Health Information and Quality Authority

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:	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:	29 June 2023
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0040221

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:	82

How we inspect

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 29 June 2023	08:15hrs to 18:15hrs	Lisa Walsh	Lead
Thursday 29 June 2023	08:15hrs to 18:15hrs	Frank Barrett	Support
Thursday 29 June 2023	08:15hrs to 18:15hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

The inspection took place over one day during which time inspectors spoke to residents, staff and visitors. The overall feedback from residents was that they were happy living in the centre. Residents said that they felt safe and had no concerns. Residents told inspectors that the staff were very kind, with one resident saying they were 'all very good' to them. Inspectors observed staff interactions to be gentle and patient and it was clear that staff knew the residents' preferences.

Following an introductory meeting with the person in charge, inspectors viewed rooms on the ground floor of the centre where changes were proposed and then viewed the remainder of the designated centre and the gardens.

The centre is located in an urban area close to shopping centres, residential areas, public parks and local transport links. It consists of a five storey building over a basement car park area. On the day of inspection, residents were accommodated on the first, second, third and forth floor. The ground floor was vacant. Outside, residents had access to an enclosed, well-maintained garden with a large water feature that provided a pleasant space for residents to sit out or to take a walk, however, inspectors observed that there was very little seating in the garden area. A smoking shelter for residents and staff was also located in the garden.

The centre was warm, welcoming and nicely decorated. The communal rooms throughout the centre were well decorated and very homely. At the reception there was a coffee dock area with comfortable seating and doors opening out into the garden. Throughout the day inspectors observed residents and relatives socialising here. It was a hub of activity and lively chat. Inspectors viewed family rooms on the first, second, third and fourth floors of the centre. These rooms were comfortably furnished to allow residents to meet with their relatives in private.

Inspectors observed inappropriate storage at the centre. A large amount of material and stock was stored in the basement car park area. This ranged from face masks and scrubs, to continence wear and hand sanitiser. The area was not secured or weatherproof, and the materials were left on pallets on the floor.

Residents' spoken with said the food was very good and that there was lots of options for them to choose from. During lunch time, inspectors observed that there were enough staff to assist residents with their meal and they did so in a patient and respectful manner. There was soft music playing in the background and residents chatted with each other in a jovial way. Each dining room had menus available and was well laid out. A small number of residents were observed to eat their lunch time meal at the nurse's station alone.

There was an activity programme in place where events were arranged in a large communal room on the ground floor. Some residents and their families reported that there was not enough staff to take residents downstairs. Inspectors observed that

there was mass on in the morning on the ground floor. In the afternoon, some residents' were making tarts while others were sitting listening to music, painting pictures or having their nails painted. Residents who did not want to attend these planned activities stayed on their floor.

The first, second, third and fourth floors each had an activity room. However, on the day of inspection these rooms were not used for activities. Inspectors observed that there were lengthy periods of time where some residents were observed sitting in communal areas watching television or close the nurses station watching what was happening without other meaningful activities or interaction. Residents reported that there were not a lot of activities to do that engaged their interests. Visitors who spoke to inspectors reported that there was not enough staff to facilitate activities for some residents. For example, residents and visitors spoke about the recent good weather and said they did not have the opportunity to go out into the garden because there was not enough staff to bring them.

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

A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. However further oversight of the opportunities for residents to participate in activities in accordance with their interest and capacities was required.

This inspection was unannounced to monitor compliance with regulations and to inform a decision on an application to vary Conditions 1 and 3 of the centre's registration. A completed application to increase the number of registered beds in Northwood from 118 to 121 and make changes to the footprint of the centre had been received by the Chief Inspector prior to the inspection and was under review. Inspectors found that the actions identified from the previous inspections' compliance plan had been addressed. On the day of inspection, the ground floor was unoccupied following re-configuration.

Northwood Residential Home is operated by Bartra Opco (Northwood NH) Limited which is the registered provider. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents.

