Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Newtownpark House
Centre ID:	OSV-0000075
Centre address:	Newtownpark Avenue, Blackrock, Co. Dublin.
Telephone number:	01 288 7403
Email address:	info@ntph.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nursing & Caring Services Limited
Lead inspector:	Michael Dunne
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 September 2019 10:00	03 September 2019 19:00
03 September 2019 10:00	03 September 2019 19:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection which focused on six specific outcomes related to how the provider met the needs of residents, with particular reference to residents living with dementia. The provider completed a self-assessment questionnaire during the inspection in which they determined their own compliance. During the inspection, inspectors found some issues for improvement related to fire safety arrangements, which are referred to under Outcome 7: Health and Safety and Risk Management. Additional areas for improvements relate to staff training and supervision.

Inspectors met with residents, family members and staff in the course of the inspection. They also reviewed documentation such as risk assessments, medical

records, policies and procedures and records from allied health professionals. There was evidence of good access to specialist and allied health professionals and that advice and guidance was incorporated into residents care plans.

A number of residents presenting with a diagnosis of dementia had their care plans reviewed from admission. Staff interaction with residents and care practices were observed and scored using a validated observation tool.

The centre provided a service for residents requiring long term care and support including residents with dementia. At the time of the inspection there were 59 residents accommodated with 69% of those presenting with dementia.

Inspectors found that residents received a personal approach from staff that respected their privacy and dignity. Care records were well written with a strong focus on the individual preferences of the residents.

There was a programme of activities available for residents to follow. It was observed that residents who required additional support from staff to engage in activities were given this support in a person centered way.

Residents mentioned that they found the home to be comfortable, clean and well maintained and all spoken with were complimentary about their bedrooms in terms of space and available facilities.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were arrangements in place to ensure residents health and social care needs were maintained by a good standard of nursing care and social care interventions.

There were arrangements in place which ensured when residents were admitted, discharged or transferred that appropriate and relevant information was available about their care arrangements and that this information was shared with the relevant services.

Inspectors reviewed a number of pre-admission assessments that were carried out prior to residents being admitted and found that they identified whether the residents needs could be met by the centre. On admission a comprehensive assessment was created for each resident focusing on activities of daily living including cognition, mobility, eating and drinking, communication and personal care. There was also a focus on resident's social well-being.

Records showed that a range of nursing based tools were used to monitor the risk of falls, malnutrition and skin integrity. This information was used effectively to maintain residents health and well-being.

Care plans were created on the basis of information collected from assessments and provided clear guidance on how these needs were to be met. Care plans seen were well written and easy to follow which allowed for existing interventions to be monitored and reviewed as to their effectiveness. The inspectors found that care plans took account of resident's preferences and there was evidence to show that these preferences were incorporated into their individual care plans.

Residents with specific communication needs had care plans in place which not only supported their needs but did so in a person centred manner taking into account residents individual needs and wishes. There was evidence seen where restrictive practices were used to care for a resident such as the use of bedrails ,that these practices were reviewed on a regular basis and where appropriate the use of least restrictive options were trialed.

All care plans seen had a specific section on end of life care. Resident's views regarding their last wishes were clearly documented. Residents were supported in a sensitive manner when discussing end of life care and where appropriate family members were encouraged to be involved in this process.

There were arrangements in place where residents could avail of a weekly GP visit or as and when they required it. Residents could retain their existing GP prior to entering the home .There were clear arrangements in place for out of hour's access to GP services.

Residents mental health needs were maintained through clear and well established links with statutory mental health services and there was evidence that where specialist advice had been given that care plans were amended to incorporate this advice. Records also showed that there were effective links established with other medical professionals such as dieticians, speech and language therapists (SALT) and occupational therapists. There was a physiotherapist direct employed by the centre and was available three days a week, access to other primary care services such as opticians, dentists and chiropody were made via referral to community services.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were measures in place to promote resident safety and protect them from abuse.

The centre maintained a policy on safeguarding of vulnerable adults which provided guidance on assessment and reporting procedures and an investigation process. The policy also detailed the types of abuse that can occur and guidance on when to refer to external agencies. Staff spoken with during the inspection were knowledgeable about the types of abuse that could occur in a care setting and were able to give practical examples of when they would need to report issues of concern.

