



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:	25 January 2024
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0040207

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	97
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 January 2024	09:45hrs to 17:50hrs	Lisa Walsh	Lead
Thursday 25 January 2024	09:45hrs to 17:50hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents in the designated centre to gain insight into their experience of living in Northwood Residential Care. Residents were complementary of the staff and the care they received, with one resident saying "staff are beautiful here, you couldn't complain, there's nothing to complain about". Throughout the day, inspectors observed staff to be kind and patient with residents. Interactions observed on the day between the residents and the person in charge demonstrated how familiar they were with each other. Residents said they felt safe living there and had no complaints.

Following an introductory meeting with the person in charge, inspectors viewed a room on the ground floor of the centre where changes were proposed and then viewed the remainder of the designated centre. The centre was clean and bright and set out over five floors with a very positive and relaxed atmosphere. All bedrooms had their own en-suite. Residents had sufficient storage space for their personal belongings and were able to decorate their rooms to their own preferences.

On the previous inspection residents were only accommodated on the first, second, third and fourth floor. However, on this inspection residents also accommodated the ground floor also. Residents' bedrooms were personalised, homely and clean. Each floor had its own dining room, activity room, sitting room and family room. The communal rooms throughout the centre were well decorated and very homely.

Residents also had access to a secure, well-maintained garden with clear pathways to walk which was decorated with trees, shrubs and a large water feature. Inspectors observed residents sitting outside reading on the day of inspection or meeting with their friends. At the end of the secure garden, there was a smoking shelter available for residents, however, the heater was not working on the day of inspection. Some residents said it can be cold at times when using the shelter. Inspectors also observed that the fire blanket was missing from the area adjacent to the back door used by residents for smoking. Inspectors observed that a number of residents smoked at the entrance to the secure garden, choosing not to use the smoking shelter. However, there was no call bell nor fire blanket available in this area.

At the reception, there was a coffee dock area for residents and visitors to use which led out onto the secure garden. This was nicely decorated, throughout the day inspectors observed residents and visitors socialising here. This was observed to be a calm area where residents could relax.

There was a hairdressers available for residents in the centre to avail of, which was open once a week. Special arrangements could also be made for residents with an upcoming special event.

Inspectors observed the dining experience in the centre. Lunchtime was observed to

be a very social occasion with residents sitting with their friends and having friendly banter with each other. Residents' spoken with said the food was very good with one describing the food as "beautiful" and that they had "put weight on it was so good". Dining room tables were set, residents had access to a variety of drinks and had a choice of meals to choose from. Inspectors observed that staff who were assisting residents with their meal did so in a patient and respectful manner.

There was a programme of activities scheduled for residents throughout the week. The planned activities took place on the ground floor of the centre in a large activity room. Staff brought residents to and from the activities provided on the ground floor for those wanting to participate. On the morning of inspection, a large number of residents were observed to be listening to music with some getting their nails painted. Other residents were looking at photo albums reminiscing. Some residents spoken with said they had enjoyed the activity, while others said they would have enjoyed it more if there was a sing song too. In the afternoon, a group of residents were making scones in the activity room on the ground floor. Other residents in the room were having tea and biscuits while listening to music. Residents who did not want to attend these planned activities stayed on their floor.

There was no planned activities for the first, second, third and fourth floors. However, on the day of inspection some staff were facilitating activities for residents who did not want to attend the activities on the ground floor. For example, painting residents nails or taking part in ball games. Inspectors observed that there were prolonged periods of time where some residents were observed in sitting rooms throughout the centre watching television without other meaningful activities or interaction.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors spoken with were complementary of the staff with one saying they were "lovely and kind". Other visitors spoke highly of the care residents received, with one saying they "love it here, I know my loved one is safe".

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

Capacity and capability

Overall, the inspectors were assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place. However, further oversight was required for notification of incidents. Some improvements had been made in the provision of activities for residents, however, a further review was required. Other areas that required action were individual

assessment and care plans, managing behaviour that is challenging and premises.

This was an unannounced inspection to assess compliance with regulations and to inform a decision on an application to vary Conditions 1 and 3 of the centre's registration. Further information had been received by the Chief Inspection from the registered provider in relation to the application to increase the number of registered beds in Northwood Residential Home and was under review. Inspectors also reviewed the information submitted by the provider and the person in charge. On the day of inspection, the ground floor was now occupied by residents following re-configuration.

Bartra Opco (Northwood NH) Limited is the registered provider for Northwood Residential Home. The registered provider is involved in the operation of a number of designated centres in Ireland. This inspection found that there was a clearly defined management structure in place, with effective management systems ensuring oversight of the service. The person in charge worked full time in the centre and reported to the registered provider representative. The person in charge was supported by one assistant director of nursing, four clinical nurse managers (CNM), staff nurses, health care assistants, activities coordinators, catering and household staff.