This inspection found that there was a clearly defined management structure in place, with effective management systems ensuring oversight of the service. Inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents. The senior management team was kept informed about the performance of the service with a comprehensive auditing

programme which was reviewed at regular intervals and had identified areas where improvements in practice were required, with improvements action plans in place. Regular meetings were held and minuted to cover all aspects of clinical and non clinical operations including senior management meetings, operations meetings, middle management meetings, nurses meetings and catering meetings. A weekly report was also prepared to review and monitor clinical care, restraints, accidents and incidents, medication and infection control.

An annual review of the quality and safety of care delivered to residents had taken place for 2022 in consultation with residents. Residents were offered a copy of the annual review in an accessible format.

All the required documents requested by inspectors were available for review however, some improvements in the information recorded in the directory of residents was required to ensure it met the regulatory requirements.

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

An application to vary condition 1 and 3 of the centre's registration was received by the Chief Inspector. This was to increase the number of registered beds from 118 to 121 and to make changes to the footprint of the centre following re-configuration of rooms on the ground floor. The application was complete and contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. Inspectors found that the person in charge knew the residents and was familiar with their needs.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all of the information that is required under Schedule 3. Information on the discharge of residents and the transfer of residents to and from hospital was not included.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2022 had been completed in consultation with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose which related to the designated centre and contained the information set out in Schedule 1.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care in Northwood Residential Home, however, inspectors found that some of the care plans in place and activities available for residents' needed to be improved to ensure that a quality and person centred service was provided. Action was also required in relation to Regulation 17: Premises, Regulation 27: Infection Prevention and Control and Regulation 28: Fire Precautions.

Monthly residents meetings took place and residents were given the opportunity to feedback on the centre in a residents survey. Inspectors viewed the minutes of resident meetings, and found that a variety of topics were discussed and residents were able to express their views. Issues discussed included the quality of the food, with residents being happy overall and requests for more outings.

Inspectors viewed documentation related to the use of restricted practices in the designated centre. The information was clear and reviewed by the person in charge on a regular basis. An up to date policy was in place and guided staff on best

practice, including the importance of speaking to residents about their views and not relying on family members to make decisions. Records of three residents were reviewed and found that they documented measures to be taken prior to restrictions being implemented. However inspectors found that the use of PRN (as required) medication was not recognised as a restrictive practice in the designated centre.

On review of resident care plans inspectors found that staff had not consulted some residents with cognitive impairment. Inspectors were told that residents with more severe cognitive impairment were routinely not consulted about arrangements for their care. They also found that some care plans were completed with more details than others. Although staff were knowledgeable about residents' needs this detail was not always reflected in care plans. This could result in staff members who were not familiar with residents having less detailed plans to follow when providing care.

The arrangements in place at the centre relating to fire safety were examined. Inspectors found detailed Personal Emergency Evacuation Plans (PEEPs) in place and provided sufficient detail to guide staff on the evacuation methods for each resident. Records viewed showed that fire safety equipment was regularly serviced, and a policy on fire safety was available to all staff at the centre. Training on fire safety was completed, including induction training and refresher training for all staff. Signage throughout the centre gave instruction on what to do in the event of a fire, however, the layout maps on the walls did not show the compartment boundaries. Staff were knowledgeable on the emergency evacuation methods, and on the procedure for horizontal evacuation, however, inspectors found that there was no signage in place to direct staff, residents or visitors to the external fire assembly point.

The person in charge was the lead for infection prevention and control in the designated centre. The cleaning of linen and residents' laundry was outsourced to an external company, however the designated centre had a laundry facility in the basement. This area was clearly divided to ensure that there was no cross contamination between clean and dirty laundry. Hand gel dispensers were were available throughout the designated centre and hand wash sinks were positioned to allow staff to access them easily. Inspectors reviewed cleaning schedules which were signed by supervisors and cleaning audits which were conducted regularly. Inspectors found that utility rooms were clean and well maintained and bedpan washers were serviced regularly. A COVID -19 contingency plan was in place and a review of the last COVID -19 outbreak was completed. When viewing the basement inspectors found that the standard of cleanliness required action. This is discussed further under Regulation: 27

The activities programme was concentrated on the ground floor. Residents from each of the floors were brought to the ground floor to participate in the scheduled activities. Although events were scheduled every week there was a limited number of options available for residents to participate in accordance with their interests.

