



# 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:	04 June 2021
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0033173

## 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 110 single bedrooms, and 4 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:	45
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## How we inspect

To prepare for this inspection the inspector or 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
Friday 4 June 2021	09:00hrs to 18:05hrs	Michael Dunne	Lead
Friday 4 June 2021	09:00hrs to 18:05hrs	Margaret Keaveney	Support

## What residents told us and what inspectors observed

The overall feedback received from residents on the day of the inspection was that they felt safe and secure. Residents who spoke to inspectors mentioned that they liked living in centre. Throughout the day inspectors noted that residents were relaxed, well groomed and comfortable in the environment. Staff interactions were kind and person centred in nature and inspectors noted that staff knew residents well. Inspectors observed that residents were relaxed and at ease in the company of staff. Residents told inspectors that the staff were very kind and caring.

This was an unannounced inspection and on arrival to the centre, inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, hand hygiene and the wearing of a face mask. The centre is located in the Ballymun area of North Dublin and was laid out over four floors. At the time of the inspection residents were accommodated on the ground, second and third floors. The centre was well decorated and well maintained and suitable for the needs of the residents living in the centre.

The results of a resident's survey completed in January 2021 indicated that the residents were aware of the centres' complaints procedure and overall were satisfied with how their complaints were managed. Inspectors saw evidence that in managing one residents complaint on the food provided, the resident and a member of their family met with the centre's chef and had been invited to dine in the centre. Their satisfaction with the quality and temperature of the food was recorded.

Residents spoken with told inspectors that they were happy living in the centre and that they felt safe. The inspector observed that the corridors were wide, bright and that there were sufficient communal areas and small comfortable areas where residents could socialise and participate in a wide range of activities. Inspectors saw that some communal areas were decorated with resident's artwork. There was a landscaped garden with a water feature and seating that residents could enjoy and a smoking hut for use during inclement weather.

There was a coffee dock area for use by residents, relatives and friends during visits. Inspectors observed that residents could also receive visitors in other dedicated areas. The visiting arrangements in place limited visiting to 2pm to 5pm Monday to Saturday, thus ensuring all residents' personal care and mealtimes were uninterrupted. Inspectors observed many visits happening during the day of the inspection and residents and visitors spoken with reported that they were happy with the visiting arrangements.

Residents were encouraged to personalise their bedrooms. One resident pointed out to inspectors a photograph of a fox that a staff member had taken and printed for them. The resident told inspectors that the fox visited their window nightly and that

this gave them great pleasure.

Inspectors observed an activity session which was enjoyed by all the residents present, it was evident that residents were in receipt of the appropriate levels of support for them to engage and participate in a meaningful manner. In circumstances where residents needed additional intervention and support inspectors observed that this was provided in a timely manner.

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 on how these arrangements impact on the quality and safety of the service delivered.

## Capacity and capability

This inspection was unannounced to monitor compliance with regulations. Overall this centre demonstrated its sustained capacity and capability to deliver a safe service to residents. Residents received good care and support, and the layout of the building provided them with plenty of space. Residents were able to make choices on how they spent their day.

Bartra Opco (Northwood NH) Limited is the registered provider for Northwood Residential Home. There was a clear management structure and the responsibilities and the lines of authority of varied personnel were evident. The structure was understood by staff who understood the reporting structure. The person in charge (PIC) had recently departed from the organisation, but a person had immediately been assigned to the role. Inspectors were assured that the care and safety of residents was maintained during this transition. Both residents and their families had been informed of the change in personnel.

There was evidence that effective leadership, governance and management systems were in place. The centre's senior management team met with the registered provider monthly. An operations meeting was also held monthly during which the person in charge met with the clinical, household, catering and maintenance leads. At both meetings the business and general operation of the service was discussed. There was evidence of regular oversight of the quality of care delivered and the overall service provided to residents. For example, regular care and service audits were completed that included care plans, falls, restraint use, staff training, incidents, complaints management and medicines management. An annual review of the quality and safety of care had been completed in consultation with residents and their families. Inspectors saw that the provider had developed a COVID-19 Contingency plan which had been reviewed and amended as necessary.

The staffing numbers and skill mix on the day of the inspection were sufficient to meet the needs residents. Inspectors examined staff rosters for three weeks and found the planned and actual rosters were maintained with subsequent changes recorded as necessary. The supervision of staff was good and staff reported that

they felt well supported. The provider was seen to be actively recruiting additional staff to ensure that staffing levels remained adequate as admissions increased and to meet the assessed needs of all residents. Inspectors were informed that a number of nursing staff were due to commence work in the weeks following the inspection.