The nurse management team used a suite of audit tools to monitor the care and service delivered to residents which was reviewed at regular intervals. The system identified areas for quality improvement that enhanced the service delivered to residents. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. However, some improvements were required concerning the submission of notifications, which will be discussed under Regulation 31.

In general, the provider had allocated sufficient resources to ensure effective delivery of care. However, there was a vacancy of one CNM post on the day of inspection, this was actively being recruited for. Furthermore, there was a vacant activity coordinator post. However, this existing post was being covered by a healthcare assistant working in the centre, and a recruitment process was underway to fill the vacancy.

There were arrangements in place for staff to access mandatory training. The staff training matrix indicated that 19 staff were due to complete a refresher in fire safety training, however, these staff were scheduled to complete this training in February 2024. All staff were up to date with manual handling training, and staff had access to supplementary training relevant to their roles.

Regulation 15: Staffing

There were sufficient staff with appropriate knowledge and skills to provide care and services for the residents in line with their assessed needs on the day of inspection. On review of staff rosters there was a nurse on duty at all times. There were two existing vacancies in the centre on the day of inspection, a CNM and an activities

coordinator. The CNM post was actively being recruited for and plan was in place to cover this vacancy. The activity coordinator was being covered by staff working in the centre and a recruitment process was underway to fill the vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing and appropriate training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The staff training matrix indicated that 19 staff were due to complete a refresher in fire safety training, however, these staff were scheduled to complete this training in February 2024.

Staff were appropriately supervised and supported to perform their respective roles, through a comprehensive induction programme and annual appraisal system.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

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

Judgment: Compliant

Regulation 30: Volunteers

Volunteers in the centre had their roles and responsibilities clearly set out in writing and were Garda vetted prior to commencement of their role. Volunteers were being appropriately supervised while fulfilling their role.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors identified that two notifiable incidents had occurred; however, the Chief Inspector had not received the appropriate notifications. The person in charge submitted the required notifications retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display on each floor of the designated centre. The complaints policy and procedure identified the complaints officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspectors observed staff to speak with residents in a kind and respectful

manner, and to know their needs very well. However, inspectors identified that action was required in relation to individual assessments and care plans and premises. Some improvements had been made in relation to the activities provided for residents, however, further action was required.

In the sample of care plans reviewed, the inspector observed that resident's needs were comprehensively assessed on admission. Care staff used a variety of accredited assessment tools to regularly assess each resident. These assessments informed residents' care plans. However, some care plans did not always reflect the residents assessed needs, this is detailed under Regulation 5. Furthermore, Inspectors identified that restrictive practice and behavioural support care plans required review. This is discussed further under regulation 7, managing behaviour that is challenging.

Residents' health needs were reviewed by nursing staff, who responded to identified changes in their condition. Residents' had access to appropriate medical, with a General Practitioners (GP) and a physiotherapist attending the centre twice weekly. Residents had access to a range of allied healthcare professionals such as occupational therapy, speech and language therapy and the tissue viability nurse. Residents were also supported to avail of the National Screening Programme.

Religious services are held weekly in the centre with alternative arrangements for residents with different religions. A newsletter is completed every quarter detailing activities that have taken place. Efforts had been made to improve activities in the centre and some social outings had taken place since the last inspection, for example, lunch out, Christmas shopping and a trip to Moore Street in Dublin. However, the activities programme continued to be concentrated on the ground floor and on some floors in the centre there was limited opportunities for residents to engage in meaningful activities if they did not want to attend the activities on the ground floor.

Overall the premises was in a good state of repair and met the needs of residents. The centre was found to be warm and bright. There was appropriate furniture in place to support residents. However, some action was required in relation to equipment which is discussed under regulation 17, premises.

Inspectors observed that there was an improvement in the variety of activities provided with some additional outings planned for residents also. Planned activities took place on the ground floor in the activity room in general and residents were brought by staff to these planned activities.

Regulation 17: Premises

Inspectors found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations. However, some improvements were required, for example:

