

**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 |
| Lead inspector: | Helen Lindsey |
| Support inspector(s): | Sarah Carter |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 49 |
| Number of vacancies on the date of inspection: | 13 |

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 1 day(s).

The inspection took place over the following dates and times

From: 24 January 2018 09:30 To: 24 January 2018 16:30

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

| Outcome | Our Judgment |
|---|---------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried as part of the process of gathering information to inform the renewal of the certificate of registration.

Inspectors identified high levels of compliance with the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended].

During the inspection inspectors met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals. 17 copies of the HIQA questionnaire were returned and were very positive about the service being provided including their bedrooms, food and mealtimes, activities and care and supports.

Residents were seen to receive person centred care and support from a staff team who knew them well. Assessments were in place to identify their needs and personal preferences, they gave clear instructions to staff about how both health and social care needs were to be met, with reviews taking place regularly if needs changed.

Medication management was also well managed, and there was good access to a general practitioner (GP) and other healthcare professionals as required. All staff were receiving regular training in subjects such as fire safety training, manual handling, and safeguarding residents. Those spoken with were very clear of their role in the centre and what actions to take if there was an emergency or if residents needs changed.

There was a range of activities provided in the centre, and residents confirmed they were of interest, and that they could attend sessions if they chose. There was also the option of someone to one time if residents did not enjoy joining a larger group.

The governance and management arrangements in place were seen to be effective in providing oversight of the quality of service being provided, and where issues were identified the response was seen to be appropriate to the issue.

The three actions from the previous report had been met.

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: 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:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. It was kept up to date and revised in December 2017.

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:

The quality of care and experience of residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure that identified the lines of accountability. The provider and person in charge were based in the centre full time and were focused on ensuring quality standards were maintained.

The philosophy of care set out in the statement of purpose described that the provider

aimed to encourage each resident to maintain their full potential in terms of their independence, ability and quality of life. The responses in HIQA questionnaires and the residents spoken with during the inspection confirmed that this was being implemented in practice as they felt their independence was being maintained and they were happy in the centre.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. The management team held a number of meetings to cover different areas of practice, for example clinical governance meetings and health and safety meeting. Regular items were discussed at each meeting covering topics such as quality indicators, health and safety, audits, training plans and upcoming events. Records showed that where any change in performance was identified in relation to the quality of the service steps were taken to assess what the issue was and agree steps to achieve improvement. For example recent focus was on ensuring all supports were in place where residents were losing weight, including training for staff and upgrading of equipment.

A programme of audits were completed, and each one set out the areas covered and any areas for improvement, including an action plan of how those areas were to be addressed.

An annual review had been completed against the National Standards for 2017, it included the achievements of the previous year, and plans for 2018. Residents' views on the service were included in the document.

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 person in charge was experienced, suitably qualified and demonstrated good knowledge of the regulations and standards. She worked in the centre full time, and was supported by a team of nurses. She was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis. She provided information as required through the inspection, was seen to have a good working relationship with the staff team, and knew residents needs well.

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 were measures in place to safeguard residents from being harmed or suffering abuse and a restraint free environment was promoted.

Staff spoken with were clear of the different types of abuse set out in the organisations policy and explained how they would respond if they witnessed abuse or had it reported to them. The training records confirmed all staff had completed training, or were booked on a refresher course where the course had been completed more than two years ago. There had been no allegations of abuse but the provider, person in charge, and nursing team were all clear of what steps to take if an allegation was made.

At the time of the inspection no residents required support in relation to responsive behaviours but staff had received training and there was a clear policy in place explaining how to carry out assessments and document information in care plans.

The provider was not pension agent for residents, but if requested could hold small amounts of petty cash. Inspectors reviewed the recording arrangements and checked the balance of three accounts and the systems was seen to be working effectively.

Residents who completed the HIQA questionnaire and spoke with the inspector said they felt safe and well supported by staff in the centre.

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):

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

Findings:

Health and safety of residents, staff and visitors was being actively promoted and protected.

There was an up to date safety statement and other supporting policies and procedures relating to health and safety including a document that set out plans in case of emergencies. Staff were seen to be knowledgeable of these procedures and were seen putting them in to practice, for example infection control procedures. Staff had received training, appropriate personal protective equipment was available, and laundry arrangements were in place to ensure decontamination procedures were followed.

There was a risk management policy and procedure in place. Risks were discussed in a range of meetings, for example the clinical governance meetings, and each issue was documented. For each issue identified there was the topic, minutes of any discussion, the outcome and agreed actions, and the tasks were allocated to named individuals.

There were arrangements in place for appropriate maintenance of fire safety systems. Documentation was in place that confirmed the fire alarm was serviced quarterly, and the fire extinguishers and emergency lighting were serviced at least annually. Clear fire exit signage was in place. Staff confirmed drills took place, and records showed when they had taken place and who was involved.

The fire policy provided guidance to reflect the size and layout of the building. Evacuation procedures were displayed around the centre, and all staff spoken with were clear on the procedure to follow should there be an alarm.

