travel and safety had been presented in the centre by local groups.

Informal feedback was sought from residents individually, and consideration was being given to a questionnaire to support the management team to know what areas residents wanted comment on, and see change.
**Judgment:**
Compliant

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed
detailed written contract which includes details of the services to be provided for that resident
and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a residents’ guide that had been made available to residents and was on
display in the centre and each resident had a written contract in place that set out the
service to be provided and the fee to be charged.

The residents guide covered a summary of the services and facilities provided, how they
manage complaints and visiting the centre, both as a prospective resident and also for
family of residents who live there. It was available to the residents in the centre.

Two contracts were reviewed by inspectors and found to contain all information required
by the regulations, for example the care and welfare of the resident, the service to be
provided and the fees to be charges and any additional charges.

**Judgment:**
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with
authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre was managed by a suitable qualified and experienced person with authority
and accountability for the provision of the service.
The person in charge worked full time, and was supported by an assistant and the rest of the nursing team. This provided nursing cover at all times in the centre.

The person in charge was new in post, having joined the team in early December 2014.

Inspectors spoke with the person in charge at length during the inspection. She showed a good knowledge of the legislation she was required to work under. She was working to develop an understanding of all the policies and procedures in the centre, and was starting to focus on areas where she identified improvement was needed. She was responsive to feedback from the inspectors and was seen to be engaging with staff in a positive manner to ensure they all work together as a team to fully meet the needs of the residents and the regulations.

She was going to be involved in the governance, operational management and administration of the centre and had started to attend the monthly provider meetings.

Residents and staff were aware there had been a change in the person in charge.

Judgment: Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. 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 2013.

Theme: Governance, Leadership and Management

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

Findings:
Inspectors found that there were systems in place to maintain complete and accurate records. They were found to be complete and well organised which supported ease of access to information.

Records relating to residents and staff were seen to be maintained in a secure manner. Confidentiality of residents current medical and nursing care records were stored securely in a locked room which was only accessible to staff.

Inspectors observed the provider had all of the written operational policies as required by Schedule 5 of the Regulations and in sufficient detail as to guide staff. There were
systems in place to update policies and procedures to ensure residents' needs were being met.

The directory of residents and residents guide met with the requirements in the Regulations.

An up to date insurance policy was in place for the centre which included cover for against injury to residents and any loss or damage to resident’s personal property.

**Judgment:**
Compliant

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**Outcome 06: 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:**
Governance, Leadership and Management

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

**Findings:**
The person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector, but they were aware of the need to do so if they were to be absent from post for 28 days or more.

The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**
Compliant

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Inspectors found that measures were in place to protect residents and to respond to allegations of abuse.

There were policies in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. They covered a range of people that allegations may be made about including staff member, relatives, and members of the public.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for.

All staff knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. The person in charge and the provider were also very clear of their role if there were any investigations.

Records that were reviewed confirmed the majority of staff had received training on recognising and responding to elder abuse and the training staff were able to show the planned dates for the remaining staff to be trained.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were very caring and supportive. In the questionnaires they completed they made statements such as 'security is excellent and great care is taken with safety equipment' and 'it’s very safe having people around 24 hours'.

 Relatives who completed the questionnaires all said they felt their residents were in a safe environment and made comments such as ‘relative safer than they have been at home’ and others commented ‘absolutely’ or ‘100%’ when asked about safety.

There were also policies in place about managing behaviour that challenges, and restraint. All of the policies gave clear instruction to guide staff practice. A number of the staff had also undertaken training in how to support residents who are responding to anxieties or physical experiences.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. Care plans were seen to document some previous behaviours, but at the time of the inspection, no residents were reported to be challenging in their behaviour.

A small number of residents were using bed rails, and these were recorded in the restraint register. Risk assessments had been completed and regular checks written in the care plan as needed when the bed rails were in position. Staff confirmed that regular checks were completed and recorded. There was evidence that alternatives had been tried for residents, for example low beds, and the risk assessment explained this in each case.

There were clear records maintained of resident’s finances, and a review of the records showed that there was clear recording of money going in and out in relation to each
Judgment: Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme: Safe care and support

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

Findings:
Procedures were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk. However the risk management policy required additional information to meet with the regulations, and the emergency plan required more information for responding to specific situations. Although systems were in place to follow up incidents, there were examples seen where they were not followed.

