<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Norwood Grange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000258</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinora, Waterfall, Near Cork, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 487 3291</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:norwoodgrange@gmail.com">norwoodgrange@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Butterfly Care Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eilis Farrell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 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
From: 26 April 2017 08:30  
To: 26 April 2017 18:00  
27 April 2017 08:30  
To: 27 April 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
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Summary of findings from this inspection
Norwood Grange is a single-storey facility comprising 13 single bedrooms and 9 twin-bedded rooms, located in a rural area approximately four kilometers from the town of Ballincollig and 10 kilometres from Cork City.

This registration inspection was announced and took place over two days. The
The inspector met with residents, relatives, staff members, the person in charge and the providers. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall the inspector was satisfied that care was provided to a good standard. Residents and relatives spoken with were complimentary of the care provided, the food available and the programme of activities. Residents independence was supported and promoted. Residents had choice about when to get up in the morning, what activities to participate in and when to have their meals.

There was a relaxed and friendly atmosphere in the centre. Staff interacted with residents in a kind and caring manner. The providers were present in the centre on an almost daily basis to support staff and attend to administrative duties. The centre was bright, clean, spacious and decorated to a good standard throughout. All bedrooms were spacious and were seen to be personalised. Residents had access to secure outdoor space and there was adequate communal space internally.

Some improvements, however, were required. For example, it was not always evident that adequate supervision arrangements were put in place at the earliest opportunity to supervise and monitor staff when performance levels were not optimal. Additionally, while there was minimal use of restraint in the centre, assessments completed prior to the use of bedrails did not always detail what alternatives were explored prior to the use of bedrails and the assessment tool was not always completed in its entirety. Additional required improvements included:

- contract of care
- care planning
- notification of incidents
- complaints policy

As part of the application to renew the registration the provider had applied to increase the capacity from 29 to 31 residents. The centre had recently completed renovations resulting in the construction of seven new bedrooms and the renovation of existing bedrooms. The two additional beds were located in a twin bedroom that was the final bedroom to be commissioned as part of the renovations. The new bedroom was en suite with toilet and shower and was adequate in size to meet the needs of two residents. The room, however, only had one small window that did not provide adequate daylight in the area where one of the beds was located. The provider stated that plans were in place to install a skylight and this could be completed in one day, weather permitting.

The action plan at the end of this report identifies where improvements are needed to meet 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.
### 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:**
There was a written statement of purpose that accurately described the facilities and services to be provided to residents. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Compliant

### 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 were adequate resources to support the effective delivery of care. There was a clearly defined management structure with identified lines of authority and accountability. Nursing staff, healthcare assistants, catering staff and housekeeping staff reported to the person in charge, who in turn reported to the providers. The person in
charge met formally with management and minutes of these meetings were available for review. Both of the providers were present in the centre on an almost daily basis and were available to the person in charge for informal consultation, outside of regular management meetings.

There was a programme of audits and evidence of action in response to issues identified. The programme of audits included medication management, incidents of falls, care plans and environmental walkabouts. There was an annual review of the quality and safety of care, which included consultation with residents. The review, however, had not been made available for residents at the time of inspection.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed a sample of the residents’ contracts of care and found that each resident had an agreed written contract. Each contract outlined the services provided and the fees payable. Improvements, however, were required as the contract included a range of fees for the social programme but did not specify the exact fee payable by each resident.

There was a residents’ guide that included a summary of the services and facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Judgment:
Substantially 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:
There was a person in charge who worked full-time, was suitably qualified and experienced in the area of health and social care, and had the required experience in the area of nursing older persons.

There was evidence that the person in charge was engaged in the governance and day-to-day operational management of the centre. Observations of the inspector indicated that the person in charge was knowledgeable of residents’ individual needs and residents were aware that she was the person in charge.

Records indicated that the person in charge was committed to her own professional development through attendance at education and training programmes on issues such as regulation, leadership, dementia, and infection prevention and control.

Based on interactions with the person in charge throughout the inspection, inspectors were satisfied that the person in charge demonstrated sufficient clinical knowledge and an adequate knowledge of legislation and her statutory responsibilities.