A significant number of staff did not have up to date training in safeguarding, this is dealt with in more detail in outcome 5 of the inspection report.

Residents spoken with confirmed that they felt safe in the centre. Residents said that they had opportunities to raise issues with staff at any time. There were many examples seen where staff supported residents in a person centred manner. Residents who required assistance with mobilising were responded to in a timely fashion with staff

liaising with residents in a manner that respected their communication capabilities. There was evidence that call bells were being responded to promptly.
There were policies in place to care for residents that presented with behaviours that challenged linked to the psychological symptoms of dementia. The policy outlined the interventions and assessments that were required to support residents with these needs.

Care plans reviewed in the course of the inspection confirmed the centre was able to identify these risks through the use of assessment and behavioural tools to identify and create effective care interventions to meet these needs.

There was a policy in place which guided staff around the use of restrictive practices. Where restrictive practices were in use such as bedrails, they were supported by an assessment detailing the rationale for their use. Care plans detailed how the restrictive practice was to be managed on a day to day basis and there was evidence to show that this was reviewed at regular intervals. Assessments reviewed also indicated that the centre had trialled least restrictive alternatives such as low entry beds.

Inspectors reviewed arrangements for safeguarding resident's finances and found the process to be in line with national policy and guidance.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported to play a meaningful role in the organisation of the centre. Resident meetings were held every three months where residents were supported to give feedback on the services provided. Residents were also consulted by means of a resident satisfaction survey which asked for residents views on key aspects of service delivery such as commenting on the food and activities provided by the centre and the quality of the care support provided. This Information was used by the centre to improve services going forward and assisted in the creation of the centers annual plan. There was information located in the centre for independent advocacy services that residents could use.

Residents were encouraged to make their own choices and remain independent. Residents told the inspectors that they could get up when they wished and liked being able to have their breakfast in their own room. There was no restriction on visitors and there were opportunities available for residents to maintain links with the local

community.

The inspectors spoke with a number of residents who confirmed that they were engaged by the staff team to gain their views of many aspects of their care. Residents told the inspector that they felt valued and respected because their views were being sought about the services provided. Residents mentioned that staff provided care in a person centered manner and were responsive to the way residents wanted their care to be delivered. Inspectors observed residents to be well groomed and appropriately dressed. Residents were seen to be using various types of mobility equipment which facilitated their independence.

Residents' independence and autonomy was respected and promoted in the centre. There was a range of meaningful activities arranged to support residents with dementia. Regular sonas activity sessions were arranged where these activities were based on providing multi-sensory therapeutic support for residents with dementia care needs. Where residents were unable to attend group activity sessions then this was provided by one-to-one support by the staff team. Care staff also provided one to one support for residents who wished to use the garden facilities.

Part of this inspection concentrated on a planned direct observation of staff and resident interaction as opposed to observation of regular daily care observations. The inspector observed a lunchtime interaction and found that staff provided residents with the required support which acknowledged them as individuals. Staff spoke with residents in a respectful manner, they explained why they were there and took time for residents to respond. Language used by staff was appropriate and supportive. When residents required help with their mobility this was done in an unhurried way, respectful of other residents who had yet to finish their meal.

Resident bedrooms were tastefully decorated with residents encouraged and assisted to personalize their personal space. There were sufficient storage space available for residents to store their personal items or to receive guests in private

Residents told the inspector that they were assisted to vote in local and national elections.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had a procedure for people to make complaints which was posted prominently in the centre and clearly identified the primary contact persons. A record was maintained of complaints received by the provider which outlined the matters raised, the engagement and correspondence between the provider and the complainant, and the outcome of the investigation or process. The provider had identified avenues for the complainant to pursue should they not be satisfied with the outcome of the complaint at a local level. Verbal complaints and complaints voiced by residents to staff on the floor were treated with the same level of seriousness and attention as those received formally in writing. In discussion with inspectors, the provider understood that complaints which constitute allegations of misconduct by staff would be notified to the chief inspector. Residents and their relatives who spoke with inspectors said they would feel comfortable making a complaint and knew with whom they could raise any issues.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The staff in the designated centre were knowledgeable of the residents, their needs, personalities and preferences. Inspectors observed staff speaking with residents in a polite, patient and friendly manner with good person centred interactions and dementia friendly methods of engagement. When assisting residents, staff were discreet and respectful of residents' dignity, guiding the resident when transferring or mobilising and ensuring the person was comfortable. Call bells were answered in a timely fashion. Residents spoke positively to inspectors about the staff of the centre.

