



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

## Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Limited
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0040851

## About the designated centre

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

Norwood Grange is situated in the quiet countryside of Ballinora, Waterfall, near Cork. It is a single storey building with bedroom accommodation for 30 residents in fourteen single bedrooms and eight twin bedrooms. All but one of the bedrooms are en-suite with toilet, shower and wash hand basin. The centre provides 24 hour nursing care to respite, convalescent and long-term residents. The centre is flexible regarding visiting hours, however, they do advise relatives and friends to avoid mealtimes if at all possible. There is space for sitting outdoors at the front of the home, which is controlled by a coded entrance gate. There is also a secure courtyard to the rear and seating is provided for residents and their visitors.

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

Number of residents on the date of inspection:	29
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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
Wednesday 12 July 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead
Wednesday 12 July 2023	09:00hrs to 17:30hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

Overall, from observations of the inspectors, the registered provider supported residents to have a good quality of life. All residents who spoke with the inspectors were content living in the centre. Inspectors met with the majority residents in the centre on the day of inspection and spoke with five residents in more detail. Feedback from the residents spoken with was positive with inspectors told that staff were great and it was a "wonderful place". Inspectors spoke with a number of visitors that were visiting their loved ones in the centre who were very complimentary about the care and support received by the residents in the centre.

On arrival, the inspectors met with the person in charge. An opening meeting was held and following this, the inspectors were accompanied on a walk around of the centre. During the walk around, the inspectors observed that some residents were up and dressed and chatting in the dining room. Some residents were still having their personal care attended to. Residents were seen coming to the dining room at different times to have their breakfast at a time of their choosing. Residents were having varied types of breakfast which indicated that residents were receiving their preferred foods at this time.

Norwood Grange is a family run designated centre in the rural setting of Ballinora, Waterfall near Cork. The centre is registered for 30 residents and has 14 single rooms and eight twin bedrooms. All except two of the bedrooms had en-suite toilet and shower facilities and the residents in both of these rooms shared a bathroom. The centre was generally clean and warm throughout. The inspectors saw that rooms were spacious and well decorated with residents' personal belongings and photographs. Bedrooms appeared clean and residents who spoke with the inspectors were happy with the standard of cleaning in the centre. However, minor actions were identified in relation to infection control

Inspectors observed that there was a number of communal spaces and rooms in the centre with a lounge, a day room, large dining and recreational room. These three rooms were decorated in a homely style with features such as a piano, grandfather clock and a dresser. Inspectors saw the the residents spent much of their day between the day room and the dining room.

Since the previous inspection work had been completed on the internal courtyard. This was a bright space that residents could enjoy with seating provided for visitors and residents. The gardens surrounding the building were mature and well managed adding much colour to the area.

Staff who spoke with the inspectors knew the residents well. They were very familiar with the routines and activities that the residents enjoyed. Staff were responsive to the needs of the residents and were seen to offer choice to the residents throughout the day of inspection. Staff interacted with the residents in a polite, friendly and

respectful manner.

Inspectors observed the lunchtime experience for the residents. The lunch was a pleasant social occasion and residents chatted throughout. The dining tables had table cloths and flowers on them. Residents that required support and assistance from staff were provided with this. Residents were offered food protectors for their clothes if they wished. Staff interacted appropriately with residents and checked with residents that they were receiving their preferred choice of meal.

There was a varied schedule of activities for the residents to enjoy in the centre. A staff member was dedicated to planning the weekly activities for the residents. On the morning of inspection there was a discussion around current affairs taking place with the residents. A rosary was held with a prayer group that came to the centre, which many of the residents attended. A music session was provided by an external musician in the afternoon of the inspection.

A resident was seeing being facilitated to attend a chiropody appointment outside the centre. Inspectors were informed that it was the choice of the resident to go and attend this particular chiropodist.