There was a comprehensive health and safety statement for the centre which covered the health and safety of residents, staff and visitors. There were also a range of policies that covered health and safety issues. Some of these had been recently updated, and staff knew where they could access the policies.

There was an emergency plan in place, that described the support arrangements in place for the centre should there be an emergency. This was an agreement with a number of residential services in the area. The document gave some instructions, but needed more detail on what to do in a range of circumstances, for example flood and power outage.

There was a risk management policy in place. It covered hazard identification and assessment of risk. In order to comply with the regulations it needed to have information added to cover the measures in place within the service to manage the risk associated with abuse, absence, self harm, and aggression and violence.

There was a detailed risk register in place, which was the tool used for monitoring and responding to any risks identified. It included topics such as clinical and health and safety risks. Issues such as access to the building were included. There were measures in place to mitigate all of the risks identified. The document was seen to record potential hazards, risk, existing controls, and current risk.

There was an infection control policy in place, and inspectors observed this was being followed in practice. Hand sanitizer and gloves were available through the centre.
Inspectors reviewed policies on responding to accidents and emergencies, the incident reports and copies of the audits that had been carried out to ensure any trends could be identified and acted on quickly. Records showed that there was a follow up procedure that looked at the incident and considered if any changes were needed to stop it happening again. Although there was a clear system in place, examples were seen of it not being fully followed. For example there had been a recent accident involving a hoist shortly before the inspection, but that had not been investigated and had an assessment completed to identify if there was a risk of it occurring again.

On the day of the inspection the premises were seen to be clear of hazards, corridors were clear, and the house was maintained. A large area of carpet had been replaced, as part of keeping the building well maintained. There was a maintenance plan in place, and this had been an area of focus for the provider nominee to ensure standards were maintained.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection. A range of hoists and slings were available in the centre to meet individual’s needs. Residents had plans in place that clearly set out how many staff were needed to support resident in a range of movements, for example out of a chair, or in to bed.

Inspectors observed that there was fire equipment provided throughout the building, and there were clearly marked escape routes that were free from obstructions. The procedure for evacuation was displayed on the wall in different parts of the centre. Records showed that fire extinguishers had been serviced annually, the fire alarms were serviced quarterly, and fire drills had been carried out at intervals through the year. Evidence was seen of curtains and soft furnishings provided meeting the requirement in relation to flammability.

As part of the application for renewal of registration, a declaration signed by a competent person had been submitted to confirm the premises met with the legal requirements of the fire safety authority.

Inspectors read the training records which confirmed that all staff had attended training within the last year on fire safety. All staff spoken with were knowledgeable of the procedure to follow in the event of a fire. No residents at the designated centre smoked.

**Judgment:**
Substantially Compliant

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found there was a comprehensive medication management policy in place to guide practice, but it was not consistently adhered to in practice. Recording around some medication administration required improvement.

The medication policy gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines ‘as required’ (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

There was a policy on self-administration of medication and residents had a locked cabinet in their room should they wish to manage their own medications. On the day of inspection there was no resident self medicating.

The practice of transcribing medications was in line with guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann. Inspectors reviewed a small sample of medication records and found that two nursing staff signed the record as outlined in the transcribing policy.

There was recorded evidence that residents were seen regularly by their general practitioner (GP), and had the choice of who to see.

Inspectors observed the following issues that were in line with evidence guidance. For example, not recording medication that had been withheld, discontinued medication not being appropriately signed off, and lack of clear systems for administering medications on a monthly (or longer) basis.

The person in charge had commenced medication management competency assessment during drug administration rounds. Inspectors saw these records which stated that to date the nursing staff assessed were competent; aware of the policy and administered medications safely. However, inspectors did observe some areas of practice that needed to be improved, for example consistent completing of the medication administration record sheet.

They had also continued to do a medication management audit and inspectors noted that one medication management reporting form had been completed in January 2015; described as an administration recording error. There was recorded evidence of learning from this incident and plans were in place for the person in charge to complete another comprehensive review of the medication management system to ensure the policy was consistently adhered to and that medication management was safe.