- Ventilation required reviewed. Inspectors observed one clinical room where medication was stored was too hot. However, the medication had been relocated to another floor for storage.
- Inspectors observed inappropriate storage of dirty linen trolley's in some of the utility rooms in the centre. The placement of these trolley's blocked access to the equipment in the utility rooms, for example, bed pan washers.
- The heater was broken in designated smoking shelter in the garden.
- There was no fire blanket available at the area used by residents for smoking near the back door.
- Inspectors observed that a number of residents smoked at the entrance to the secure garden, choosing not to use the smoking shelter. However, there was no call bell nor fire blanket available in this area.
- The material on a chair in a sitting room was cracked and ripped, this would impact the ability to effectively clean the chair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions for residing at the centre, the complaints procedure with external complaints processes such as the Ombudsman, visiting arrangements and information on independent advocacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessments and care plans were in place for all residents. However, care plans were not always revised following assessment of changes in the residents' condition, which could lead to confusion. For example, a residents assessment stated that they were a high risk for falls, however, their care plan stated that they were a medium risk for falls. The relevant care plan had not been updated to reflect residents' current condition. Furthermore, a residents recreation care plan did not include all relevant information gathered from the assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' had good access to GP services, with a GPs visiting the centre twice weekly. Residents' also had access to physiotherapy, with a physiotherapist visiting the centre twice weekly. Residents' had access to a range of allied healthcare professionals such as occupational therapy, dietitian, speech and language therapy, psychiatry of old age, gerontology and the tissue viability nurse. Residents were also supported to avail of the National Screening Programme. Health care interventions were documented, and residents care was recorded in daily notes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place, however, some care plans did not adequately guide staff practice or detail the antecedents of the behaviour. This could result in staff members who were not familiar with residents having less detailed plans to follow when providing care. For example, On two occasions, a resident who had displayed responsive behaviours was given PRN (as required) medicines. Observational charts were in place and showed that an alternative non-pharmacological intervention was tried and failed before giving the resident a PRN, however, the residents care plan was not reviewed following this to explore alternative non-pharmacological interventions. Although behaviour observation charts, such as, Antecedent, Behaviour, Consequence charts, were in place, some of these records did not contain sufficient detail in order to inform future management and support for the resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors observed that on some of the floors in the centre staff provided alternative activities for those who did not want to attend the activities on the ground floor. However, this was inconsistent across the floors. On some floors there was no alternative activities observed by the inspectors and residents were observed to spend prolonged periods of time watching television without other meaningful activities to engage in.

Judgment: Substantially 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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Northwood Residential Home OSV-0007785

Inspection ID: MON-0040207

Date of inspection: 25/01/2024

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge is aware of their responsibilities in reporting Notifications to the Regulator. The two incidents mentioned were fully investigated by the PIC as seen and commented on the day by the inspectors. The PIC has retrospectively submitted the notifications.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • As observed by the Person in Charge prior to the Inspection, the Treatment Room described Air Conditioning Unit was broken and was awaiting repair, the PIC had removed the medications to an alternative Treatment Room while the Air Conditioning Unit was awaiting repair. The Inspectors were shown emails in relation to the repair on the day of inspection. Since the inspection on the 25/01/24 the Air Conditioning has been fixed and the room is at the appropriate temperature. • The storage of dirty linen trolley's were removed on the day once informed by the inspectors and the PIC assured the inspectors on the day that this was not the normal practice in the Home. • The heater that was in the smoking shelter that was reported broken was donated by a past residents family member some years back. Following ongoing maintenace it is broke beyond repair and has been removed. • The area at the entrance to the secure garden where residents who choose not to use the smoking shelter was fitted with both a new fire blanket and a call bell on the 26/01/24. • The chair in a sitting room that was cracked and ripped was removed and discarded on 	

the 26/01/24

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans based on assessments are completed no later than 48 hours after the resident's admission and reviewed at intervals not exceeding 4 months. Following the inspection the PIC/ADON/CNM and SN reviewed all assessments and care plans to ensure that they are consistent and clearly describe residents care needs and preferences in a detailed person-centred manner. The PIC had a meeting with all nurse on the 19/02/24 and expressed the importance of ensuring that residents care plans are reviewed and updated following any change to revised assessment of the residents to ensure that they guide staff in delivering effective person-centred care. A percentage of care plans are audited on a monthly basis as part of our clinical governance systems, actions identified and signed off on once completed.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All Residents who displayed responsive behaviours care plans were reviewed following the inspection to ensure that they adequately guided staff practice and detailed the antecedents of the behaviour, the non pharmacological interventions to be trialed before using Pharmacological interventions. The Person in Charge has had a series of meetings on the 19/02/24 and the 21/02/24 with both Staff Nurses and Health Care Assistants and the importance of ensuring that observational charts are completed correctly with all the relevent information discussed. A percentage of care plans are audited which include responsive behaviour care plans on a monthly basis as part of our clinical governance systems, actions identified and signed off on once completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant

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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Inspectors observed that on some of the floors in the centre staff provided alternative activities for those who did not want to attend the activities on the ground floor. However, this was inconsistent across the floors. On some floors there was no alternative activities observed by the inspectors and residents were observed to spend prolonged periods of time watching television without other meaningful activities to engage in.

Following a meeting with the PIC and the activity coordinators on the 15/02/24 the activity coordinator will continue to update the activity schedule on a weekly basis and will ensure to provide as much variety as possible. They also will ensure that this is displayed on all five floors and that residents are given the opportunity to engage in the activities scheduled. It was agreed that while group activities take place on the Ground floor the timetables across all floors will now also include an alternative activity on each of the other floors for those who do not wish to engage in the group activity.

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 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	19/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	11/03/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Substantially Compliant	Yellow	17/03/2024

	that resident's admission to the designated centre concerned.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	17/03/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	29/02/2024