An up to date safeguarding policy was in place to guide staff in the event of a concern of abuse arising. Inspectors viewed two safeguarding investigations which were completed by the person in charge in a timely manner. The person in charge

described measures that were put in place at night to protect residents. These included hourly checks and carers sitting in corridors to ensure that they could respond to residents promptly if they required assistance.

Inspectors observed damage to some fire doors, including cross compartment doors. Other fire doors did not close when released from their holding devices. This would mean that in the event of a fire, containment of fire and smoke could not be assured.This is detailed under Regulation 28 Fire Precautions.

Overall the facilities and premises was observed to be clean and adequate for the needs of the residents. There was excessive amount of stock and materials stored in a car-park section of the basement. Further Improvements were required in relation to maintenance and storage which are detailed further in Regulation 17: Premises.

Regulation 10: Communication difficulties

Residents who had specialist communication requirements were recorded in their care plan, however, some residents were unable to communicate freely. For example, residents who required additional supports such as pictures to communicate their choice did not have these resources available to them.

Judgment: Substantially compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life.

Judgment: Compliant

Regulation 17: Premises

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

- Residents and staff wishing to smoke used a smoking shed which was situated to the rear of the garden. The path down to the smoking area was

littered along the edges with used cigarette butts.
- A section of paving at the side gate of the garden was uneven, and could pose a trip hazard for residents using the area..
- There was inappropriate storage of equipment and supplies in some store rooms, such as cardboard boxes on the floors preventing effective cleaning. Large amounts of material ranging from builders materials to face masks and scrubs were stored in an open area of the basement. This area did not provide adequate protection from the elements for the volume of material being stored there. The area was also unsuitable for storage as there was no racking, or shelving to organise stocks of supplies.

Judgment: Substantially compliant

Regulation 27: Infection control

The following infection prevention and control issues were identified on inspection:

- A number of items were stored on the floor in various rooms in the basement. These included old mattresses, linoleum and Christmas decorations on the floor in the general store room ; paint pots and equipment on the floor in the workshop. This meant that these areas could not be cleaned properly.
- Access to the hand wash sink in the workshop was blocked due to items being stored on the floor, therefore staff could not use this hand hygiene facility.
- A full, closed sharps box was observed on the floor in the water treatment room. This caused a risk of cross contamination.
- The floor of the basement garage area, where pallets of incontinence wear and building materials were stored was dirty. Moss was growing in one area, which was open to the elements. This resulted in a risk of contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider generally met the requirements of regulation, however further action was required to fully comply:

Improvement was required in some areas relating to risk of fire, means of escape and fire containment.

- There was inappropriate storage and excessive amounts of combustible materials found in storage rooms for example; the basement water pump

room, and the maintenance workshop. These rooms contained flammable items such as paint thinners, varnish, aerosols and alcohol hand sanitizer which were stored alongside cardboard boxes, and timber. This was brought to the attention of the maintenance manager and the rooms were cleared before the end of the inspection.
- The residents and staff using the smoking area had to use portable cigarette lighters. This was contrary to the smoking policy at the centre which identified the use of a flameless lighter device only at the smoking shed.
- There were oxygen cylinders stored in the nurses station on each level. Oxygen enrichment is a particular fire safety risk, and therefore, oxygen storage requires special consideration. The nurses stations were open to the the corridor, with many computerised items plugged in as well as amounts of files and paper. The small nature of these areas made it difficult to assure inspectors that oxygen cylinders stored in these areas were adequately protected from collision, and possible rupture.