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 is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the regulations. Records were kept securely, were accessible and were kept for the required period of time. Residents’ records were kept in a secure place.
The residents' directory was up-to-date and contained all matters referred to in Schedule 3.

The centre was adequately insured against accident or injury and insurance cover complied with all the requirements of the regulations.

Inspectors found that the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented.

All of the key policies as listed in Schedule 5 of the regulations were in place and kept under regular review. There was evidence of ongoing staff education on the operating policies and procedures and staff demonstrated a clear understanding of these policies.

Judgment:
Compliant

**Outcome 06: Absence of the Person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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:**
There was no period when the person in charge was absent for a period in excess of 28 days since the last inspection and the registered provider was aware of the obligation to notify HIQA should this arise. There were adequate arrangements in place for the management of the centre in the absence of the person in charge.

Judgment:
Compliant

**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:
There was a policy in place for the prevention, detection and response to abuse. All staff members had received up-to-date training on recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

There were adequate systems in place for the management of residents' finances. The centre held small sums of money for safekeeping on behalf of residents and adequate records were maintained of all transactions for and on behalf of residents.

There was a policy in place for managing responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). There were only a small number of residents in the centre on the days of inspection that presented with responsive behaviour. Based on discussions with members of staff, they had the knowledge and skills to appropriately respond to and manage incidents of responsive behaviour. Most, but not all staff, had up-to-date training in responsive behaviour.

There was a policy on the management of restraint. The only form of restraint in use were bedrails and 20 of 28 residents in the centre on the days of inspection had bedrails in place. Residents were risk assessed prior to the use of bedrails, however, the inspector was not satisfied that the risk assessment was always completed accurately and it was not always clear that alternatives were explored prior to the use of bedrails. For example, the risk assessment for a number of residents did not state whether or not alternatives were explored. Additionally, the section of the assessment identifying the decision to or not to use bedrails was left blank for a number of residents. There were records of safety checks were in place while bedrails were in use.

Judgment:
Non Compliant - Moderate

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

Findings:
There was an up-to-date safety statement, signed and dated by the provider. There was
a risk management policy that adequately addressed the items set out in the regulations. There was a risk register that addressed clinical and non-clinical risks and included the risks specified in the regulations.

The inspector reviewed the accident and incident log. Each individual incident was reviewed and improvements identified to minimize the chance of reoccurrence.

There was an emergency plan for responding to emergencies such as power outage, heat outage, loss of water supply and the safe placement of residents in the event of a prolonged evacuation.

There were reasonable measures in place to prevent accidents in the centre such as safe floor covering, handrails on corridors and grab rails in toilets and bathrooms. Based on records viewed by the inspector all staff had received up-to-date training in manual handling.

Measures in place for the prevention and control of infection included a colour-coded cleaning system, a cleaning schedule and hand hygiene gel located at suitable points throughout the centre. Clinical waste was stored to the side of the building in a locked container. All wash hand basins had taps that supported good hand hygiene practices.

The inspector reviewed the fire safety register that indicated a process of preventive maintenance for the fire alarm, emergency lighting and fire safety equipment, such as fire extinguishers. Records indicated that all staff had received up-to-date training in fire safety. Fire drills were held regularly and staff members spoken with by the inspectors were knowledgeable of what to do in the event of a fire.

**Judgment:**
Compliant

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**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:**
There was a medication management policy for ordering, prescribing, storing and administration of medicines. Inspectors viewed a sample of residents’ prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.
The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices.

There were regular medication audits carried out by a pharmacist and improvements as a result of issues identified. There was evidence of attendance at medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. Records were maintained of drug errors, which were reviewed by the person in charge with recommendations to prevent reoccurrence. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

**Judgment:**
Compliant

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**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:**
It is a requirement of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 that all serious adverse incidents are reported to HIQA. An allegation of staff misconduct had not been notified to HIQA. This is discussed in more detail under Outcome 18, Staffing.

A record of all incidents occurring had been maintained in the centre and all other notifications had been submitted as required.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that residents' health and social care needs were regularly assessed and monitored on an ongoing basis.