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

## Capacity and capability

In general, Norwood Grange was a well-managed centre where residents received good quality care and services. The inspectors found that many of the findings of the previous inspection had been addressed and there were good overall governance systems in the centre, with high levels of compliance found. A review of staffing was required to address a shortfall of cleaning staff on a Sunday when there was no identified cleaning staff present in the centre.

This was an unannounced risk inspection conducted by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Butterfly Care Limited is the registered provider for Norwood Grange Nursing Home. There was a clear governance, management and reporting structure in place. One of the directors of the limited company takes a lead role in the centre and is present on daily basis. The person in charge has been recently appointed and is an appropriately qualified and experienced nurse. The person in charge works in the centre on a full time basis. A newly appointed clinical nurse manager (CNM) was in place to support the person in charge and to be present and take charge in the

person's in charge absence. The management team was also supported by an external clinical governance consultant who provided assistance in areas such as policy development. A team of nurses, health care staff, activities co-ordinator, catering, laundry and cleaning staff were employed to support the management and running of the centre.

Staff were knowledgeable around the needs and rights of the residents. There was a comprehensive training program in place for staff. Training included fire safety, manual handling, infection control and safeguarding of vulnerable adults. This training now took place face to face after previously being online. Some staff required refresher training on fire safety and this had been scheduled with an external provider.

An annual review for 2022 was completed for the quality and safety of residents and actions were identified for areas of improvement for the centre.

A record of all incidents and accidents that occurred in the centre were maintained and logged. Incidents had been notified to the Chief Inspector and this had been done in line with the regulations and in a timely manner. Residents' finances were well managed in a transparent fashion.

Residents were facilitated and encouraged to provide feedback on the service they received and this information was used to improve the service provided. Residents had a say in their service with regular residents' meetings taking place. Complaints were investigated and managed in line with the centre's complaints policy and procedures.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents, and was aware of her responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Overall, although the centre was generally well staffed to meet the needs of 30 residents and taking into account the layout and size of centre. While there was a cleaner in place for six days a week, there was no appropriate person identified to undertake cleaning of the centre on one day at the weekend.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had appropriate access to training for their roles and responsibilities. From a review of the training records it was seen by the inspectors some staff were due to have refresher training in fire safety which was scheduled to be completed in the next number of weeks.

Judgment: Compliant

### Regulation 21: Records

Records were managed in a comprehensive manner and made available to the inspectors on the day of inspection. A number of staff files were examined and had the relevant information set out in Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place in the centre were appropriate for the centre. There were clear lines of responsibility and staff were aware of their roles. The annual review was completed and there were regular consultation meetings with both staff and residents.

Judgment: Compliant



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

Contracts were signed and fees were outlined on them. Room numbers on two of the contracts were updated on the day of inspection to meet the requirements of legislation.

Judgment: Compliant

### Regulation 3: Statement of purpose

Minor amendments were made on the day to ensure the statement of purpose had the correct information required by the regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy was in place. Actions taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre.

Judgment: Compliant

## Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Systems

were in place to protect residents from harm and abuse, and visiting arrangements promoted the well being of residents. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the premises for residents along with infection control measures to improve the quality of life for the residents in the centre.

Visitors were seen coming and going from the centre, with one visitor bringing their family to a chiropody appointment as was the residents wish. Some visitors still used a booking system that was in place during the pandemic to book their visit, as they could book access to certain visiting areas using this method. Visitors spoken with on the day were very satisfied with the care their family members were receiving in the centre.

Overall, the premises was very well maintained and decorated. The outdoor enclosed garden had been enhanced to make the area more appealing for residents to use. There were small areas of damage to a floor and a wall in different residents' rooms which needed to be addressed and chairs in residents rooms and a communal area were scuffed and damaged, which would effect the cleaning of these items.

The inspectors were assured that the residents rights were promoted and protected in the centre. Residents had choice throughout the day as to where they would spend their day, what food they would have and what activities they would undertake. Residents had regular meetings where they could have their concerns addressed and be consulted on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice. There had been significant work undertaken to reduce the number of bedrails used by residents.

