



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Northwood Residential Home
Name of provider:	Bartra Opco (Northwood NH) Limited
Address of centre:	Old Ballymun Road, Northwood, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	10 November 2022
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0038354

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Northwood Residential Home is located on the Ballymun Road, with the convenience of the M50 and M1 and is close to a variety of shops and restaurants. The centre can accommodate 118 residents, male and female over the age of 18 years. There are 100 single bedrooms, and 9 twin bedrooms, all of which are en suite. Northwood Residential Home aims to provide a person-centred, caring and safe alternative for older persons with varied care needs in a professional and empathetic manner.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	80
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 November 2022	07:55hrs to 15:55hrs	Jennifer Smyth	Lead
Thursday 10 November 2022	07:55hrs to 15:55hrs	Geraldine Flannery	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed during the day, the designated centre was a friendly and homely pleasant place to live. Residents' preferences were elicited by staff and their rights were respected in how they spent their days. Throughout the day, the inspector observed that the atmosphere throughout the centre was tranquil.

Following an opening meeting, the inspectors were accompanied on a tour of the premises by a member of management. The centre is located in a residential area of north Dublin, and is set out over five floors. One resident told the inspector that they were delighted having their own personal belongings and memorabilia in their bedroom. Bedrooms were personalised with ornaments, photographs and small items of furniture and media equipment from home, which suited their individual needs and preferences. The bedrooms were also observed to have sufficient storage for residents' personal possessions.

The centre was seen to be bright and clean. There were sufficient communal areas and small comfortable areas where residents could socialise and participate in a range of activities. Resident's framed art work was displayed throughout the centre, and their newsletter had picture collages of the various events and celebrations that residents had enjoyed throughout the year, including, baking and trip to Croke Park. There was a coffee dock area for use by residents, relatives and friends. Residents spoken to chose to sit along the nurses station, they reported they enjoyed watching people pass by.

The person in charge and staff team were committed to providing quality care while respecting residents' choice and independence. The design and layout of the centre promoted a good quality of life for residents. The centre was clean, warm and well-maintained throughout. Residents had access to a number of communal spaces on each floor, including a sitting room and a dining room, which were clean and tidy and furnished comfortably for residents' use.

The inspectors spoke with residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were 'great', and 'so kind'. The inspectors observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors and activities. The rapport and interaction between the staff and residents demonstrated a familiarity with each other, and interactions appeared normal and effortless.

The inspector observed staff assisting residents with their lunchtime meal in a patient and kind manner. Residents were presented with two options of what they wished to eat at both the lunchtime and evening meals. Residents expressed a high level of satisfaction with the food provided. One resident told inspectors that 'the food is very nice', while another stated that 'there was always plenty food'.

A landscaped garden with water feature was situated to the rear of the centre and was easily accessible to residents. There were safe wide paths for residents to safely mobilise along and to view the planting. There were garden furniture for residents and visitors use in the garden. A resident reported they enjoyed watching wild life from his window, a fox had been a frequent visitor in the garden. One resident informed inspectors that staff were 'always kind', while others commented that they were 'helpful'.

There was a smoking hut situated to the rear of the garden which was furnished with adequate seating, several butt bins, heater for use in colder weather conditions, fire extinguisher and fire blanket. There was no call bell available within the smoking area and staff reported residents were accompanied outside to smoke.

Residents spoken with said that there were plenty of activities to choose from. An activities schedule was on display on each floor, and inspectors observed that residents could choose to partake in art, bingo, singing and dance. On the day of inspection, there was a baking session, where residents were observed making the scones. Residents not participating in the baking were being served refreshments and had a karaoke machine playing in the background.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This is a well-managed designated centre, with a management and staff team who are focused on providing a quality service to residents and on improving their well being while living in the centre. There were management structures and resources in place that ensured appropriate care was being provided to residents.

Northwood Residential Home is operated by Bartra Opco(Northwood NH) Limited who is the registered provider. The person in charge works full time in the centre and is supported by the chief operations officer and chief compliance, quality and risk manager who provided clinical, operational and administrative expertise. The person in charge was also supported in her role by an ADON, a team of nurses and carers, who provided personal and social care, and assistance with all activities of daily living to the residents in the centre.

The ground floor is unoccupied in preparation for a planned re-configuration.

The management team used a number of systems to monitor the quality and safety

of the service, such as clinical and operational audits. There was a schedule of planned audits which included falls, nutrition, the environment, medication and infection control.

