

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Norwood Grange
Centre ID:	OSV-0000258
Centre address:	Ballinora, Waterfall, Near Cork, Cork.
Telephone number:	021 487 3291
Email address:	norwoodgrange@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Butterfly Care Partnership
Provider Nominee:	Eilís Farrell
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 November 2015 10:30	23 November 2015 17:45
24 November 2015 09:00	24 November 2015 14:00

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 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was the sixth inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application to vary their conditions of registration and increase bed numbers from 28 to 29. This registration inspection was announced and took place over two days. 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.

Residents engaged in activities such as art and craft work, music sessions, bingo, hand massage and religious services. The quality of the food was very good and the physical environment was well maintained. Rooms were personalised and the décor throughout was homely and attractive. Residents had choices about getting up times, what to get involved in and when to have their meals.

Relatives with whom the inspector met with were complimentary with regards to the care their family member was receiving. Residents were very positive around the respect and attention staff gave to them. It was evident from relatives responses that they were happy with the cleanliness of the nursing home, the food provided and the accessibility of the person in charge. The inspector noted residents were encouraged and supported to stay as mobile as possible.

There was a relaxed and friendly atmosphere in the centre. Staff stated they were happy working in the centre. The providers were on site daily to support staff and attend to administrative duties. It was clear staff and providers took pride in their nursing home.

Documentation was well organised, easy to retrieve and generally complete. There was a culture of ongoing improvements as evident by the investment the providers had made in upgrading the nursing home. They had plans for further upgrades. The centre's gardens were well tended and attractively planted. Large windows in the communal areas took advantage of the pleasant rural views. Several residents commented on the views.

The centre was found to be in compliance with 15 of the 18 Outcomes, in substantial compliance with 2 Outcomes and there was one moderate non compliance under health and safety. These are discussed in the body of the report. Overall, the inspector was satisfied that care delivered was safe, and the quality of the service given was of a high standard.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the centre and a statement as to the facilities and services which were to be provided for residents. It contains the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed in October 2015.

The statement of purpose provided a clear and accurate reflection of the facilities and service provided. It stated its strong ethos of providing a good standard of individualised care which the inspector concluded was accurate.

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 the residents were monitored and developed on an ongoing basis. Audits were conducted of key indicators which included; medication management, wound care and nutrition. Regular meetings took place to gain residents input into how the quality of the service could be improved. There was learning from reports. For example, the dining room was extended to facilitate all residents, bedrooms were redecorated with an emphasis on ensuring bedrooms were bright and comfortable.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by a deputy person in charge.

Regular meetings took place between the providers and the person in charge.

Judgment:

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):

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

Findings:

A guide in respect of the centre was available to residents. It outlined the services and facilities provided. It contained all the requirements of a resident's guide as per the regulations. However, it required to be updated to reflect the current number of residents the centre catered for. This is actioned under Outcome 5, documentation

A random sample of residents contracts were examined and they showed residents has agreed written contracts which included details of the services to be provided for the resident and the fees to be charged

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. This person had been in this role 13 years.</p> <p>The person in charge demonstrated sound clinical knowledge and a good knowledge of the legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents and relatives could identify the person in charge. Staff felt supported by the person in charge.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Records keeping had improved from the previous inspection. However, some minor gaps in documentation were noted. For example, details of one staff member's employment history was not available; the resident's guide needed to be updated to reflect the increase in capacity within the centre; two different assessment tools were used for assessing pressure risks and two tools were used for assessing risk of falls; out of date risk assessments were not archived and all fire drills were not documented. These matters are also discussed under the relevant Outcomes.</p>
<p>Judgment:</p>

Substantially 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 designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

In cases where the person in charge was expected to be absent for 28 days or more; the provider was aware to notify the Authority prior to expected absence. Adequate arrangements were in place to cover for emergency absences and planned absences 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 on, and procedures in place for, the prevention, detection and response to abuse. Staff knew what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The provider ensured there were no barriers to staff or residents disclosing abuse. Residents stated they felt safe in the centre. Staff were trained on protection of vulnerable adults. There were systems in place to safeguard residents' money. A random sample of resident funds were examined and found to be correct.