All staff had mandatory training in place. The registered provider informed inspectors that plans were progressing to supplement online safeguarding of vulnerable adults training with in-person training. Supplementary training was also offered to staff on nutrition and feeding, cardio pulmonary resuscitation, medicines management, dementia and responsive behaviours and restrictive practices.

Residents spoken with confirmed that they were listened to by staff. They said that they were aware of how to make a complaint should they have a view on the service and that they felt comfortable doing so. Inspectors saw that some improvements were needed in recording of verbal complaints made to staff so that the practice reflected that stated in the complaints policy. On the day of the inspection the management team committed to review their processes around such verbal complaints and other feedback from residents outside of residents meetings.

### Regulation 15: Staffing

There were sufficient staff resources to meet the assessed clinical needs of residents, having regard to the size and layout of the centre. Inspectors observed that registered nurses were on site during the day and the night to oversee the clinical needs of the residents.

The staffing roster reflected the staff on duty on the day of inspection and there were arrangements in place to provide cover for any planned or unplanned leave.

Judgment: Compliant

### Regulation 16: Training and staff development

Records viewed by inspectors confirmed that mandatory courses had been completed by staff within the centre including fire training and the safeguarding of vulnerable adults. Online training in infection prevention and control had been completed by staff including COVID-19 specific training and donning and doffing (putting on and off) of Personal Protective Equipment (PPE).

Staff confirmed to inspectors that they had access to appropriate training and were

well supervised to support them in their roles within the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure with clearly defined lines of authority and accountability in all areas of care provision. The provider had a robust governance and management structure in place, with suitable arrangements for oversight of the service. Clear management systems were in place to monitor and evaluate the effectiveness of the service. There was a schedule of clinical and operational audits which had been completed up to the date of the inspection.

The centre was appropriately resourced to ensure the effective delivery of care in accordance with the centre's statement of purpose. The person in charge was supported by an assistant director of nursing and a team of clinical, catering, household and maintenance staff and had good support from the registered provider's senior management team.

An annual review report on the quality and safety of care and quality of life for residents was available for 2020 and had been completed in consultation with residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in the centre and available to inform visitors and families on the management of complaints. The procedure reflected the legislative requirements.

The person in charge had responsibility for managing complaints and to ensure that complaints were responded to appropriately and records kept as required. The records confirmed that complaints received were dealt with, appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place. All complaints reviewed by inspectors were closed.

Contact details for independent advocacy services were available for residents if required.

Judgment: Compliant



## Quality and safety

Overall the lived experience for residents residing in this centre was a positive one with residents well being and welfare maintained by a good standard of evidence based care and support. Residents told inspectors that they felt safe and that staff were kind and considerate. Staff were confident that they knew their role in safeguarding residents and mentioned that they could refer to the safeguarding policy for additional guidance. There was good oversight provided by the management team when concerns arose.

Care plans were well constructed and based on person centred approaches which incorporated residents views and choices. Care records confirmed that resident consent was obtained when required or through appropriate persons if the resident was unable to give it. There was a dedicated programme of activities which residents enjoyed with provision in place for residents who needed more individual support. Residents views were sought by the provider on a regular basis and more formally through resident satisfaction surveys.

Residents with responsive behavioural needs were provided with sufficient care and support to meet their identified needs. Staff working on the day were aware of resident needs and were able to respond in a manner that preserved residents dignity and autonomy.

Residents' access to their families and friends was facilitated and there were numerous areas within the home allocated for visits. During the period of restricted visiting residents were supported to maintain contact with their families through the use of social media platforms. The registered provider had arrangements in place for compassionate visiting whilst maintaining robust infection prevention and control protocols.

The centre had arrangements in place to monitor and manage the health and safety risks within the centre. There was a risk policy and procedure and risk register in the centre which was well maintained and updated. The centre had compiled a comprehensive list of both clinical and operational risks. Identified risks were controlled through the risk assessment process where risks were identified and control measures put in place to reduce risks. The risk policy and risk register were reviewed at regular intervals. Risk was discussed at Health and Safety meetings which presented the provider with good oversight over this area of the service.

The registered provider was implementing procedures in line with best practice for infection control. There was clinical oversight in place to maintain an infection free environment. All staff had up to date infection, prevention and control training and were observed to maintain effective infection control protocols throughout the inspection such as regular hand hygiene and appropriate PPE adherence. The centre was not impacted adversely by COVID-19 but had preparedness plans and

contingencies in place to deal with such an event.

The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Housekeeping staff applied the cleaning procedures which ensured a safe environment for residents and staff.

Effective management of fire policies meant that residents were living in a safe environment. Staff were up to date with their fire training and were able to describe their role in maintaining a safe environment for residents and staff and visitors.