Improvement was required to the registered providers' arrangements for containing fires, for example:

- Some fire doors did not close completely on release. For example the door from the kitchen to the dining area, a door to the lift lobby which was sticking to the floor, and the family room door on the ground floor. This would make them ineffective at containing fire and smoke in the event of a fire.
- A cross corridor compartment door was damaged on the top corner. This damage would compromise the integrity of the door, and could result in a lack of effective compartmentation to contain fire and smoke in the event of a fire. Compartment doors of this nature are vital in the practice of horizontal evacuation in the event of a fire as they provide a place of relative safety for persons who may not be able to mobilise individually.

Improvement was required to provide adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre and safe placement of residents.:

- The Personal Emergency Evacuation Plan (PEEP) for a resident being regularly weighed over 120kg suggested that evacuation of this person would be completed with the assistance of 2. While the individual was capable of understanding instruction, the process to be applied by staff to evacuate this person was not clear. Inspectors could not be assured that 2 staff members could complete the task in the event of a fire without adversely affecting the evacuation of other residents in the compartment. The person in charge committed to reviewing and practicing this scenario with staff in the days following the inspection.
- Signage to the external assembly point was not in place at the centre.
- The layout maps on the walls throughout the centre did not show the compartment boundaries. This would assist staff during horizontal evacuation in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding 4 months. However, some residents were not consulted with in the preparation of some care plans. For example, end of life care plans were not discussed with residents' with a low MMSE scores.

Inspectors found that the quality of the assessments and care plans was inconsistent. Some care plans described resident's care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that the use of prn medication (medicines only taken when the need arises) was not recognised as a restrictive practice in the designated centre. Although other restrictions were recognised and documented for management oversight prn medication was not included. For example inspectors reviewed a residents care plan where the use of the least restrictive measures were documented and medication was used as a last resort. This was not recorded on the restricted practice register and a nurse who spoke to inspectors did not recognise it a restrictive measure.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that safeguarding training was provided to staff and those staff who inspectors spoke to were knowledgeable about what to do if a concern of abuse arose. The person in charge investigated allegations of abuse in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activity programme in place on the ground floor of the centre. However, there was no activity programme in place for each of the other four floors. There were activity rooms on the other four floors, however, no activities were taking place on the day of inspection. Planned activities were also repeated weekly with little change. With activities taking place on the ground floor, a number of residents needed to be supported by staff to attend. Three residents told the inspectors that they could not participate in an activity of their interest as their was no staff to bring them downstairs. Five residents told inspectors that they were not interested in the activities being offered. For residents, under 65 there were limited opportunities to participate in activities in accordance with their interests and capacities.

Inspectors observed that some of the activities enjoyed by a small number of residents impacted the rights of other residents'. For example, playing very loud music which other residents did not enjoy. This impacted on other residents ability to listen to their television.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Northwood Residential Home OSV-0007785

Inspection ID: MON-0040221

Date of inspection: 29/06/2023

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Contact was made with the Developers of V care on the 06/07/23 (our Patient software system) to request that an update be made to our residents register to include the discharge of residents and the transfer of residents to and from hospital following verbal feedback on the day of the inspection. Discharge of residents was immediately completed and is in place from the 06/07/23. We have been assured that an update to include the transfer to hospital will be completed by the 30/09/23. In the interim we will export the current register to excel on a weekly basis and manually input the residents transferred to and from Hospital	
Regulation 10: Communication difficulties	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication difficulties: Northwood is committed to ensuring that all residents that have issues with communication are able to communicate freely. All residents have an up-to-date communication care plan in place. To enhance this, Pictorial communication aids were purchased and made available for each floor 22/8/23, to further enhance the strategies currently in place to aid residents who have communication difficulties communicate effectively.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A meeting was held with the PIC, Bartra's Group Head of Maintenance, and Northwoods Maintenance Personal on the 14/08/23 and a plan of works put in place. A further updated meeting took place on the 23/08/23 to ensure that the issues highlighted are addressed.

