

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | Newtownpark House |
| Centre ID: | OSV-0000075 |
| Centre address: | Newtownpark Avenue, Blackrock, Co. Dublin. |
| Telephone number: | 01 288 7403 |
| Email address: | info@ntph.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Nursing & Caring Services Limited |
| Provider Nominee: | Thomas Keane |
| Lead inspector: | Helen Lindsey |
| Support inspector(s): | Gearoid Harrahill |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 54 |
| Number of vacancies on the date of inspection: | 9 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 June 2017 08:45 To: 14 June 2017 17:15

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Substantially Compliant | Substantially Compliant |
| Outcome 07: Health and Safety and Risk Management | | Non Compliant - Moderate |

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Inspectors met with residents, relatives, and staff members during the inspection.

The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 54 residents were accommodated in the centre, and just under 50% of residents had a diagnosis of dementia. There was no dementia specific unit and all residents shared the same environment.

Inspectors found that residents were receiving responsive healthcare that met their assessed needs. Residents records were person centred, clear and provided clear instruction to the staff supporting each resident. The staff had relevant skills and experience and received appropriate training and support within the centre to ensure they were able to meet the needs of the residents. There was a variety of activities and pastimes available in the centre that were based on the interests of the residents, with some staff specifically tasked with supporting residents on a one to one basis. Residents confirmed they enjoyed taking part when they chose to. The premises were well maintained and there was access to a garden that residents could enjoy.

Areas for improvement related to one area of the premises, appropriate staff engagement with residents on a consistent basis, and fire safety due to a number of doors in the centre being wedged open.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident's health and social care needs were maintained by a good standard of care and support.

Inspectors reviewed pre-admission assessments that were carried out before residents were offered a place in the centre and found they identified whether the residents needs could be met. On admission a comprehensive assessment was carried out and where health and social care needs were identified a care plan was developed to set out how they would be met. They were seen to be reviewed at least four monthly by the staff in the house where the resident lived.

The care plans provided clear information about the resident, their likes and dislikes and how best their needs could be met. They focused on the individual and their experiences prior to moving in to the centre, and their preferred routines and pastimes in the centre. The care plans included clear instructions to guide staff in their practice. Inspectors observed staff providing care and support that was in line with the care plans. When speaking with nurses in each of the houses they were found to be very knowledgeable about the resident's current healthcare needs and any treatments approaches that were in place.

Inspectors reviewed a range of care plans covering areas such as continence, tissue viability, nutrition and hydration, and mobility and risk of falls. Where resident's had healthcare needs it was clearly identified and plans were in place to ensure they were met. Records showed there were links with relevant medical professionals such as speech and language therapy (SALT), dietician, and physiotherapist. Where recommendations had been made by professionals they had been implemented, for example modified diets. Where resident's needs had changed records showed it had been managed well by the staff in the centre and appropriate action had been taken, this included reviews of medication. A range of evidence based nursing tools were being used to support nursing staff to identify when needs changed. This included assessments for resident's risk of falls, depression or developing pressure areas. The outcomes for residents were seen to be positive, and those who spoke with inspectors

felt their healthcare needs were being well met.

A range of correspondence was stored in resident's files that showed that residents were in contact with a range of hospitals and consultants for specific healthcare needs. Appointments for residents were listed in the diary and records confirmed when they had attended. Where residents were temporarily absent from the centre, for example attending hospital appointments, records showed that relevant information was sent with them.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents from being harmed or suffering abuse were in place.

The centre maintained policies on safeguarding of vulnerable adults that reflected national policy. The policy identified the types of abuse that can occur and procedures guided staff on how to identify and respond to alleged or suspected incidents. Inspectors spoke to staff who were knowledgeable on how to proceed in these events and to whom they reported. Staff had either completed training around the policy and procedures, or it was planned to take place in the month of June.