The inspectors were assured that residents' medical and health care needs were being met and they had access to health and social care professionals in line with their assessed needs. Residents' care plans were reviewed in a timely manner.

Overall, the inspectors saw that the centre was very clean. Cleaning schedules were in place. However, there were some issues identified with regards to infection control, which are detailed in the regulation further in the report.

There were measures in place to protect against the risk of fire. This included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Personal emergency evacuation plans were in place for all residents. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance.

## Regulation 11: Visits

Visits were facilitated throughout the day in the centre. Visitors spoken with on the

day were very happy with the care given to their loved ones in the centre.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was well maintained. There was adequate outdoor space for the residents to enjoy. However, actions were required:

- there was damage to floor and a wall in different bedrooms
- chairs being used by residents were scuffed and damaged.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

A social dining experience was provided in the centre, with choice made available to residents for mealtimes. Residents were seen having drinks and snacks frequently throughout the day and the food seen by the inspectors was served in an appetising manner.

Judgment: Compliant

### Regulation 26: Risk management

The provider has a risk management policy in place that meets the requirements of the regulation. There was a major incident emergency plan in place should such an incident occur.

Judgment: Compliant

### Regulation 27: Infection control

Some actions had been addressed since the previous inspection such as an infection control lead person had been identified. However further actions needed to be addressed:

- the storage of toiletries of residents in the share bathrooms this could lead to

- cross infection for these residents
- washing of cloths and mop heads at the incorrect temperature meaning effective cleaning of these items could not be assured.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Residents had personal emergency evacuation plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care and GP services. Residents were reviewed by their GP as required. There was appropriate access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropractors.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Use of bedrails in the centre had been reduced considerably since the last

inspection. Staff spoke to residents in a kind and reassuring manner throughout the day. Responsive behaviour training for staff was up to date and had returned to in person training.

Judgment: Compliant

### Regulation 8: Protection

Residents' finances were well managed in the centre and Garda vetting was present in staff files that were viewed. Residents told the inspectors that they felt safe in the centre and had all their needs met.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted on the day of inspection. Residents had access to both group and individual activities during the day, with a dedicated person employed to plan and undertake these. On the day of inspection residents had a prayer group along with a live music session in the afternoon. Residents had access to television, radio and newspaper and were discussing current affairs with staff.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Norwood Grange OSV-0000258

Inspection ID: MON-0040851

Date of inspection: 12/07/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We are happy that you were satisfied with the current staffing levels with the exception of one day for cleaning. Please note the total cleaning hours was in line with guidelines albeit they were spread out over the six days.</p> <p>This had already been identified in our management meeting and we had offered the position to someone in advance of the Inspection, in July. Vetting had been commenced at the time of Inspection but had not been completed as the appointed staff member had to return home at short notice. This staff member has since returned and is now being rostered for Sunday cleaning solely.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Again, we had identified this one area (Rm1) in our H&amp;S meeting minutes dated May 25th 23, this room has already been measured for replacement as well as the Carpet in the Reception area.</p> <p>In relation to the walls, many had been fixed atv time of inspection but had not been painted due to Annual leave. Now complete.</p> <p>With regards chairs mentioned, these too had been booked for re-upholstery in advance of the Inspection and this happened the week after inspection.</p> <p>They are now in situ in the reception area and the sitting room. This will be on-going as the need arises.</p>	



Sadly extensive cleaning has damaged furniture and this is reviewed regularly during health and safety audits.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Mops and cloths are now washed at the recommended 60 degrees.

Bathroom Cabinets will have a division inserted to separate one Residents toiletries from another.

All rooms will be fit with closed Bathroom Cabinets by Q4 23.

Sunday cleaning has re-commenced.

## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	12/07/2023

	control of healthcare associated infections published by the Authority are implemented by staff.			
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