A roster was in place in the centre which reflected any shift changes or absences. Of a sample of personnel files reviewed, staff had all documentation required under Schedule 2 of the regulations in place, including evidence of qualifications and vetting by An Garda Síochána.

Staff were provided with mandatory training in manual handling, fire safety and safeguarding of vulnerable adults. However, some staff were overdue to attend refresher training sessions in these in line with the timeframes of centre policy. There were substantial gaps in provision of safeguarding training, particularly among more recently recruited members of staff. Some of these rostered staff members were scheduled to attend refresher training a month from the day of inspection. There were also gaps in staff undergoing supervision and appraisal processes as per the centre

policy.

There was a sufficient number and skill-mix of staff on duty during the inspection to attend to residents' general needs and assistance. Inspectors were not assured that staffing resources during the night would be sufficient in the event of an emergency evacuation as an actual or simulated evacuation drill has not taken place. This is referred to as an action under Outcome 7 of this report.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The premises consisted of two houses of single and double occupancy bedrooms. The provider advised inspectors that rooms registered as twin bedrooms would only be used as such by couples and would otherwise provide private single bedrooms for all residents. All bedrooms were nicely decorated with adequate storage for clothing and belongings. There was space in bedrooms for residents to personalise their bedrooms with photographs, ornaments, artwork, soft furnishings, and furniture from home such as dressers or favourite armchairs. The majority of residents had private en-suite facilities, and bedrooms which did not were in close proximity to accessible toilet and showering options off the bedroom corridors. All bedrooms and communal areas of the centre were equipped with emergency call bells.

The centre was generally safe for people to navigate. Handrails lined all corridors, and stairwells and internal staircases were secured as a safety measure. There was an elevator in each building to safely travel between floors, and residents who could navigate safely without assistance were provided codes for the main entrance. The provider had recently replaced bedrooms doors with fire containment doors and as such had not yet replaced bedroom numbers and other means of identifying bedrooms and assuring or confirming to residents with visual or cognitive impairments that they were at their own bedroom. From a dementia design perspective, signage and use of colour required review to assist residents to orient and navigate themselves independently.

There was a dining room in each house, and the provider explained to inspectors how while the designated dining rooms were not large enough to accommodate every resident at once, the seating in these rooms was kept under continuous review, based on the changing assistance requirements and preferences of residents, as to whether multiple sitting for lunch were required. Residents were observed being served their

dinner, hot and straight from the kitchen, in the bedrooms or other areas of the building. Each house had its own equipped kitchen. Laundering of residents' clothing was done onsite. There was a large oratory in which religious services took place. There was sufficient designated storage for equipment such as hoists.

There were multiple communal areas and sunrooms in each house and these were all observed being used by residents to relax, read the paper, received their visitors, socialise and participate in activities. The premises included pleasant outdoor space which was secure and safe to use. This garden area included planting boxes, walking path network, putting green and bird feeders and residents were observed enjoying these alone or with assistance. The centre had a no smoking policy for the building and grounds.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was in the process of updating parts of the buildings to equip bedrooms and communal rooms with self-closing fire containment doors. While House 1, the older of the two buildings, had new fire doors in place, the doors had not been equipped with bedroom numbers or other identifying signage to make it clear in an emergency where residents would be found. A large number of doors to bedrooms or other rooms in House 2, had door hooks or wedges in place which prevented the doors from effectively containing smoke and flame in the event of a fire. Some of the doors which were equipped with devices to hold the door open and release in the event of an alarm trigger were not working on the day of inspection, but those identified had been resolved before the end of the inspection.

Some areas of the centre did not have a running man sign visible to clearly identify the route of evacuation to follow. Some final exits had their lights recently replaced without the running man sign to confirm them as a final exit for evacuation as per the emergency plan.

The centre premises was divided into compartments and staff were knowledgeable on the principles of progressive horizontal evacuation of residents out of these compartments. Staff were also familiar with the requirements of residents to mobilise in the event of an evacuation, and had received training in fire safety procedures.