Medications that required strict control measures (MDAs) were managed in line with professional guidelines. The stock balance was checked and signed at the change of each shift, and the stock balances were correct.
### Outcome 10: 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

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

**Findings:**
The person in charge and the registered provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Inspectors reviewed the records in the centre and they showed that incidents and accidents had been notified to the Authority in line with the regulations.

A quarterly report had been provided to notify of incidents that did not involve an injury to residents. This was submitted on time.

**Judgment:**
Compliant

### 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. 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

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

**Findings:**
Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that set out their needs and interests. However, some of the care plans for residents did not have sufficient information to guide the practice of staff.
There was a policy in place that set out how resident’s needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required, for example the speech and language therapist or dietician.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. For example the general practitioner (GP) called and treatment such as antibiotics commenced.

Resident’s needs were set out in nursing care plans that set out the care to be provided to meet the need, for example if residents were not taking a full diet. However, some examples were seen where the information was not clear enough to know what the exact needs of the resident were, and how those needs were to be met. There were a number of different documents in place which was seen to result in examples of different information being recorded, resulting in an unclear set of instructions for staff.

A personal record was in place about people’s background and their likes and dislikes complete with information from the residents and their families. Inspectors found that the detail provided was individual and would guide staff in how to provide care and support to the resident in their preferred way. For example if they liked a late breakfast, or a glass of sherry in the evening.

This showed evidence of some of the residents being involved in their care plans. Relatives who completed the questionnaire said they had either been involved in putting them together, or reviewing them from time to time.

There was evidence that the care plans were being reviewed and updated every 3 or 4 months, or as needs changed. A range of evidence based tools were seen to be in use, to support nursing staff in identifying any changes in areas such as nutrition and hydration and skin care.

Staff reported that they completed care plans and risk assessments where residents were at risk of falling, and were aware of the need to observe these residents when they were moving around the centre. Examples were seen of these during the inspection. Incident forms were completed where residents had fallen, and a review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks.

There were also assessments and risk assessments in place around the care of skin and reducing the risk of pressure sores, equipment such as pressure relieving mattresses and cushions were also seen to be available.
Residents spoken with during the inspection said they were aware of the importance of moving around, and eating and drinking well. Staff were seen to encourage this in a sensitive way.

**Judgment:**
Substantially Compliant

### 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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

### Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

**Findings:**

The centre was well maintained internally and externally. It was kept clean and was suitably decorated. However, there was insufficient storage for equipment in the centre.

There were 52 single en-suite bedrooms, three twin rooms with en suite bedrooms, and five single rooms. There was screening available in the double rooms for privacy of the residents, however at the time of the inspection the twin rooms were being used as single rooms. Rooms in both houses were seen to have a wash hand basin, storage for clothing and belongings, and each bed had a call bell system within reach, and in working order. A range of comfortable chairs were also provided, that met the needs of the resident.

Inspectors spoke to some residents in their rooms and they were seen to be personal in nature, with their own belongings and photographs to make a homely environment, as they preferred. All residents spoken to said they thought the standard of cleanliness and the quality of furnishings in their rooms were very good.

Inspector observed that the centre provided a homely environment that had different areas that residents could sit if they wished. This included a main lounge in each house, and then a range of sitting areas, conservatories and a family room. There was also a well presented garden that all the residents and relatives were very positive about. Some feedback was received that the garden may be improved by easier access, but all said if they wanted to use the garden, the staff supported them.

There was a good standard of cleanliness and hygiene maintained in the centre. All waste, linens, and clothing for washing was managed in a way that would meet infection control standards. Cleaning staff were seen to be respectful about entering resident’s
bedrooms and kept their equipment out of the way of residents. There was a sluice available in each house and personal protective equipment such as aprons and gloves were available throughout.

The layout of the centre was seen to promote residents dignity and independence of movement in the service, with handrails along the corridors. Bathrooms and toilets also had grab rails and shower seats for those who needed them. There was a lift in both houses so residents could move easily between the floors.

On the day of the inspection the centre was found to be of a comfortable temperature, with adequate lighting and ventilation.

There were aids and adaptations available in the centre to meet the needs of the residents. Hoists were available in the centre where people had been assessed as needing that support with their mobility. Service records were seen for all equipment provided in the centre, which were repeated at least annually.

It was noted that there was not sufficient space for storage of the larger pieces of equipment, and bathrooms, and the conservatory areas were being used. This had been brought up previously, and the provider nominee was working through options to identify a solution.

