



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Newtownpark House
Name of provider:	Nursing & Caring Services Limited
Address of centre:	Newtownpark Avenue, Blackrock, Co. Dublin
Type of inspection:	Announced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0033297

About the designated centre

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

Newtownpark House is a nursing home, located in Blackrock, Co. Dublin and can accommodate 62 residents, male and female over the age of 18. The centre provides 24-hour nursing care to long term residents with low, medium, high and maximum dependency levels. With the support of individual nursing care, each resident is encouraged to reach and maintain their full potential in terms of independence, ability and quality of life.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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 15 November 2023	08:15hrs to 17:15hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations, it was evident that residents living in the centre received a high standard of quality and personalised care. Throughout the day, the atmosphere in the centre was relaxed and calm.

This was a one day announced inspection to monitor compliance with the "Care and Welfare of residents in Designated Centres for older people, Regulations 2013". On the day of inspection the inspector was met by a member of the administration team, who guided them through the sign in procedure. After a brief introductory meeting the person in charge and assistant director of nursing, escorted the inspector on a tour of the premises.

Newtownpark House is set out over two houses, The Conlon Wing and the Keane Wing. The Keane Wing has 28 bedrooms, three of which are double occupancy, and the Conlon Wing has 32 single bedrooms. The majority of bedrooms are en-suite, most of which have showering facilities in them.

Residents' bedrooms were clean, warm and comfortable and had a homely feel to them. Many residents had personalised their rooms with photographs and personal possessions from their homes. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and most bedrooms had lockable storage space if they wished to use it.

The inspector observed that many residents were up and dressed and participating in activities, during their walk around the centre. Many residents were seen to have the national newspapers. Activity notice boards throughout the centre clearly showed the planned activities for the week ahead, while TV screens around the centre displayed the activity schedule for that particular day. The inspector observed a wide range of activities planned during the week, including religious services, bingo, exercise classes and hairdressing. One resident told the inspector that "there was loads to keep them occupied during the day". While another resident said it was their choice to participate in activities and on some days they didn't want to participate. There was no issue with this and the resident described having plenty of choice of other areas to sit in while activities were taking place.

The inspector observed that dinnertime in the centre's dining rooms, across the two houses, was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff and there was a constant sound of laughter coming from many tables. The daily menu was displayed on a TV screen in the dining room, making it easier for residents to see. There were two choices available for dinner and hot and cold options available at tea time. The lunch was observed to be well presented, warm and with ample amounts on the plate. The meals were home cooked on site. There was an appropriate level of supervision and help for residents, who required it, in both dining rooms. Residents were also offered frequent drinks and snacks

throughout the day, which on the day of inspection included freshly baked scones and pastry cakes as well as a choice of yogurts and biscuits.

The centre was observed by the inspector to be clean and well maintained. Each house had a variety of small and large communal areas for use, including dining facilities. These rooms were seen to be clean, bright, comfortable and tastefully decorated, suited to the purpose of their use. However, it was found that the oratory had recently been reconfigured and refurbished to serve as a multi-purpose activity room. This including a hairdressing space and a kitchen unit with a fitted sink and draining board. Further changes were identified during the tour of the building, including a reconfiguration of the attic space, in the Conlon Wing, to provide a staff changing area with shower facilities. The centre was registered to have storage space in this area.

The inspector spoke with many residents and some visitors on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences residing in the centre. One resident said the staff felt like family and couldn't do enough to help them. Another resident said help was always close by and you never had to wait long for assistance. Visitors also echoed the feelings of residents and said they were always made feel welcome when visiting and were assured that their loved ones were well looked after.

The next two sections of the 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

Overall, the findings of this inspection were that Newtownpark house was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector found that residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. However, some gaps were identified including failure to engage with the chief inspector regarding changes to footprint of the centre, found on the day of inspection, and oversight of appropriate personal fire evacuation plans for residents.

There was a clear governance and management structure in place in the centre. The person in charge who worked Monday to Friday was responsible for the care of the residents and the delivery of services. They were supported in their role by the assistant director of nursing. Other staff members include nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. Regular meetings took place between staff, management and the registered

provider to ensure clear lines of communication and accountability and oversight of the service being provided.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. The staffing levels and skill-mix were appropriate to meet the assessed needs of the residents.

A sample of resident contracts were reviewed on the day of inspection which clearly set out the terms and conditions of the service. However, the occupancy for double occupancy rooms was stated as single occupancy on resident contracts.