There was a policy on, and procedures in place, for managing behaviour that is

challenging. There was a policy on, and procedures in place, for the use of restraint. The inspector was satisfied that staff had the appropriate knowledge and skills to respond to and manage behaviour that was challenging. Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. There were good restraint assessments used and records were maintained of when the restraint as used.

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:

A health and safety statement was in place. Risk assessments were conducted and were appropriate to the centre. There were a low incidence of falls. Accidents were recorded and the incidence of accidents was low.

Emergency lighting was in place. Emergency exits were checked daily. Fire alarms were serviced quarterly. Fire extinguishing were in place, including in the kitchen and the smoking room. Fire blankets were also available. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Annual fire drills took place and documentation was in place to indicate this. Staff reported fire dills took place more frequently than annually; however, details of these regular fire drills were not always recorded.

There was a low incidence of infections in the centre. Staff had infection control training. Cleaning staff had training on good cleaning practices and the premises was seen to be very clean and tidy.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies had been reviewed and amended since the previous inspection. The processes in place for the handling of medicines, including controlled drugs, were generally safe and a random sample of controlled drugs counted indicated they were correct. The controlled drug cupboard was a locked cupboard within a locked cupboard.

Medication administration was observed and staff were seen to adhere to appropriate medication management practices. Medication and prescription charts were legible. Where crushed medications were required this was appropriately prescribed in this format. There were appropriate procedures for the handling and disposal for unused and out of date medicines. At the time of inspection no residents were responsible for their own medication but systems were in place to facilitate this if appropriate.

A system was in place for reviewing and monitoring safe medication management practices. Medication audits were conducted by the pharmacist and the person in charge. Medication errors were recorded. The pharmacist was facilitated to meet their obligations to residents. Staff reported receiving good support and a good service from the pharmacist.

Judgment:

Compliant

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:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within the required three days timeframe. A quarterly report was provided to HIQA to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Residents' health care needs were met through timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. Residents had access to allied health care services. This included the availability of occupational therapy and physiotherapy. These therapies supported the diverse care needs of residents. Where it was identified that residents required specialised seating or specialised equipment this was seen to be arranged for the resident. Records showed there was a low incidence of falls, low incidence of wounds and a low incidence of infections.

The care delivered encouraged the prevention and early detection of ill health. For example, residents were enabled to make healthy living choices. Emphasis was placed in ensuring residents meals were nutritious, flu vaccinations were given and residents were seen to be actively encouraged to mobilise in so far as their ability allowed them.

The assessment, care planning processes and clinical care accorded with evidence based practice. It was in electronic format. Care plans were reviewed on an ongoing basis at a minimum of every four months. Records were maintained of multidisciplinary input such as speech and language therapy, dental and dietician. Notes pertaining to the transfer and discharge of residents were maintained. A pre assessment took place prior to a resident's admission.

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:

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. 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.

The room dimensions were such that they met the needs of residents in the centre at the time of inspection. Plans were in place to increase the size of some of the smaller rooms and smaller ensembles in line with changes already made to some bedrooms. The provider had applied to increase occupancy capacity from 28 to 29 beds. The inspector was satisfied that the extra bed space was suitable for occupancy.

There were a sufficient number of toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Records of the servicing of equipment were available.

There was a well equipped and well stocked kitchen. Environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided. Residents and their families expressed satisfaction with the laundry arrangements.

Judgment:

Compliant

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:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. However, it was not always clear from the documentation whether or not the complainant was satisfied with the outcome. An independent person was available if the complainant wished to appeal 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):

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

Findings:

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. Residents had the option of a single room and access to specialist palliative care services.

The deceased resident's personal effects were treated with care and sensitively. The providers had a practice of making a donation to a local charity on behalf of the deceased resident. Families were invited to an annual remembrance service in the centre. Remembrance candles were provided for each resident who had deceased in the previous year with had the resident name on it. This was given to the family after the remembrance service. Refreshments were provided to families attending services at the centre.

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:

Person-centred care and support

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

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

Findings:

A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example, staff observed residents dietary intake and reported any concerns in the daily electronic nursing notes. Residents had access to fresh drinking water at all times and the food provided was nutritious and available in sufficient quantities. It was also varied and took account of dietary requirements. Breakfast was normally served after 8:00 hrs but residents had the flexibility to have a later breakfast if they so wished. Other meals and snacks were also available at flexible times and at times suitable to residents. A choice of food was provided at each mealtime and a daily menu was on display.