• Residents and staff wishing to smoke used a smoking shed which was situated to the rear of the garden. The path down to the smoking area was littered along the edges with used cigarette butts. Additional cigarette bins were purchased on the 16/08/23 and have been put in place on the path down to the smoking area. Northwood Maintaenance personal will also ensure that this area is kept clean.
• A section of paving at the side gate of the garden was uneven, and could pose a trip hazard for residents using the area. This area was reviewed and a plan of works put in place, this section of paving will be completed by 15/09/23.
• There was inappropriate storage of equipment and supplies in some store rooms, such as cardboard boxes on the floors preventing effective cleaning. Large amounts of material ranging from builders materials to face masks and scrubs were stored in an open area of the basement. This area did not provide adequate protection from the elements for the volume of material being stored there. The area was also unsuitable for storage as there was no racking, or shelving to organise stocks of supplies. The work on clearing out the items stored in the basement had begun pre-inspection. As of the 15/08/23 this area is now totally free of all items.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A meeting was held with the PIC, Bartra's Group Head of Maintenance, and Northwoods Maintenance Personal on the 14/08/23 and a plan of works put in place. A further updated meeting took place on the 23/08/23 with The Chief Risk Compliance and Services Officer to ensure that the issues highlighted are addressed.

• A number of items were stored on the floor in various rooms in the basement. These included old mattresses, linoleum and Christmas decorations on the floor in the general store room ; paint pots and equipment on the floor in the workshop. This meant that these areas could not be cleaned properly. All items that were stored in the basement as of the 15/08/23 have been removed. Works are ongoing to tidy up the room in the basement to ensure that items are store appropiately to ensure that the area can be cleaned properly. This will be completed by the 15/09/23. The paint pots that were notice in the maintenance workshop were removed immediate when highlighted on the

day of the inspection.
• Access to the hand wash sink in the workshop was blocked due to items being stored on the floor, therefore staff could not use this hand hygiene facility. Access to the hand wash sick was cleared on the 15/08/23 and can know be used by maintenance staff.
• A full, closed sharps box was observed on the floor in the water treatment room. This caused a risk of cross contamination. This was removed imediately when highlighted on the day of the inspection.
• The floor of the basement garage area, where pallets of incontinence wear and building materials were stored was dirty. Moss was growing in one area, which was open to the elements. This resulted in a risk of contamination. All items have been removed since the 15/08/23 from this area and there is no longer a risk of contamination.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A meeting was held with the PIC, Bartra's Group Head of Maintenance, and Northwoods Maintenance Personal on the 14/08/23 and a plan of works put in place. A further updated meeting took place on the 23/08/23 with The Chief Risk Compliance and Services Officer to ensure that the issues highlighted are addressed.

• The residents and staff using the smoking area had to use portable cigarette lighters. This was contrary to the smoking policy at the centre which identified the use of a flameless lighter device only at the smoking shed. The Homes Smoking policy was updated on the 23/08/23 to highlight the changes.
• There were oxygen cylinders stored in the nurses station on each level. Oxygen enrichment is a particular fire safety risk, and therefore, oxygen storage requires special consideration. The nurses stations were open to the the corridor, with many computerised items plugged in as well as amounts of files and paper. The small nature of these areas made it difficult to assure inspectors that oxygen cylinders stored in these areas were adequately protected from collision, and possible rupture. The portable oxygen cylinders were removed on the day of the inspection once highligeted during feedback to a closed store on the floors.
• Some fire doors did not close completely on release. For example the door from the kitchen to the dining area, a door to the lift lobby which was sticking to the floor, and the family room door on the ground floor. This would make them ineffective at containing fire and smoke in the event of a fire. This was reviewed by the Group Maintanence Manager on the 30/06/23 and the issue retified.
• A cross corridor compartment door was damaged on the top corner. This damage would compromise the integrity of the door, and could result in a lack of effective compartmentation to contain fire and smoke in the event of a fire. Compartment doors of this nature are vital in the practice of horizontal evacuation in the event of a fire as they provide a place of relative safety for persons who may not be able to mobilise individually. During the inspection the Group Maintenance Manager informed the Inspector and showed him evidance that we were aware of this issue and a plan was in

