



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

Issued by the Chief Inspector

Name of designated centre:	Newtownpark House
Name of provider:	Nursing & Caring Services Limited
Address of centre:	Newtownpark Avenue, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 November 2022
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0038376

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Tuesday 15 November 2022	08:00hrs to 16:55hrs	Margaret Keaveney	Lead
Tuesday 15 November 2022	08:00hrs to 16:55hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was clear that residents were happy living in Newtownpark House, and that their rights were respected in how they spent their days. Inspectors spoke with 11 residents who expressed great satisfaction with the staff, food, bedroom accommodation and services provided to them.

Throughout the day of the inspection, inspectors observed that staff correctly wore appropriate face masks and good hand hygiene practices were observed. The receptionist was responsible for ensuring that all visitors signed the visitors book, and that they adhered to COVID-19 precautions including mask wearing and hand hygiene.

Following a short opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. Residents' bedroom accommodation and living spaces were laid out over two buildings, the original Georgian building (House 1) and a second more recently-constructed building (House 2). All areas of both houses were easily accessible to residents, by means of lifts and stairs. Overall, the centre was seen to be bright, clean and homely throughout. Since the previous inspection, inspectors noted that the registered provider had made many positive improvements to the residents' living environment, having completed two out of three phases of a refurbishment plan. Inspectors observed that the majority of carpets throughout the centre had been replaced, and that soft furnishings in all communal areas in both houses and all bedroom furniture in House 1 had been replaced. Inspectors also observed that a pleasant mural of a Dublin street scene had been installed in one dining room. The centre's kitchen had also been updated. Inspectors observed that these refurbishments had created a comfortable, warm and homely environment for residents' wellbeing and enjoyment. Inspectors saw evidence that phase three of the works was to be completed in 2023.

There was a large garden situated to the side of the centre, with mature planting, wide paths and safe seating along paths for resident's use. There was also a greenhouse in the garden, and inspectors were informed that the activities staff had plans to plant bulbs with the residents, in the following weeks, for spring colour. Activities staff also planned to involve residents in planting fruit and vegetables for all to enjoy in the centre. The phase three refurbishment plans also included the creation of a separate enclosed garden, on the other side of the centre, for resident's use to safely enjoy.

Bedroom accommodation comprised 62 registered beds, 56 single occupancy and three twin occupancy bedrooms. Inspectors observed that the three twin bedrooms were furnished with bedroom furniture for one resident only, as all are currently used as single bedrooms. The majority of bedrooms had en-suite facilities, while those without had a communal bathroom located close to the bedroom. Inspectors saw that there was sufficient secure storage in residents' bedrooms and that each

had a television for entertainment. Inspectors saw that residents were supported to personalise their bedrooms, with items such as photographs, ornaments and prints, to help them feel comfortable and at ease in the home. Inspectors spoke with several residents, all of whom expressed great satisfaction with their bedroom accommodation.

The design and layout of each house promoted free movement and relaxation. Each floor in each house had a communal day space for residents to easily access and relax in. These rooms were comfortably furnished with an adequate amount of seating, and many were equipped with books and board games for resident's use, as they wished. A grand piano was situated in the main sitting room of the original Georgian house, which inspectors were informed was used to provide entertainment for residents. There was an original fireplace and Queen Anne chairs in the main foyer of House 1, which added character and was in keeping with the history of the house. Inspectors noted the many beautiful floral arrangements throughout the centre and were informed they were the work of residents themselves at the weekly flower arranging class.

There was also a large oratory in the centre, with a beautiful stained glass window. On the day of the inspection, this room was being renovated, with plans in place to use it as a multi-purpose room for mass, activities, hairdressing and as a general day room with kitchenette facilities.

Inspectors spoke directly with 11 residents and two visitors to get their opinion on the service being provided to them in the centre. Overall, feedback from residents and visitors was very positive. One resident told inspectors that they "loved" living in the centre, while another said that they could do what they liked each day and that they had "a great view" from their bedroom window that they enjoyed. One visitor praised staff for the "great efforts that they go to" for the residents and in particular mentioned the joy that a visit from a petting zoo brought to their family member. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Inspectors also spoke directly to a number of staff. All staff expressed satisfaction working in the centre, stating that they were "very happy" and got "great satisfaction getting to know all the residents".

Inspectors noted that the dining experience was a calm and sociable time for residents which was complimented by the décor and layout of dining rooms. Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks provided, with one resident commenting that 'the food was always "delicious" and another "always get plenty". A new four week winter menu has been introduced and had been sent to a dietitian for auditing, to ensure it meet the nutritional needs of residents. The chef had acted on residents' feedback on the food and had made efforts to offer a variety of vegetables and potato dishes.

Residents spoken with said that there was plenty of activities to choose from, and that in particular they enjoyed the flower arranging. An activities schedule was on display on each floor, and inspectors observed that residents could also choose to

partake in board games, bingo, quiz games, movie evenings, singing and dancing. On the day of inspection, inspectors observed four residents enjoying a keep-fit class, led by the activity co-ordinator. Inspectors also observed six residents actively partaking in a weekly history session that was led by an external person. Activities staff had plans for a resident and family Christmas gathering, which would allow residents and their families to enjoy some festive fun together. A number of residents also told inspectors that they greatly enjoyed the frequent visits by a staff member's dog to the centre. Residents were facilitated to leave the centre if they wished and were accompanied to the local shops and park by staff or family.