Changes came about following audits conducted. These included changes to the menu and an increased focus on the nutritional value of the food served. Residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. Nutritional supplements were used when needed. Residents were referred to a dietician as appropriate.

Kitchen staff were familiar with the dietary needs of residents and the communication system between the nursing staff and the kitchen staff, in relation to nutritional matters, was effective.

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):

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

Findings:

Residents were consulted about how the centre was planned and run, through the residents' forum which met monthly. The person in charge and the provider met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents' religious rights are facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick.

Residents' capacity to exercise personal autonomy was well respected. For example, provision was made for adequate storage space for clothing and personal possessions; lockable storage was provided and residents had a choice of when to get up and go to bed. Emphasis was placed on ensuring residents were enabled to make informed decisions about the management of their care through being consulted about their care plans. Facilities for recreation were good and included in-house activities such as art and music. Outdoor activities included access to gardens and outings with family and friends. Community activities included the hosting of parties at Christmas, Halloween and birthdays. Residents and relatives commented on the variety of activities available. When talking about activities, residents stated "there is something on every day". The inspector observed there was a relaxed and friendly atmosphere in the centre.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre reflected this. For example, doors were closed when personal care was being given. Each resident had their own toiletries. Twin rooms had screening curtains. Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Staff showed awareness of the different communication needs of residents and systems were in place to meet the diverse needs of residents. For example, residents with a cognitive impairment were provided with reminiscence therapy. Residents had access to radio, television, newspapers and information on local events.

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):

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

Findings:

A policy on residents' personal property and possessions was in place. Residents could retain control over their own possessions through the provision of adequate space for personal possessions and belonging. Laundry facilities were recently upgraded. The laundry was well organised and a clear system was in place for ensuring clothes were returned to residents. The majority of residents had their laundry carried out in the centre and stated they were satisfied with the laundry service.

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):

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

Findings:

The inspector found the staffing levels and staffing mix were sufficient to meet the needs of residents. The inspector observed staff being attentive to residents and performing their duties in a timely manner. Staff members and residents told the inspector that they felt there was enough staff and that they could respond to residents' needs promptly. A nurse was on duty at all times as per the duty roster and occasionally two nurses were rostered for the same shift. This corresponded with what was observed by the inspector on the day and from what the inspector were told by staff.

Staff spoke of the pleasant working atmosphere and the willingness of the person in

charge and providers to communicate with them. All staff commented on the good support they received from both the person in charge and the providers. Staff stated they enjoyed coming to work and cited good team work as being one of the reasons for their job satisfaction. There were regular staff meetings and the hand over reports at the commencement of each shift were comprehensive.

Staff had completed their mandatory training. Cleaning staff had received specific training in cleaning practices.

The inspector reviewed the personnel files of staff and found that one file did not contain a full employment history. This issue was actioned under documentation in Outcome 5. In the files examined, all other documentation was available.

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:

Margaret O'Regan
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

Centre name:	Norwood Grange
Centre ID:	OSV-0000258
Date of inspection:	23/11/2015
Date of response:	17/12/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Details of one staff member's employment history was not available; the resident's guide needed to be updated to reflect the increase in capacity within the centre; two different assessment tools were used for assessing pressure sore risk and two tools were used for assessing risk of falls; out of date risk assessments were not archived and all fire drills were not documented.

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

1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

- All staff files now contain employment history for everyone.
- The residents guide has been updated to reflect the increase in capacity.
- Only one assessment tool is now being used to assess pressure sore risk.
- Only one assessment tool is now being used to assess the risk of falls.

Proposed Timescale: 17/12/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Records were not always maintained of fire drills conducted.

2. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

- All fire drills will be documented from here on

Proposed Timescale: 17/12/2015

Outcome 13: Complaints procedures**Theme:**

Person-centred care and support

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

It was not always recorded whether or not the resident was satisfied with the outcome of the complaint.

3. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

- Our Director of Nursing is revisiting the few complaints we have had and will enter whether the resident was satisfied or not.
- Should we have any complaints in the future we will include the relevant information.

Proposed Timescale: 17/12/2015