place to have the door repaired. This will be completed by the 01/09/23
• The Personal Emergency Evacuation Plan (PEEP) for a resident being regularly weighed over 120kg suggested that evacuation of this person would be completed with the assistance of 2. While the individual was capable of understanding instruction, the process to be applied by staff to evacuate this person was not clear. Inspectors could not be assured that 2 staff members could complete the task in the event of a fire without adversely affecting the evacuation of other residents in the compartment. The person in charge committed to reviewing and practicing this scenario with staff in the days following the inspection. This PIC and the Group Maintenance Manager reviewed the the scenario and are in the process of ensuring that all staff working with this resident practice this senario. This will be completed by the 30/09/23. The PEEP was reviewed immediatelty following the verbal report reflecting the number of staff required for safe evaculation of the resident.
• Signage to the external assembly point was not in place at the centre. Directional Signage was ordered on the 14/07/23 and will be in place once delivered to direct people to the assembley point.
• The layout maps on the walls throughout the centre did not show the compartment boundaries. This would assist staff during horizontal evacuation in the event of a fire. A meeting took place on the 22/09/23 between with members of Northwoods Senior Management Team and their Fire Consultant, be assured that new way finding maps are being drawn up to include compartmental lines. Theses will be completed and installed on the 06/10/23.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
In Northwood we always ensure that Comprehensive assessments are completed for residents on or before admission to the residential home. 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. 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. The PIC/CNM and SN will continue to review all care plans to ensure that they are consistent and clearly describe residents care needs and preferences in a detailed person-centred manner and ensure that they guide staff in delivering effective. The DON had a CNM and SN meeting on the 6/9/2023 and discussed the importance of ensuring residents are consulted in the preparation of their care plans and the importance of ensuring that all care plans guide staff to deliver effective person-centred care. DON will discuss the importance of effective auditing of care plans with the clinical nurse managers and will oversee the clinical audits. DON has also arranged a further training on care planning with the nursing staff which will be completed by the 31/10/23.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
In line with the Restrictive practice policy, Northwood always ensures that PRN psychotropic medications are administered only as a last resource highlighted by the inspector. Residents with a diagnosis of a Mental Health disorder may be prescribed PRN medication by their consultant. This is to treat their disorder and is not classified as a restrictive practice. Other residents who do not have a Mental Health Diagnoses may also be prescribed PRN psychotropic. While staff will use all non-restrictive strategies to manage the resident, they may have to administer this medication. If this is the situation, we will record this as a restrictive practice. Following the inspection on the 29/06/23 the PIC has started to record this a monthly basis through the restrictive practice register.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
There was an activity programme in place on the ground floor of the centre. However, there was no activity programme in place for each of the other four floors. There were activity rooms on the other four floors, however, no activities were taking place on the day of inspection. Planned activities were also repeated weekly with little change. With activities taking place on the ground floor, a number of residents needed to be supported by staff to attend. Three residents told the inspectors that they could not participate in an activity of their interest as their was no staff to bring them downstairs. Five residents told inspectors that they were not interested in the activities being offered. For residents, under 65 there were limited opportunities to participate in activities in accordance with their interests and capacities.

The Director of Nursing met with the activity co coordinators on the 15/8/2023, subsequently on the 24/8/23 and discussed the activities during the day.
A resident's survey was conducted in June 2023 of which there was a section in relation to activities. A residents meeting will be held on the 31/8/2023 and activities will be an item on the agenda. We will ensure going forward that activities will be a standard item on the agenda for residents' meetings. The activity coordinator updates the activity schedule on a weekly basis and will ensure to provide as much variety as possible. She will also ensure that this is displayed on all five floors.

The resident who enjoyed the music with loud noise is no longer a resident in Northwood.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	22/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of	Substantially Compliant	Yellow	30/09/2023

	Schedule 3.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2023
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	06/10/2023
Regulation 5(4)	The person in	Substantially	Yellow	04/09/2023

	charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Compliant		
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	01/09/2023
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	15/09/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/09/2023