There was a complaints procedure in place which complied with the updated regulatory requirements. Inspectors reviewed the complaints log from 2023 and found there was a low level of complaints received within the designated centre.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff relating to the assessed needs of the residents and the size and layout of the designated centre. There was a number of registered nurses on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure the designated centre was operated at all times in line with condition 1 of their registration particularly in line with their statement of purpose. Specifically, the registered provider did not inform the Chief Inspector of Social Social services of the changes of the footprint made in the centre. These changes included the re-purposing of the oratory to a multi-purpose space, including hairdressing facilities. Store rooms in house 2 had been reconstructed to provide changing and shower facilities for staff and a bath, in

house one had also been removed and replaced with a shower and the adjacent shower room was now a store room.

Contracts for residents in multi-occupancy rooms inaccurately recorded single occupancy and not double occupancy, for which they were registered.

The registered provider had failed to ensure that the management systems in place, with regard to evacuation procedures in the event of a fire, were safe, appropriate, consistent and effectively monitored. This is further discussed under Regulation 28.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for residents residing in double rooms stated that they were single occupancy rooms on their contracts.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy and procedure was updated in line with the regulations. Complaints were investigated promptly. Information about the procedure was available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were reviewed and updated in line with regulatory requirements.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to inform the Office of the Chief Inspector of the intended changes in respect of the footprint of the centre and submit an application for the variation of Condition 1 of the registration and the relevant reasons for the variation of this condition. Changes made to the footprint of the centre were already in use on the day of inspection, prior to an application to vary condition 1 being submitted.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. The religious needs of the residents were also catered for. Residents were seen to have televisions and radios in their bedrooms.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. The majority of the staff team had completed safeguarding training.

Pharmacy services were provided by an external contractor who supplied a digital system of medication administration and provided support and services around pharmaceutical training, policies and medication audits. The digital system in use had recently been installed in the centre. Nurses were observed to follow the prescriptions when administering medication ensuring safe administration for residents. Medications were stored securely within the designated centre.

A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

The registered provider had prepared a residents guide in respect of the designated centre, which had been prepared in line with the regulatory requirements. The information included a summary of the services and facilities in the designated centre. It also included information on the complaints procedure including external complaints processes and information on advocacy services.

Much improvement had been made to the oversight of fire safety in the centre, since the previous inspection. However, a review of a sample of personal emergency evacuation plans identified gaps in the assessment of residents needs in the event of evacuation. This is further discussed under regulation 28.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including ophthalmology and audiology. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Appropriate choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents, with assistance available to those residents who required it. Residents were facilitated to eat their meals wherever they chose too. Snacks and refreshments were available throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a information for resident's guide, that was inclusive of all the information as detailed under the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had failed to oversee that adequate individualised evacuation plans were in place for use, in the event of a fire requiring evacuation. For example three residents on the top floor, had personal emergency evacuation plans that stated that wheelchairs were required for evacuation. However, in the event of a fire lifts could not be used to bring residents downstairs, if required, in a wheelchair.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Medications were stored securely in the centre and a locked fridge was available for medications that required refrigeration. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills and training to deal with responsive behaviours. Care plans adequately recorded resident's needs. Use of restraint was used only in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including staff training. All recent incidents or allegations of abuse were appropriately investigated and followed their safe-guarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided a varied programme of recreation and opportunities for residents to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television and the Internet. There was an independent advocacy service available to residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newtownpark House OSV-000075

Inspection ID: MON-0033297

Date of inspection: 15/11/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>New Floor Plans, SOP and applications to vary were submitted on 30th December, the PIC will provide oversight to ensure any changes to the facility will be notified in line with regulations.</p> <p>Contracts for the 3 double rooms have been changed to reflect that they are double rooms but are being used as single rooms for the duration of the residents stay. This will also be reflected in future contracts for these rooms as per regulation 24.</p> <p>PEEP’s have also been updated to state that residents who use wheelchairs will now require ski sheets to facilitate vertical evacuation should it be required as per regulation 23.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract of 3 double rooms have been updated to reflect that they will remain single occupancy during the residents stay. New contracts will state when room is double occupancy but will remain single occupancy throughout their stay.</p>	

<p>Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: Applications by registered providers for the variation or removal of conditions of registration: Floor plans and SOP were amended and submitted with application to vary on 30TH December reflecting changes made to the facility.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEP's are reviewed and updated to reflect horizontal evacuation. PEEP's are updated to state that ski sheets are required. PEEP's checked monthly or more frequently if required and sign off sheet in situ in folder</p>	

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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Not Compliant	Orange	31/12/2023

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/11/2023
Regulation 24(1)	The registered provider shall	Substantially Compliant	Yellow	31/12/2023

	agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	16/11/2023