Governance and management meetings were also held to discuss staffing levels, risk management, complaints, the facilities and areas of the service requiring improvement. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life.

Written policies and procedures to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed.

The inspectors reviewed three contracts for the provision of services and found that they were in line with the regulations. Each clearly specified the terms and conditions of the residents' residency in the centre. Currently twin rooms are being occupied as single rooms, residents are informed on admission that they may have to share in the future if they choose a twin room. Contracts for residents reviewed stated the occupancy of the bedrooms.

There was a complaints policy and procedure in place to deal with complaints received from residents or other stakeholders. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback and appeal. The complaints policy was publicised in key locations within the centre. Residents spoken with in the course of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as supporting residents to use the complaints procedure when required.

## Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance

and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2021 had been completed.

Judgment: Compliant

#### Regulation 24: Contract for the provision of services

Three contracts of care between the resident and the provider were reviewed, and each clearly set out the terms and conditions of their residency in the designated centre.

Judgment: Compliant

#### Regulation 3: Statement of purpose

The statement of purpose contained all the information set out in Schedule 1, which included the conditions of registration. Information regarding the services and facilities was also provided.

Judgment: Compliant

#### Regulation 34: Complaints procedure

The registered provider provided an accessible and effective complaints procedure. Complaints reviewed were seen to be investigated promptly, and the outcome of the complaint and the satisfaction of the complainant were recorded.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had



all been updated to reflect the practices and procedures in the centre.

Judgment: Compliant

## Quality and safety

This is a good service that delivers high quality care to residents. Residents' independence, privacy and dignity were upheld through staff policies and practices. There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

Residents had good access to GP services and other health and social care specialists with the national screening program available to those residents who qualified.

The designated centre has an up to date policy on 'Security of Residents Accounts and Personal Property'. Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. Residents had adequate lockable space to store and maintain personal possessions in their own bedrooms. There was also a designated locked secure area in the Centre for storage of valuables and money for safekeeping. There were representatives on each shift that had access. There was also access to money at weekends, via petty cash. Laundry was carried out externally and residents spoken with confirmed they were happy with the service.

Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks. Inspectors reviewed two resident care plans. One resident was on a diabetic restrictive diet and another with unexplained weight loss. Both care plans reflected appropriate care being provided. A Malnutrition Universal Screening Tool (MUST) assessment was performed on admission and every four months or more regularly if required. Based on the assessments, the care plans contained factors impacting on residents nutrition including, likes, dislikes, ability, required food textures, required fluid consistency, dietary need and level of assistance required for mealtimes. In conjunction with dietician, the chef ensured that the menu was nutritionally balanced for the needs of residents. Food menus were available outside the dining room and on dining room tables providing excellent detail regarding the variety of food, snack and drink choices offered on a daily basis.

Inspectors found the designated centre clean and bright. There were sufficient cleaning staff and equipment and supplies available of personal protective equipment (PPE). Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. Inspectors noted that staff had a good working knowledge of infection, prevention and control.

However, some improvements were required to ensure that infection prevention and

control practices in the centre were effective. Inspectors noted poor adherence to appropriate use of personal protective equipment (PPE), namely face masks which were either not worn or were not worn correctly . This is further discussed under Regulation 27 Infection Control.

### Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were unrestricted. Residents were able to receive visitors in a variety of locations both inside and outside the designated centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Inspectors were assured that residents had access to and as far as possible retained control of their personal property, possessions and finances. This included access to monies at the weekend and lockable space in each bedroom.

Judgment: Compliant

### Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

Judgment: Compliant

### Regulation 18: Food and nutrition

Inspectors were assured that residents were provided with access to fresh drinking water at all times. Choice was offered at mealtimes, and there was adequate quantities of food and drink provided. There was sufficient staff to support and assist residents at lunch time.