**Judgment:**
Substantially Compliant

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**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

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

**Findings:**
There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

Inspectors reviewed the complaints policy and found it to be comprehensive, and met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process. There was also a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to, and records were kept.

Both the provider and person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the
resident. This would also include if the resident was satisfied with the outcome or not. At the time of the inspection no complaints had been made, but there were systems in place to record them fully if they were.

The policy was on display at the entrance the centre. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

The provider and his family members had a proactive approach to ensuring residents were satisfied with the service provided. The provider worked full-time in the centre five days per week and frequently attends at weekends and was available to meet with residents and their family members on a regular basis.

Inspectors observed relatives chatting with the provider informally and also making appointments with him to discuss residents care. Residents and relatives informed inspectors that the provider and the management team were approachable and obtained anything that they requested promptly.

Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint. Inspectors saw a folder of numerous cards and letters received from residents and family members complimenting staff for the care received. All resident and family questionnaires returned to the Authority provided a very positive overview of the staff and of the service received, they had no complaints about the service.

**Judgment:**
Compliant

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**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

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

**Findings:**
Inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident.

The policy on end of life provided helpful guidance to staff. It covered care of the dying, and care to be given following death.

Inspectors saw an end of life plan in the care plan for residents. Any wishes around resuscitation were recorded, and signed by the general practitioner where appropriate.
At the time of the inspection no residents were receiving end of life care. Staff reported that palliative care services were available for those who needed them, and had been effective when used in the past.

The provider confirmed that relatives were welcome to stay with their resident, and there was a relative’s room they were able to use. Kitchen staff confirmed drinks and snacks would be offered to them. The questionnaires completed by relatives confirmed they were always offered refreshments when visiting.

Residents’ cultural and religious needs were supported. There was an oratory in the centre, and Mass was said weekly. There was also a TV channel that residents could watch if they wanted to see services more regularly. Residents did comment that they would appreciate more Church of Ireland services, and the provider was working to arrange this.

The oratory could be used by family, and for services following death. A number of residents had remained in the oratory and were taken to their funeral direct from the centre. Thank you notes in the centre confirmed that this was appreciated following the loss of their family member.

The policy set out that possessions would be returned to relatives at a time that suited them, and would be handed over in a bag purchased especially for that purpose.

Staff were seen to be respectful in the care they offered. When asked about supporting people at end of life they spoke about the importance of focusing on supporting the resident around nutrition, comfort and spending extra time with them if family and friends were not there.

**Judgment:**
Compliant

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**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

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

**Findings:**
Residents were provided with food and drink in sufficient quantities to meet their needs. However, at one meal time examples were seen of residents not receiving the supervision and support they needed.
There was a nutrition policy in place that covered the importance of nutrition and hydration. It covered the process of assessment that would take place for residents prior to admission, on admission, and then how it would be monitored and reviewed.

Inspectors found that there were systems in place to monitor that residents were receiving good nutrition and hydration. For example, residents weight, special diets, advice from dieticians and speech and language therapists, and a screening tool to identify the risk of malnutrition. A number of examples were seen of resident’s intake being monitored, and action taken if it was seen to be low.

Where residents were on a modified diet, evidence was seen that professional advice was followed and nurses, care staff and kitchen staff were familiar with the correct diets residents received. Meal times were supervised by staff to ensure residents received the correct diet. Evidence was seen that residents received the correct meals for their identified needs, for example diabetic diets and modified texture.

Inspectors observed breakfast and lunch time. Residents chose to eat in their rooms or the dining rooms, and some reported it depended on how they felt on the day, but staff always asked them what they wanted to do.

Where people were eating in their rooms they reported to inspectors that they received nice hot meals that were well presented. Inspectors observed some residents being supported to eat in their rooms, in a sensitive manner, and respecting their privacy and dignity.

At lunch time, inspectors observed the mealtime experience in both houses on both days. For three of the four lunch time experiences residents were seen to have a pleasant dining experience. They were supported by staff who clearly knew their needs well. Staff were seen to encourage residents to eat and drink, and offered a choice of meal and drinks, alternatives if people did not want what was on the menu. Assistance where required was provided sensitively by staff who were sitting with residents and giving them the support they needed to eat and drink safely.