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

Capacity and capability

Inspectors found that residents living in Newtownpark House received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. Overall, the registered provider demonstrated good adherence to the regulations. However, action was required in some management oversight systems, related to the premises, contracts for the provision of services and in infection control practices in the centre.

Nursing & Caring Services Limited is the registered provider for Newtownpark House, and is also part the Carechoice nursing home group. The registered provider had an established governance and management team in place in the centre, which consisted of the Director of Nursing (DON), and the group's Director of Quality and Regional Director of Operations. The person in charge worked full-time in the centre and was well supported by an experienced team of staff, which included a Head of Housekeeping, clinical nurse managers (CNMs), nursing staff, healthcare assistants, activities staff, and domestic and maintenance staff.

The management team had systems in place to monitor the quality and appropriateness of the care provided to residents. The team met regularly to review clinical and non-clinical data gathered. However, some of the management systems had not identified issues that could impact on residents' quality of life and wellbeing. For example, the registered provider had not acted on fire risks identified by an external fire expert and did not have robust monitoring systems in place to ensure that required maintenance works were actioned.

The person in charge had updated COVID-19 preparedness and emergency plans in place. A safety statement for the centre had also been reviewed within the last 12 months.

An annual review of the quality of the service in 2021 had been completed by the

registered provider, in consultation with residents and their families. The review identified areas for improvement and development in 2022, some of which the registered provider had already completed such as the replacement of seating in communal areas.

Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times of the day and night in each house.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in safeguarding residents from abuse, manual handling procedures and fire safety had been completed and were up to date for staff. Staff were also facilitated to complete other training to ensure that they provided safe care to residents in the centre, including infection prevention and control, dementia and dysphagia training. Suitable staff supervision arrangements were in place, to support day and night staff, in performing their duties, and there was a formal induction and annual appraisal programme in place.

Inspectors reviewed four contracts for the provision of services and found that they were not in line with the regulations, as they did not clearly specify the terms and conditions of the residents' residency in the centre.

Inspectors reviewed a comprehensive directory of residents that included the relevant details of all residents. The certificate of insurance was prominently displayed in the foyer of House 1, within the centre. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Regulation 15: Staffing

Inspectors reviewed a sample of staff rosters and were assured that there a sufficient number and skill-mix of staff in the centre to meet the assessed needs of residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and a range of supplementary training. Inspectors saw that staff mandatory training was up to date. All staff were

appropriately supervised by both day and night over seven days.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was provided for inspection. Inspectors saw that it was up-to-date and contained all of the information required by the regulation.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems, which monitored the residents living environment, were not sufficiently robust as they did not identify areas that required action. For example, the registered provider had developed a maintenance log, to which staff added any issues with the facilities that they identified. The person in charge also completed a visual inspection of the centre weekly. This dual system of monitoring the facilities, within the centre, did not provide the registered provider with clear oversight of the issues identified, works completed and works outstanding. Inspectors identified issues with the facilities during their tour of the centre, which the provider had not identified.

Inspectors were not assured that the registered provider had robust systems in place to monitor and minimise the risk of fire in the centre. Inspectors requested a fire risk assessment, that the registered provider had informed the Chief Inspector had been completed in July 2021. On the day of the inspection, the management team were not aware of the progress of the action plan for the risk assessment. A fire safety risk assessment, completed in March 2022, and an associated action plan were provided to the Chief Inspector of Social Services the day after the inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed four contracts of care between the resident and the registered provider and saw that they did not clearly set out the terms and conditions of the residents' residency in the centre. For example;

- Three contracts reviewed did not specify the bedroom in which the residents were residing.
- The fourth contract did not specify the occupancy of the bedroom in which the resident was residing.

Judgment: Substantially compliant

Quality and safety

This is a good service that delivers high quality care to residents. Residents had good access to healthcare and there was evidence of good recreational opportunities being provided to residents. However, action was required related the premises and infection control practices to ensure that a safe service was being provided.

Inspectors reviewed a sample of resident care plans and spoke to staff regarding residents care preferences. Care plans reviewed included those pertaining to pressure ulcers, mobility and falls prevention, behaviour, safeguarding and social activity care planning. Overall, individual assessments and care plans were person-centred and reflected the assessed needs of residents and allowed staff to provide appropriate care for residents. There was evidence that that assessments and appropriate care plans were completed within 48 hours of admission and reviewed at four-month intervals. However, inspectors did note that the pre-admission assessment for one resident was not available. While, there was no evidence that quality of care provided to the resident was impacted, it was discussed with the senior nurse management team who agreed that an improved system of storing pre-admission assessments was required.

Residents were discharged from the designated centre in a planned and safe manner. Nursing staff spoken with confirmed that a National Transfer document is completed for each resident who is temporarily or permanently discharged from the centre to another place. There was good evidence that as a resident returns from another designated centre or hospital, all relevant information is obtained by the designated centre and acted upon where required.