The centre was bright, clean and although modern in design presented a homely atmosphere. Communal areas were well designed and decorated. Residents had access to a communal garden which was seen to be well used by residents throughout the day. Issues identified during a site visit prior to the opening of the centre had been addressed by the provider.

Resident's were content with the catering facilities provided . Resident dietary needs were well defined in nutrition and hydration care plans with support available from dietitians and speech and language therapy when needed.

### Regulation 11: Visits

Visiting had commenced in line with Health Surveillance and Prevention Centre on COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCs). The management team had developed and implemented a visiting system which maximised the residents and their relatives' safety and access to visits while minimising the risk of bringing COVID-19 into the centre.

The provider had provided suitable communal and private spaces for residents to meet with visitors.

Judgment: Compliant

### Regulation 17: Premises

The designated centre is a purpose built facility with residents accommodated on the ground, second and third floors. Overall the centre is well laid out to meet the needs of the residents and provided comfortable private and communal spaces. Residents were seen to use communal facilities during the inspection including access the enclosed garden areas.

The centre was clean, well lit and decorated to a high standard. All residents spoken

with on the day said that they liked the facilities and were happy with their rooms.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy met the requirements of the regulations and addressed specific issues such as absconson, safeguarding and the prevention of abuse. There was an up-to-date risk register in place which covered a range of risks and appropriate controls for these risks. The risk register was reviewed on a monthly basis and it included risks identified relating to COVID-19.

The centre had a comprehensive Safety Statement in place and up-to-date plan to respond to major emergencies such as COVID-19.

Judgment: Compliant

### Regulation 27: Infection control

There were effective arrangements in place to prevent the introduction of infection into the centre. There was a comprehensive COVID-19 preparedness plan and policies and procedures relating to cleaning, laundry and sluicing activities.

Up-to-date training was in place with staff aware of the correct procedures to follow regarding social distancing and the donning and doffing of personal protective equipment (PPE). The centre was maintained to a high standard with sufficient oversight of infection prevention and control activities. Audits were completed by the management team, including hand hygiene, and the maintenance of appropriate PPE stock. There was information and notices placed in key locations throughout the centre to remind staff, residents and visitors of the correct protocols to follow in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had arrangements in place to protect residents in the event of a fire emergency. There was evidence of regular checks on fire fighting equipment which were recorded in the fire file. Fire systems were maintained by an outside contractor. Fire drills had been completed which assured the provider that staff were aware of the correct procedures to follow in the event of an emergency.

All staff were upto date with their fire training.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There was care planning documentation available for each resident in the centre. A pre admission assessment was carried out before residents were admitted to ensure the designated centre could meet residents' individual needs. Care plans reviewed were of an individual nature with the views of the residents sought during care plan formulation. Conflicting information recorded for one resident was rectified by the provider during the inspection. Care plans were maintained under regular review and updated as necessary.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. There was regular access to both GP services and allied healthcare services. There was evidence in care notes that residents had their medication reviewed at regular intervals. There was a physiotherapy service available in house while occupational therapy input was accessed via community referral. There was effective oversight of clinical input with audits carried out in key areas such as wound care, falls, and resident weights

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were cared for in a manner that preserved their dignity. Inspectors observed staff and resident interactions and found that residents were given the time and space to make their views known and were provided with the necessary support to maintain their safety. There was documentation in place which recorded when a restrictive practice was in use such as the use of sensor alarms. This documentation included processes regarding risk assessment, consent and rationale for the introduction and use of the restrictive practice.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and the appropriate steps to take should a concern arise. A review of incident records held in the centre indicated that the provider had carried out thorough investigations in line with their policy and introduced measures to protect residents when a safeguarding concern arose.

Staff were clear about their role in protecting residents from abuse and they confirmed that they were familiar with the centres safeguarding policy. Staff indicated that they found safeguarding training invaluable in their current roles.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a focus on ensuring that resident rights were promoted and respected in the designated centre. There was a programme of activities which residents told the inspector they enjoyed. Inspectors attended a flower arrangement activity session and found that residents were positively engaged in the activity. Residents who required additional support to participate were provided with this support in a timely manner by the staff in attendance.

There were arrangements in place to support residents with their one to one activities which was incorporated into the activity schedule. Residents had access to telephones, newspapers and televisions. The provider had organised a residents' survey in January 2021 to access their views on the quality of service provision. This resulted in the registered provider making improvements on the basis of the information they received, including improvements to the smoking facility.

Inspectors observed that staff engaged residents in a supportive manner and were found to knock and announce their presence before entering resident's private bedroom space.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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