A review of fire doors for resident's bedrooms was taking place. No doors were seen to be wedged open during this inspection.

All equipment was seen to be serviced regularly including lifts and hoists.

Judgment:

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:

Residents were protected by the designated centre's policies and procedures for medication management.

There were medication policies, giving clear guidance to nursing staff on areas such as

receipt, safe administration, crushing, withholding of medication, and self administration. A copy was available in the nurse's stations in each house and nurses were clear of its content.

A new system for managing the administration of medication had been implemented in the centre. Staff were able to clearly describe the procedure including cross checking of the original prescription. Records clearly set out medications, dose, route and whether medication was to be crushed. Each medication was signed off by a general practitioner (GP)

There was a register of controlled drugs and nurses checked the stock at the beginning and end of each shift. Storage was seen to be secure. There was also a clear procedure for returning controlled medication to the pharmacy that included a secure bag for transport and audit trail of who was responsible for the medication while being returned to the pharmacy.

There was a process in place to enable residents to manage their own medication, including arrangements for safe storage, as each resident had a lockable space in their room. An example was seen of the risk assessment used to confirm residents were able to manage their medication safely, and this was reviewed with the resident regularly.

Audits were carried out by the pharmacist. The last audit was reviewed and the compliance levels were found to be high. The two issues noted had been addressed.

Nursing staff had completed refresher medication management training. Nursing practice was seen to be in line with national guidance.

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):

No actions were required from the previous inspection.

Findings:

Residents' wellbeing and welfare was being maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

Prior to admission to the centre an assessment was carried out by the person in charge

to ensure the residents' needs could be met. On arrival a detailed assessment was carried out, and care plans were set up. Care plans were further developed over the following weeks to ensure they reflected residents' needs and their preferences. A range of care plans were seen to be in place for each resident that were person centred in their approach and reflected their health and social care needs. Records showed that care plans were reviewed every four months with residents and where appropriate with their families.

Relatives who spoke with inspectors said that they were kept fully informed of their relative's condition and any changes that occurred. All residents who fed back to inspectors in person and in HIQA questionnaires said that they felt their needs were being met and they were very pleased with the service being offered in the centre. All feedback about staff was positive, with words like 'wonderful', 'kind' and 'excellent' being used regularly to describe them. Inspectors observed positive interactions between staff and residents throughout the inspection, for example staff were addressing residents in a courteous manner and by their preferred name.

Staff were very knowledgeable of residents needs. A discussion with nurses about when additional support may be required in relation to residents needs showed that they were clear when to make referrals to the general practitioner (GP) or other allied professionals such as a speech and language therapist, or dietician. A review of residents' records showed that referrals had been made when resident's needs had changed. Care plans were updated where advice was received, for example where weight loss was noted the steps put in place to ensure appropriate nutrition and to monitor its effect.

Residents had access to GP services and there was evidence of medical reviews routinely. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. Out of hours services were used when it was necessary to ensure residents received appropriate care.

Judgment:

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):

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

Findings:

During the previous inspection it was noted that the sitting area in House one was not providing a homely environment for residents who were using it.

The provider undertook a full review of the area and had made a number of changes to make improvements. The room had been moved around with the television being placed on a new partition wall that made more space for seating to be spaced out in a semicircle making best use of the space. New chairs had been provided.

There were no windows in the room but lighting had been installed to provide daylight levels in the day and a more gentle light in the evening.

The staff rooms that were previously accessed through the seating area had been moved, and so the room was no longer being used as a throughway. It was also noted this change had stopped the level of conversations going on around residents while people were moving through the space.

Inspectors judged that the changes had improved the room, and the residents seated in the area confirmed they liked the changes.

The provider had reduced the number of bedrooms from 63 to 62 as a staff room had been made available as part of the improvement works.

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:

There were appropriate numbers of staff with the relevant skills to meet the needs of the residents living in the centre.

There was a full complement of staff at the time of the inspection and no agency staff were being used.

Inspectors noted that staffing levels were discussed regularly in management meetings and a decision had been made to alter the shift patterns to ensure more staff were available in the evening to support residents. The change included two extra staff staying on till 9pm and one staff member staying on to 11pm to support the night staff in meeting the needs of residents. It was reported to be working well but the impact on the morning shifts was under review.

Residents who completed the HIQA questionnaire, those spoken with on the day and relative all provided very positive feedback about the staff team and the quality of care and support they received.

All staff had completed fire safety training, manual handling and safeguarding training, or were booked on to a refresher course in the weeks following the inspection. The provider also required the staff team to keep up to date with other training courses including CPR, managing responsive behaviour and infection control. Staff knowledge was seen to be good in these areas and practice was seen to be in line with expected standards.

Each house had a management structure with a nurse leading each shift. They provided oversight of the shift and were available to the staff team to receive information or offer advice about any issues. When staff joined the service they completed an induction and received supervision and support until that was completed. Each staff member also had an annual appraisal where they discussed training needs and their performance through the previous year.

For volunteers working in the centre there was a Garda vetting check and a document setting out their roles and responsibilities.

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:

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