However, in one observation, the inspectors noted that staff were trying to support a number of residents that all had high support needs, and therefore were not able to sit and provide the meal at a pace to suit the residents and provide constant supervision. There was also a lot of noise, coming from call bells and cleaning that was taking place, which was not in line with the centres policy on a protected mealtimes. This was fed back to the person in charge. It was noted that the following day, the experience was seen to be totally different, and a more positive experience. Assistance was seen to be provided discreetly and respectfully by staff, who sat next to the person they were supporting and went at the preferred pace of the resident.

Inspectors noted that all meals were well presented and the majority of residents gave very positive feedback about the meals, and the choice offered. Some feedback was seen in the centres comments book and the residents meeting minutes about temperature of meals, but records showed this had been addressed.
Inspectors saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available through the centre, although this was monitored in some areas due to the residents needs. There were water fountains for those who could operate them.

There were no facilities for residents to prepare their own meals, but everyone spoken with felt if they wanted something they would just ask. Many relatives commented that they were always offered a cup of tea when visiting.

Inspectors met with the two chefs who were knowledgeable about the assessed needs of the residents, and their likes and dislikes. There was a list of the residents who required a special diet, modified diet, or for their food to be fortified with butter and cream, and people’s preferences. Chef’s reported that residents could have whatever meals they wanted if they asked. Generally there were three or four choices per meal, with a range of fresh vegetables.

A four week menu was being followed and this had been seen by the dietician in the past. The kitchen was well maintained, and storage was sufficient for the needs of the centre.

Inspectors read reports from the authority responsible for food safety, where they were seen to have followed guidance given about the general staff access to staff rooms through the kitchens.

Judgment:
Non Compliant - Moderate

**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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

**Findings:**
Inspectors were satisfied that residents were consulted on the organisation of the centre, and that there privacy and dignity was respected.

The residents’ committee had met once and put forward some suggestions for improvements in the centre which had been implemented by the provider. The provider told inspectors that he welcomed feedback on the service and that he was very willing
to do all that he could to improve the service to meet resident’s needs. This was confirmed by residents for example, residents said that they would like some interesting talks from outside speakers, this was provided to resident’s satisfaction.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the oratory included weekly mass which was important to residents and formed a large focus of their week. Mass was available on the television daily as requested by some residents. In addition a monthly Church of Ireland service is held in the centre.

The person in charge and provider told inspectors that residents were supported to exercise their political rights in past elections and referendums and this was confirmed by residents.

The provider explained that he was currently in the process of gaining access to an advocate.

Inspectors found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room, talk a walk, or spend the day in their pyjamas if they wished. Inspectors observed staff providing late meals for residents who missed lunch or supper. Residents choose what they liked to wear and inspectors saw residents were very well groomed and encouraged to choose their own jewellery and make up.

Inspectors found that residents’ privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter.

All residents had single rooms at the time of the inspection. Bedroom doors were closed when personal care was being provided.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Residents had access to a visitors' room whereby they could meet with family and friends in private.

**Judgment:**
Compliant

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

Findings:
Inspectors found that adequate provision had been made for the management of residents personal possessions.

There was a policy in place covering resident’s possessions which set out a process for recording resident’s belongings, and also the arrangements for storing of valuables.

Inspectors noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, and a set of drawers with lockable drawer. Residents had personalised their rooms with pictures and ornaments. Some residents had also brought items of furniture with them.

Inspectors saw records of the resident’s possessions including any furniture, clothing and other belongings were brought in to the centre.

There was a laundry in each of the houses that met the needs of the residents in the designated centre. There were washing facilities that were able to manage with delicate laundry, and also wash at high temperatures where infection control measures were needed. Residents said they were happy with the quality of laundry. Some residents chose to make arrangements with family to do their laundry for them, it was their choice.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.
Residents were seen to receive any support they needed in a respectful, timely and safe manner the majority of the time. However, as set out in Outcome 15 one lunchtime sitting seen to be hurried and support from staff was not sufficient to meet the needs of the residents.

Residents knew all the staff well, and reported that they were very nice. In the questionnaires residents completed for the inspectors they said ‘the staff look after me very well’ and ‘it feels safe with people around to take care of you’.