There was a policy in place about 'Caring for residents with challenging behaviour'. It covered behavioural and psychological symptoms of dementia, pathway for types of triggers and assessment and care planning protocols. It was clear and provided guidance to staff. The majority of staff had attended training in caring for residents with responsive behaviours, or who presented agitation or aggression associated with dementia.

Inspectors reviewed care plans of residents with these behaviours and they were clear and detailed in their guidance for staff and followed the procedure. The care plans described how residents may respond, the likely causes, and triggers such as noisy environments or being assisted with personal care. Guidance was given on the most effective means of de-escalation, such as speaking with the resident on certain topics, going for a walk or to a quiet area, or leaving them alone to calm down. These plans were reviewed on a regular basis.

There was a policy in place that set out the procedure for staff to follow in relation to

restrictive practice. Care plans around restrictive practice, for example use of bedrails, advised staff of aspects to note for each resident who uses them, such as instruction to check if they have dropped something they may try to reach over the rail for, or to ensure not to catch the tubing with the rail when raising them for one resident with a catheter. Each plan was very specific to the needs of each resident, and the rationale for their need was reviewed every four months and signed by nurses and the resident who consents. The process for approving the use of bed rails and any other restriction followed the policy. Some residents used bedrails on the sides of their beds on request for safety and security.

The centre managed petty cash and valuables for some residents. This was securely and individually stored, and a balance book was kept recording all withdrawals and deposits to the balance. Inspectors reviewed a random sample of residents' records and found the actual contents to match the written balance. Each entry was double signed, and residents had access to their finances seven days a week. For residents whose finances and decision making were managed by an external person or advocate, the centre was familiar with the arrangements with these people and how to get in contact with them. The centre did not act as a pension agent for any resident.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were being consulted with and participated in the organisation of the centre, and there was a wide range of meaningful activities that reflected the interests of the residents. However some improvement was required in the consistency of how the staff engaged with residents.

Regular residents meetings were held in the centre and there was evidence of residents' feedback informing changes and practices in the centre. Matters raised in complaints and satisfaction surveys were seen to be followed up on in discussion forums, such as installing a heater for residents to sit outside in colder months, or in changes to the menus. Residents who spoke with inspectors said they were asked their views on a range of topics in the centre.

There was a focus on person centred care in the centre. Care plans summaries included information on what residents likes, dislikes, as well as information on preferences such as times of getting up in the morning and going to bed. There was documentation in

residents files that summarised residents' histories, backgrounds, families and former careers. Inspectors saw many examples of staff communicating with residents that showed that they were familiar with the residents, their needs and personalities.

There were televisions, CD players and radios through the centre. There was a list displayed in lounge areas of the DVDs available for residents to watch. Records set out which newspapers each resident preferred to read and residents confirmed they received these every day. They also had copies of The Times crossword for those who liked to complete it.

There were arrangements in place to ensure residents had the opportunity to take part in a range of different occupations and activities. As well as an activity coordinator the staff team included healthcare assistants whose primary duties were to assist residents to go for walks, go out to the garden, socialise and participate in activities. Having staff with this designated role ensured residents had opportunities for social engagement when other staff were engaged in supporting other resident.

Activities were varied and well attended, including exercises, quizzes, flower arranging, bingo, Sonas sessions and reminiscing. Attendance sheets were logged for group activities to track trends in who was and wasn't actively or passively participating in activities. For residents who chose not to, or lacked the capacity to, participate in group activities, notes were kept on one-to-one sessions with staff, including having coffee together, sitting out in the sun, going for walk or doing nails, while noting time spent and what topics were talked about between the resident and staff member. Residents who spoke with inspectors said they chose how to spend their time in the centre, and would take part in the activities that interested them.

Inspectors observed that residents' privacy was respected. Staff assisted residents in the bedrooms and bathrooms behind closed doors, and were observed knocking before entering bedrooms.