Residents were regularly reviewed by their general practitioner (GP) and allied health services such as physiotherapy, speech and language therapy, occupational therapy and dietician services were available. Dietetics and speech and language services were provided by a company that supplied nutritional supplements. The physiotherapist and the occupational therapist were available on a private basis. These services were also available through the public health service; however, there was a long waiting period. Records indicated that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

Inspectors reviewed a sample of residents’ nursing records. All residents were assessed on admission and at regular intervals thereafter using evidence-based assessment tools. Some improvements, however, were required in relation to the assessment process. Two different assessment tools were used for some issues, such as for the risk of developing pressure sores and the dependency level of each resident. The outcome of each assessment tool did not always correlate with the other and therefore, there was a degree of uncertainty in relation to the level of risk present. For example, for one resident one assessment identified that a resident was "at risk" for developing a pressure sore, whereas the other tool determined that the resident was at "very high risk".

Records indicated that written nursing care plans were in place for each resident. Some improvements, however, were required. While there was evidence that care plans were reviewed and updated on a regular basis, the information contained in the care plan did not always accurately reflect the current status of the resident. For example, the care plan for one resident did not reflect the current mobility status of the resident. The risk of falling for this resident was addressed under osteoporosis and did not contain sufficient detail of the preventive measures in place for this resident.

Daily nursing notes demonstrated that evidence-based nursing care was planned as well as provided and residents’ progress was closely monitored.

**Judgment:**
Non Compliant - Moderate
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:
Norwood Grange is a single-storey facility comprising 13 single bedrooms and 9 twin-bedded rooms located in a rural area approximately four kilometres from the town of Ballincollig and 10 kilometres from Cork City. All except one of the bedrooms had en suite toilet, shower and wash-hand basin.

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre’s resident profile. It promoted residents’ independence and wellbeing.

On the days of inspection, the centre was bright, clean, spacious and decorated to a good standard throughout. All bedrooms were spacious and were seen to be personalised. Some residents had brought their own pictures and ornaments. There was adequate space in the bedrooms for furniture such as a bed, a chair and bedside locker. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

Communal areas comprised a large sitting room, a smaller sitting room and a visitors’ room. There was also a dining room adjacent to the larger sitting room with adequate seating for all residents to have their meals there. There was a small secure outdoor space that was well maintained. The space was enclosed by a railing and the provider was asked to risk assess the height of the railing in the context of the residents living in the centre and the risk of absconding. This was completed prior to the completion of the inspection. The inspector was informed that residents were always accompanied outside.

There were adequate sanitary facilities, adequate laundry facilities and adequate sluicing facilities. Access to rooms such as the sluice room, cleaners’ room were all secure on the day of inspection. There was a functioning call bell system in place.

There was a large well-equipped kitchen with adequate hand hygiene and changing facilities for staff. The most recent inspection report from environmental health was available and demonstrated an adequate level of compliance. There was evidence of good practice in relation to the management of clinical and domestic waste.
There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

Storage facilities were adequate. There was a functioning call bell system in place and there was suitable storage for residents’ belongings. The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. There was a variety of communal space available. Heating and ventilation was suitable. Water was at a suitable temperature. The premises and grounds were well maintained. A maintenance person was available to attend swiftly to any maintenance issues.

As part of the application to renew the registration the provider had applied to increase the capacity from 29 to 31 residents. The centre had recently completed renovations resulting in the construction of seven new bedrooms and the renovation of existing bedrooms. The two additional beds were located in a twin bedroom that was the final bedroom to be commissioned as part of the renovations. The new bedroom was en suite with toilet and shower and was adequate in size to meet the needs of two residents. The room, however, only had one small window that did not provide adequate daylight in the area where one of the beds was located. The provider stated that plans were in place to install a skylight and this could be completed in one day, weather permitting. The inspector was satisfied that the extra bed space was suitable for occupancy.

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

**Findings:**
The centre had an up-to-date policy and procedure on the management of complaints. The person in charge was the nominated person for managing complaints and the provider was identified as the person responsible for independent appeals. The policy, however, did not outline who was responsible for overseeing the complaints process to ensure that all complaints were adequately addressed. The complaints process was on prominent display in the centre.
The inspector viewed the complaints log containing records of complaints, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:
Substantially Compliant

### 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:**
There were written policies and procedures in place for end-of-life care. Staff were supported in the provision of end of life care by the residents’ GPs and the community palliative care team, to which there was good access.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes. Practices respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying.