Fire drills were conducted in the centre which measured staff response to alarms but did not feature any real or simulated evacuation of residents. Therefore the drills did not identify times or potential delays to evacuating residents from compartments based on their size, layout, dependency levels, number of staff, and evacuation route options. As a result, the provider could not be assured that resources were sufficient to support an effective evacuation, for example, at night when staffing is at its lowest.

The centre was equipped with sufficient equipment for extinguishing fire and routine maintenance and checks were carried out on these. No evacuation routes were obstructed on the day of inspection and assembly points were identified should the building need to be vacated.

Judgment:
Non Compliant - Moderate

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:

Michael Dunne
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 report[1]

Centre name:	Newtownpark House
Centre ID:	OSV-0000075
Date of inspection:	03/09/2019
Date of response:	

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 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A number of staff had not attended training in safeguarding of vulnerable adults, or had not attended refresher training as per the timeframes required by the provider.

1. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Please state the actions you have taken or are planning to take:
All new staff will attend a course on 9th October, this had been organized prior to the inspection. This training was arranged prior to the inspection as a date in June had been cancelled by the trainer to unforeseen medical reasons.

The staff who were due refresher training when they went out of date in June 2019 will do so between the sessions booked fo r9th October and 7th November. This will ensure that all staff will be trained and up to date by 9th November.

Newtownpark has updated the Safeguarding Policy to dictate training every 3 years as opposed to every 2 years to keep in line with Safeguarding Ireland training intervals.

Proposed Timescale: 07/11/2019

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff in the designated centre received an annual appraisal as part of the centre's supervision policy and procedure.

2. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
All new staff complete a supervised induction programme and are then required to do an appraisal at the end of their first year.

All staff appraisals will be conducted annually with their line manager.

All staff are supervised by their line manager on an ongoing basis.

Proposed Timescale: 30/10/2019

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not consistently been provided with sessions of mandatory training in line with centre policy.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All new staff attend patient handling prior to commencement, a small number of staff are due refresher course.

The centre's policy was changed to reflect that this is require every 3 years instead of 2 years.

Some staff were due Fire training update in September and attended training on 14th September.

All new staff will attend a course on 9th October, this had been organized prior to the inspection. This training was arranged prior to the inspection as a date in June had been cancelled by the trainer due to unforeseen medical reasons.

The staff who were due refresher training when they went of date in June 2019 will do so between the sessions booked for 9th October and 7th November. This will ensure that all staff will be trained and up to date by 9th November.

Newtownpark has updated the Safeguarding Policy to dictate training every 3 years as opposed to every 2 years to keep in line with Safeguarding Ireland training intervals.

The training matrix will be monitored on an ongoing basis to ensure all training is up to date.

Proposed Timescale: 31/10/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The use of signage of the building required review, to assist residents with impaired vision or cognition to navigate and orient themselves to the building, or to be assured that they were at their own bedroom.

4. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
All doors numbers replaced on doors prior to painting.

This was done on the day following the inspection.

Proposed Timescale: 04/09/2019

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Running man exit signs and lights were missing or not visible from some areas of the building to clearly identify routes of escape.

5. Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
New exit signs have been fitted with running man signs; this was completed on 04/09/19.
We had engaged contractors in early 2019 to upgrade our fire compliance by doing the following:
• Fitting extra running man signs.
• Fitting Emergency lights in all bathrooms, resident's bedrooms and en suites.
• Improved emergency lighting in all common areas.
• Replacing fire doors and frames
• Replacing existing door closers with free swing door closers connected to fire alarm system

Proposed Timescale: 31/05/2020

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Door signage identifying rooms numbers had not been replaced to identify where residents would be found by persons assisting them to evacuate as per the emergency plan and fire maps.

6. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
All doors numbers replaced on doors prior to painting. This was done on the day

following the inspection.

Proposed Timescale: 04/09/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drills did not identify whether resources were sufficient to evacuate a compartment effectively in the event of a fire.

7. 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:
• One simulated evacuation of a compartment has been carried out with a further 2 to take place.
• A total of 18 Fire drills have been carried out to date in 2019

Proposed Timescale: 29/11/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A large number of doors were wedged or hooked open, preventing them from effectively containing smoke and flame in the event of fire.

8. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
• All wedges and hooks have been removed.
• We are undergoing a programme of replacing existing door closers with free swing fire door closers connected to the fire alarm system.

Proposed Timescale: 31/05/2020