Each resident had a communication care plan in place that set out their skills and areas where they needed support. Examples of positive communication and general engagement were seen during the inspection. For example staff were heard supporting residents to get up and chatting about how the residents were and any plans there were for the day. During lunch times there was general chat and conversation as part of the overall dining experience.

In addition to observing interactions throughout the visit, inspectors each spend 30-40 minutes in a communal area observing communication and engagement with residents. While there were positive examples of care seen during these periods, inspectors observed that a number of residents received respectful but task oriented engagement. Residents who did not require immediate attention or assistance were at times not engaged with or spoken to for extended periods of time as care staff moved between residents who were being directly assisted. In some instances, staff were observed speaking over residents about matters such as the times they were working. Inspectors also saw a number of examples where residents were attended to with no verbal engagement; staff were witnessed placing trays or glasses in front of the resident, or assisting residents to drink, without speaking to them.

Overall the interactions during the inspection were positive but improvement was required in the level or meaningful engagement when staff were not spending specific time with residents, and for those residents who would not initiate social interactions.

In the previous inspection the provider advised that access to an advocate was in the process of being arranged. The centre now had arrangements in place. Contact information was available in prominent positions in the centre.

Residents were supported to exercise their political rights with a ballot box being set up in the centre during elections and referenda. Religious observances were facilitated with regular visits by Catholic priests and Church of Ireland ministers, and mass and communion held in the centre.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place in the centre to ensure complaints were listened to and acted upon.

The centre maintained a complaints policy and procedures which clearly identified the complaints officer and the contact for independent appeals. Guidance outlined to staff the appropriate means by which to record both written and verbal complaints.

A complaints log was available which detailed the nature of any complaints, the actions taken, and the outcome of the matter. The satisfaction status of the complainant was also recorded.

Where appropriate, the subjects of some complaints were discussed in resident meetings to gather feedback from other residents on matters such as meal quality or the heat of the centre. The majority of the complaints recorded in the past 15 months were made verbally yet were treated with the same level of attention and investigation as those made formally. There was a low number of complaints overall and none currently ongoing at the time of inspection.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing levels in the centre were appropriate to meet residents needs. The experience of staff and training available ensured they had the relevant skills.

The staffing levels took in to consideration the layout of the centre. Each house had allocated staff, to ensure consistency for residents. There were a variety of different shifts to fit around the needs of residents, and the times in the centre that were busiest. For example there were more staff in the morning when residents were getting up and receiving personal care. There was also a CNM available to provide advice or step in if support was needed. At night there were nurses and healthcare assistants to support the residents.

There were also housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met.

All staff were offered training in the centre. All staff had completed, or were booked on a course, for fire safety and safeguarding vulnerable adults. There were also other courses available to the staff team, for example most staff had attended training in caring for residents with dementia, and in identifying and de-escalating responsive behaviours.

The management structure in the centre ensured there was oversight of nursing practice in the centre. There were regular staff meetings where any issues were discussed and new and revised policies were discussed. There was also an annual appraisal for each staff member to ensure they were effective in their role and meeting the needs of residents effectively.

Inspectors reviewed a sample of personnel files and found them to contain the information and documentation required under Schedule 2 of the regulations. One recently hired staff member was awaiting return of their Garda vetting, and the person in charge confirmed that that person had not yet been rostered in the centre and would not be until the vetting confirmation had returned. Nurses in the centre had confirmation of their current registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

One person operated in the centre as a volunteer, and for this person, the centre had an agreement of their role, responsibilities and supervision arrangements, and confirmation of their Garda vetting. The centre did not use external agency staff.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre comprised of two adjacent buildings, one period building with three levels (House 1) and a newer building with two levels (House 2).

While House 1 was a period build, adaptations had been made to support ease of movement around the premises, and residents were observed mobilising independently or with assistance. Ramps with rails were present as alternative to steps, grab rails lined the sides of corridors, and an elevator was available for moving between floors.

Both buildings were clean, well decorated, and in a good state of repair. Call bells were available in all bedrooms and communal areas.