The inspector reviewed the care plan of a deceased resident and was satisfied that care was provided to a good standard. Improvements, however, were required in the care planning process as there was no specific care plan addressing end of life, even though death in this resident was not unexpected. This action is addressed under Outcome 11. Health and Social Care Needs.

Judgment:
Compliant

### 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:**

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Page 15 of 25
Person-centred care and support

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

Findings:
There were policies and procedures to support the management of nutrition. There were adequate systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter. Staff observed residents' intake and recorded this electronically in the residents' care plans.

Most residents had breakfasts in the dining room and residents were seen to be coming to the dining room throughout the morning following the provision of personal care. Breakfasts usually commenced around 8am but residents that wished to have their breakfasts earlier or in their bedrooms were facilitated to do so.

Residents were offered a choice of food at mealtimes, including residents that were prescribed modified diets. Alternatives to what was on the menu were also provided to residents that requested this. The inspector noted that residents prescribed specific diets received the correct diet. Food appeared to be nutritious, was attractively presented and available in sufficient quantities. Fluids were available throughout the day and tea/coffee and snacks were served between meals.

On the day of the inspection there were adequate numbers of staff on duty to support residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff.

Residents had access to speech and language therapy (SALT) and dietetic services from a nutritional supply company and there was evidence of referral and review.

Judgment:
Compliant

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:
Residents were consulted about how the centre was planned and run through the residents’ forum which met regularly. The meetings were chaired by an activities coordinator. The minutes of the meetings were then reviewed by the person in charge and records indicated that any issues raised by residents were addressed by the person in charge. The person in charge and the providers were present in the centre on an almost daily basis and met with residents informally where they sought feedback from residents on an individual basis.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Residents’ privacy was respected and the inspector observed staff knock on doors before entering residents’ bedrooms. There were no restrictions on visiting times and there was adequate space for residents to meet with relatives in private, separate from their bedrooms. Where bedrooms were shared there was adequate screening between beds to support privacy.

Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. Residents had access to television, newspapers, telephone facilities and were provided with information on events in the local community. Residents were facilitated to vote in local and national elections.

There were adequate facilities for recreation and there was a programme of activities such as Sonas, music, hand massage, bingo and baking. Community activities included the hosting of parties at Christmas, St. Patrick's day and birthdays. There were plans for a dementia awareness day in May that was open to relatives, visitors and the local community.

A number of questionnaires were sent to the centre in advance of the inspection in order to obtain feedback from residents and relatives. Five completed questionnaires were returned by relatives and six were returned from residents. Overall, the feedback was predominantly positive and complimentary of the care provided to residents in the centre.

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:
There was an up-to-date policy on the management of residents’ personal property and possessions. An inventory of residents’ property was recorded on admission.

There was adequate storage for residents’ personal belongings, including lockable storage. There were adequate arrangements in place for the regular laundering of linen and clothing, and the safe return of clothes.

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:
An actual and planned roster was maintained in the centre with any changes clearly indicated. Residents, relatives and staff spoken with felt there were adequate levels of staff on duty. This was supported by observations of the inspector who was satisfied that there were satisfactory numbers of staff and skill mix to meet the needs of residents and to the size and layout of the designated centre. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, assisting residents to the bathroom.

Staff members were seen to interact with residents in a caring and respectful manner. Where support to eat and drink was being provided, it was done in a discreet way.

The person in charge was supported by a director of clinical operations, who was also a nurse and was the former person in charge. There were also three clinical nurse managers. The person in charge, the director of clinical care and a clinical nurse
manager were on duty each day, including weekends. The staffing complement included two activity coordinators, catering, housekeeping, administration and maintenance staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Records viewed by the inspector confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse; manual handling; and fire safety and evacuation. Staff also had access to a range of education on areas such as, dementia, responsive behaviour, nutrition, medication management, end of life care and infection control.

Improvements, however, were required in relation to the management of staff performance when it was suspected that performance was not at the required standard. The inspector was not satisfied that adequate measures were put in place for the supervision of staff to ensure care was delivered to the required standard when the performance management process was underway.