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry. Residents also had access to a secure unit in their bedrooms, in which to store their valuables.

The registered provider had completed two of three phases of a refurbishment plan for the designated centre. Completed works included the installation of new fire doors, a new fire alarm system, new call-bell system, a refurbished kitchen and laundry room. The registered provider had also replaced all resident seating in communal rooms and all resident beds. However, inspectors identified issues with regard to the premises that required attention, in order to ensure that the premises was in a good state of repair and met the needs of residents. For example, there was inappropriate storage of residents' equipment in communal bathrooms and under stairwells. The skirting in some communal bathrooms was in a state of disrepair.

Overall, the centre was observed to be clean and cleaning staff who spoke to inspectors were knowledgeable on effective cleaning practices. Inspectors observed that, following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre. This included the installation of a cleaner's room in each house and of a number of clinical hand-wash sinks that met the required standards, and the appointment of a Head of Housekeeping to oversee cleaning in the centre. However, a number of areas under infection control required action. This is discussed under Regulation 27 below.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their possessions and finances. They had access to adequate space to store their personal possessions and had secure storage for their valuables. There were suitable arrangements in place for the laundering of residents' clothes.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents. For example,

- Maintenance was required in some areas of the premises. For example, wall skirting in some communal bathrooms had peeled away from the wall. Also a number of wall tiles in communal bathrooms required were missing or broken.

- A communal assisted toilet and shower room used by two residents with no ensuite bathroom attached to their bedrooms, was used for storage of two commodes and a shower chair. This prevented those residents, and others, from accessing the toilet and handwash sink in the communal bathroom.
- Wheelchairs were stored at the top of three stairwells, that were used as fire evacuation routes. Inspectors requested a risk assessment for this storage practice, but none was provided.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed the discharge documentation for two residents and saw that each resident was temporarily discharged from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

When a resident returns from another designated centre or hospital, there is evidence available that all relevant information was obtained by the designated centre.

Judgment: Compliant

Regulation 27: Infection control

Some action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- There was inappropriate storage seen within a small number of store rooms. Inspectors observed that boxes and other packages were stored on the ground which prevented effective cleaning of these areas.
- Inspectors observed that there was no water flushing schedule for two communal bathrooms in the centre. This is required to control the risk of infection.
- Inspectors observed that a significant amount of incontinence wear was stored out of its packaging in one storeroom in the centre.
- There was no handwash sink in one sluice room in the centre. This was a repeat finding from the previous inspection. Although the registered provider had plans to install a sink, this work had not been prioritised in order to prevent the spread of infection.
- Two sharps boxes were observed to not have the temporary closure mechanism engaged when not in use. This posed the risk of cross-infection to

staff.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Following a review of a sample of residents' care plans and discussions with residents and staff, inspectors were assured that the nursing and medical care were meeting the needs of the residents. Residents were assessed and appropriate interventions and treatment plans were implemented and reviewed accordingly.
Judgment: Compliant
Regulation 28: Fire precautions
The action plan for risks identified in a fire safety risk assessment showed that many of these risks had not been actioned in the nine months following receipt of the assessment. These included risks that the fire expert advised should be completed within 1-2 months of the risks being identified in March 2022.
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Newtownpark House OSV-000075

Inspection ID: MON-0038376

Date of inspection: 15/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>CareChoice uses a software system to manage all daily/weekly and planned routine maintenance, fire safety checks and unplanned maintenance. Copy of sample from Newtownpark House attached.</p> <p>Although the PIC failed to mention this on the day, the system is in use since 2021 and provides Head Office oversight of the management of all environments and fire safety checks.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>A review of all contracts was completed and the three that required update were closed off.</p> <p>All contracts are for single occupancy rooms and will be changed to double occupancy if this occurs in future.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All remedial work to be completed in next phase of refurbishment.</p> <p>All other residents have their own ensuite, this bathroom is for the use of these two residents only. The commodes are kept in the assisted shower room and are cleaned prior to storage and there is free access to the toilet facilities opposite this room. We intend to create a storage room for commodes on this floor. This will happen during the next phase of refurbishment.</p> <p>All wheelchairs moved to a central position on the floor and area at top of stairs now clear.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Shelves fitted to all storage rooms to avoid storage on the floor.</p> <p>There are now flushing schedules in all areas where there is running water including all communal bathrooms.</p> <p>Staff have been advised not to store open incontinence wear in storage rooms and to keep in individual resident's rooms instead.</p> <p>The handwash sink in the sluice is due to be installed by 1st Quarter 2023.</p> <p>Staff advised to ensure that the temporary closure system to be always used on all sharps boxes.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All actions, bar one, have been completed, the remaining one involves the local fire brigade visiting the home and meeting the team. Multiple invitations have issued from the home; however, no response has been received yet. Letter hand delivered on</p>	

19/12/22 as no e mail address available.

All outstanding fire actions discussed and most actions closed off. Some actions to be completed in Q1 2023.

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	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	18/11/2022

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 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	16/11/2022
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	31/03/2023