Judgment: Compliant

### Regulation 27: Infection control

Improvements was required in a number of areas. For example inspectors noted:

- Poor adherence to appropriate use of personal protective equipment (PPE), namely face masks which were either not worn or were not worn correctly.
- Two hand wash sinks were visibly stained which appeared to be caused by leaking taps.
- There was no water coming out of the hot water tap in the activities room which would impact safe hand hygiene practice.
- Inspectors observed that some seating in the communal areas had fabric covering which was difficult to effectively clean in between use.
- The sluice room door and hairdressing room door containing chemicals was found not locked. This was rectified on the day of inspection.
- Sharps bins were stored on the floor and did not have the temporary closure mechanism engaged when not in use. This posed a risk to staff as they could be exposed to contaminated sharps stored within them. It was also noted that date of assembly was not recorded on sharps bins. One sharp's bin was filled above the recommended line, which posed a risk.
- Inspectors observed single use dressings on a dressing trolley opened and partly used and re-housed in the packet. This could result in cross-infection for residents.
- Inspectors noted loose clean incontinence wear stored in many places including on laundry trolley and in store rooms. This could pose a risk of cross contamination.
- A urinal bottle on a rack in the sluice room appeared stained and it was unclear if washed which posed a risk of cross-contamination. Empty urinals were inappropriately stored on several bathroom floors.
- Inspectors observed that personal hygiene items, such as shampoo and shower gel, were unlabelled in communal bathrooms and on laundry trollies, which created a risk of cross-infection .

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Not all medicinal products were stored securely at the centre, two clinical rooms and two medication fridges were found to be unlocked

Judgment: Substantially compliant

## Regulation 6: Health care

Access to health care was provided to residents having regard to the care plan prepared under Regulation: 5.

Residents had good access to general practitioner and physiotherapy services, and to other medical and health and social care professionals via a referral process. Inspectors also noted that eligible residents were facilitated to access the services of the national screening programme

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Northwood Residential Home OSV-0007785

Inspection ID: MON-0038354

Date of inspection: 10/11/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The PIC will continue to ensure that all staff adhere the appropriate use of PPE especially the wearing of Face Masks. On the night following the inspection on the 10/11/22 the PIC had a meeting with all night staff and reiterated the importance of appropriate wearing of face masks. On the 11/11/22 the PIC ensured that all appropriate signage was in place re the wearing of face masks and instructed all CNM and SN to ensure it remained part of the daily handovers. They also sent an email to all floors on the 11/11/22 re the importance of adhering to the HPSC guidelines on the wearing of face masks. Regular spot checks will be completed to monitor compliance.</p> <p>All Clinical Handwash sinks were reviewed by the House keeping manager on the 08/12/22 and a plan is in place to ensure that they can be cleaned effectively.</p> <p>The issue re the hot water tap was pointed out by the inspector during the inspection and was rectified immediately by the Homes Maintenance Manager on the 10/11/22.</p> <p>A full review was conducted on the 11/11/22 of all communal area furniture to identify what items have fabric coverings. These items while wipeable were removed from frequently used areas and an up-to-date schedule for cleaning was put in place.</p> <p>When the inspector pointed out the issues re the Sharps bins to the PIC on the day of inspection, the PIC immediately ensured that the bin that was filled to above the recommended line was placed in the large yellow which was sealed. They also ensured that all bins that were stored on the floor had the temporary mechanism engaged. The PIC has scheduled a CNM and SN meeting for the week of the 12/12/22 and the importance of noting the assembly date as well as maintenance of Sharps to include the points above will be discussed. Regular checks will be carried out to monitor compliance.</p> <p>All single use dressings were removed on the day and the PIC will discuss the</p>	

appropriate use of single use dressings and all dressings at her meeting during the week of the 12/12/22 with checks in place to ensure ongoing compliance.

The PIC will ensure that all incontinence wear is kept within their packs while been stored on the laundry trollies and in all storerooms. The PIC has placed signs in the storerooms to ensure that staff are kept aware of the potential IPC risk. The PIC will also place this on the agenda for her meeting on the 12/12/22 and regular checks will be completed.

Any urinal bottle that is placed on the racks in the sluice rooms was clean. However, a full review of all urine bottles in the Home was conducted by the Household Manager on the 08/12/22 and any stained urine bottles have been removed. All urine bottles found on the floor of the bathrooms on the morning of the inspection were removed, this will be monitored closely.

All unlabelled shampoos, shower gels were removed once pointed out on the day of the inspection. The PIC will ensure that this practice does not happen in the future. The PIC will place this on the meeting agenda for the 12/12/22 and ensure all staff are fully aware, regular spot checks will also be carried out.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

In relation to the two clinical rooms and fridges found unlocked on the day of the inspection, this was rectified immediately once pointed out by the inspector and all CNM and SN were made aware of the importance of ensuring that both the doors and the fridges are locked at all times when not in use. This will be an agenda item for the CNM and SN meeting on the 12/12/22 and regular spot checks are also in place.



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/12/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	15/12/2022