There was evidence a recruitment process including a process for verifying the authenticity of references and induction of staff. The inspector reviewed a sample of staff files and found that all the information required by the regulations was readily available and accessible. A record of current registration with the relevant professional body was available for all nursing staff.

**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Norwood Grange</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000258</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26 and 27 April 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 June 2017</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review had not been made available for residents at the time of inspection.

1. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Each contract outlined the services provided and the fees payable, however, the contract included a range of fees for the social programme but did not specify the exact fee payable by each resident.

2. Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
Two amounts were shown for our Social Programme - one was the basic amount which is the regular charge. The other amount would be the amount charged in the event of visiting shows or outings which would not be covered under the regular charge. This is always explained to Residents and their relatives on admission. Our agreement now reflects both costs separately.

Proposed Timescale: Completed

Proposed Timescale: 02/06/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Most, but not all staff, had up-to-date training in responsive behaviour.

3. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Training in Responsive behaviour for those who had not completed it had been requested on May 15th and we are expecting to have this done in the next two weeks.

**Proposed Timescale:** 15/06/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were risk assessed prior to the use of bedrails, however, improvements were required. For example:
- the inspector was not satisfied that the risk assessment was always completed accurately and it was not always clear that alternatives were explored prior to the use of bedrails
- the section of the assessment identifying the decision to or not to use bedrails was left blank for a number of residents.

**4. Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
A meeting of all RGNs was held on 23/05/2017 and all were informed of the correct procedure to be carried out from then on.

Proposed Timescale: Completed 28/05/2017

**Proposed Timescale:** 28/05/2017

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A notification of staff misconduct had not been submitted to HIQA.

**5. Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
This issue has been taken on board and all notifications will be reported to HIQA on the
appropriate forms from here on.

Proposed Timescale: Completed 28/04/2017

Proposed Timescale: 28/04/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was evidence that care plans were reviewed and updated on a regular basis, however:
• the information contained in the care plan did not always accurately reflect the current status of the resident. For example, the care plan for one resident did not reflect the current mobility status of the resident
• the risk of falling for this resident was addressed under osteoporosis and did not contain sufficient detail of the preventive measures in place for this resident
• there was not always a care plan addressing end of life needs for residents in which death was not unexpected.

6. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
All Nursing Staff have been met and informed of the above findings and instructed on the proper completion of Care Plans from here on. All existing care plans will be reviewed and amended as required.

Proposed Timescale: 30/06/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some improvements were required in relation to the assessment process. Two different assessment tools were used for some issues, such as for the risk of developing pressure sores and the dependency level of each resident. The outcome of each assessment tool did not always correlate with the other and therefore, there was a degree of uncertainty in relation to the level of risk present.

7. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Only one risk assessment tool will be used from now on and all RGNs have been informed of this.

Proposed Timescale: completed 28/05/2017

Proposed Timescale: 28/05/2017

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:
The new bedroom only had one small window that did not provide adequate daylight in the area where one of the beds was located.

8. 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:
Plans were in place before the date of the Inspection to put a Velux window in the far off side of that room. However, due to unsuitable weather they were unable to do it when they planned to. This was commenced on 29/05/2017 and weather permitting it is hoped to be completed in a day or so.

Proposed Timescale: 31/05/2017

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not outline who was responsible for overseeing the complaints process to ensure that all complaints were adequately addressed.

9. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that
all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
Our complaints Policy and Notice will carry the name of the nominated person to be available to ensure all complaints are appropriately responded to. That person will maintain the required records. An advocate from Sage is to visit in the next few days and will let us have his card for our Resident/Relative’s information.

Proposed Timescale: 07/06/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements, however, were required in relation to the management of staff performance when it was suspected that performance was not at the required standard. The inspector was not satisfied that adequate measures were put in place for the supervision of staff to ensure care was delivered to the required standard when the performance management process was underway.

10. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
An Induction / Shadowing Plan is being prepared for any new employees, which will become standard practice. Standard Induction hours will be outlined which have to be completed before taking up employment. Performance improvement plan is put in place for all new employees and once deficiencies are identified, supervision will be provided and documented. Ongoing monitoring will be provided if needed. 3 monthly appraisals will be conducted and documented.

Proposed Timescale: 31/05/2017