The relatives commented in questionnaires that staff were ‘outstanding’, ‘the nursing is very professional and attentive’ and ‘we always feel welcome at any time’. They also commented that the staff turnover is low so they are very familiar with the residents and their relatives. No one fed back any concerns about the staffing levels.

On the day of the inspection the staff were seen to have sufficient skills and experience to meet the needs of the residents. The centre did not use agency staff, and staff were always replaced if a staff member was unavailable. There were nurses on duty at all times, and the person in charge or their deputy. The nursing staff undertook all of the medication and nursing care responsibilities.

Staff reported that when extra staff were needed, the provider was very responsive, and evidence was seen of this on the second day of the inspection where an extra care staff was available at the request of a nurse.

The staff rota matched the staffing in place at the time of the inspection. One member of staff was not available for work and was replaced, and the rota was amended to reflect this, which showed evidence of who actually worked at what times. It was noted that the rota would be improved by adding in all the staff who work in the centre, to give a complete overview, for example maintenance staff and the person in charge.

Most staff had completed mandatory training (fire and adult protections) and those who had not were booked on a session for the following week. There were also other training opportunities that reflected the needs of the residents in the centre. This included food and nutrition, and infection control and managing behaviour that challenges. Staff were also completing the training for person centred care planning.

Staff spoken with were familiar with the centres policies and procedures, and were able to speak about the training they had received, and how it supported them to know how to undertake their role in the centre.

The policy on selection and vetting of staff was seen to be put in to practice. Staff files reviewed contained all the required documents as outlines in Schedule 2, which showed there was a comprehensive recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre, including the person in charge.

Appraisals were being carried out. They focused on performance and training needs. The information from the appraisals supported the development of the training plan.
Minutes were seen of staff meetings, covering issues such as the inspection, staff uniforms, training and planning social events. Management were in the centre every day and evening and so supervision of staff practice was undertaken daily. The person in charge was new to the role, but was seen to be observing the practice of staff, and identifying areas that were working well, and those needing improvement.

There was a senior nurse and an agreed lead nurse in each house daily. The care assistants were supervised and supported in their role by the nurses.

Staff and residents said the providers and the person in charge were approachable and available if needed.

There were copies of the regulations and standards in the home for the staff to access.

At the time of the inspection, there were no volunteers working in the centre.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
<th>Newtownpark House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>08/01/2015</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control specified risks.

Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
abuse.

**Please state the actions you have taken or are planning to take:**
The Risk Management Policy now includes a cross reference to the existing Clinical Abuse Policy

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The emergency plan did not include the plan in place for responding to major incidents likely to cause death or injury, serious disruption, or damage to property.

**Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
The existing Emergency Evacuation Response Plan is being amended to include additional disaster scenarios.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The systems in place for learning from serious incidents were not always followed.

**Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Investigations of any incidents/accidents will be carried out by the Person in Charge. As lessons are learned, where appropriate, our policies will be updated and staff informed.

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### Outcome 09: Medication Management

**Theme:**  
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Areas of practice required improvement in relation to the administration of medication including:  
- recording of medication that is withheld  
- appropriate sign off for discontinued medication  
- system for alerting staff when monthly or longer medication was due.

**Action Required:**  
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**  
An additional education process has been completed by all nursing staff. Nursing staff have been made aware of their responsibility in ensuring that GP’s sign off for discontinued medication. An improved system has been implemented to alert staff when monthly or longer medication is due.

**Proposed Timescale:** 04/02/2015

### Outcome 11: Health and Social Care Needs

**Theme:**  
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Not all care plans provided sufficient information to guide staff practice.

**Action Required:**  
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**  
We are constantly monitoring, developing and re-structuring our care plans to ensure they guide the care of the residents. There is ongoing communication with the nursing staff to make improvements.

**Proposed Timescale:** 04/05/2015
### 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 not enough suitable storage in the centre for all of the equipment needed by the residents.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
We are now using external onsite storage for items not in frequent use.

**Proposed Timescale:** 04/02/2015

### Outcome 15: Food and Nutrition

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
At times, there were not enough staff to assist residents at mealtimes.

**Action Required:**
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

**Please state the actions you have taken or are planning to take:**
As observed by inspectors and noted in Outcome 18 “there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection” but as a result of observations in Outcome 15 we will continue to monitor the location of staff at all mealtimes and re-allocate them as required.

**Proposed Timescale:** 04/02/2015