Bedrooms were personal and homelike in design and decoration, including the residents own belongings and photographs. There was an appropriate number of ensuite and communal toilet and shower facilities for the number and needs of residents. Assistive equipment was present in bathrooms, such as grab rails, bath seats and low entry shower trays.

There was a garden available to residents with attractive features such as a walking route around the perimeter, a putting green, planting boxes and benches to sit out in the nice weather. The garden was safe and secure, enclosed from the road outside. Access to the garden was possible from a number of routes and inspectors observed residents being able access them with assistance from staff, including those who used wheelchairs.

In terms of dementia friendly design, every bedroom was clearly identifiable with the residents' names in simple font. Toilets were marked with pictorial signage, and handrails were visible against the walls for people with reduced vision. The provider had not gone down the route of using contrasting colours for orientation but residents were seen to know their way around.

One area of the centre required improvement. The ground floor seating area in house 1 was seen to be used regularly by up to four residents. They were watching television or listening to the radio. The layout of the room meant they experienced regular

interruptions, that included staff regularly walking in front of the television on way to another part of the centre. The area was at the bottom of a large stair case, there was access through the middle of the room to staff changing rooms, and the back wall was the main corridor along the bottom floor. This resulted in high traffic of people moving around the centre, with regular loud discussion about a range of topics being held in and around the room creating a disturbance to the residents. There was also no natural daylight available in the room. The person in charge explained there were plans in place to extend a sun room on the same floor to improve the communal areas available for residents in that part of the centre.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was not reviewed in full as part of this dementia thematic inspection. Instead the relevant actions from the previous inspection were followed up on this visit.

The centre had addressed the actions from the previous inspection and had developed policies on responding to and managing risks identified in Regulation 26(1), such as aggression, self-harm and unexplained absence of residents. The centre also had procedures outlined to be followed in the event of a power outage or flooding of the premises, including temporary accommodation arrangements for if returning to the centre following an event is not an option.

There was evidence of action being taken to reduce the risk of accidents such as falls. Summaries of the number, locations and times of falls were collated, and strategies were discussed in clinical governance meetings on means of reducing frequency, such as the introduction of motion sensors in the bedrooms of residents identified as a high falls risk to make staff aware of them walking around unassisted at night, or the addition of sensor lights in ensuite bathrooms to assist safe navigation to the toilet.

Doors in the centre were equipped with magnetic holdbacks which would allow doors to remain open while disengaging in the event of a fire alarm trigger. However during the inspection, a number of bedroom and communal room doors with self-close mechanisms were observed to be held open with door wedges. This means of keeping doors open prevents them from closing to contain and reduce the spread of flame and smoke in the event of a fire. This was brought to the attention of the person in charge at the end of the inspection and they committed to addressing the matter.

Judgment:

Non Compliant - Moderate

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 report¹

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|----------------------------|-------------------|
| Centre name: | Newtownpark House |
| Centre ID: | OSV-0000075 |
| Date of inspection: | 14/06/2017 |
| Date of response: | 17/07/2017 |

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 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff did not consistently engage with residents having regard for their linguistic background and ability.

1. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic

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

background and ability of each resident.

Please state the actions you have taken or are planning to take:

We have held meetings both individually and collectively with the carers to reinforce the necessity of appropriate interaction as opposed to task oriented care with our residents at all times

Proposed Timescale: 17/07/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The ground floor lounge in House 1 was not of a suitable layout for the needs of the residents.

2. 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 in the process of moving the staff changing room to another location and taking other measures to reduce the need for staff to walk through this area. We are also re-designing the layout of the room to help improve resident interaction.

Proposed Timescale: 15/09/2017

Outcome 07: 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:

A number of internal doors were being held open by wedges, which removed their ability to contain flame and smoke spread in the event of a fire.

3. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

We are in discussion with our Fire Consultant and are proposing to trial fire responsive

door closers.

Proposed Timescale: 25/08/2017