



# 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 October 2024
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0044000

## About the designated centre

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

Newtownpark House is a 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:	57
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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 October 2024	10:00hrs to 16:30hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

This inspection took place in Newtownpark House, Blackrock, Co. Dublin. The inspector spoke with a number of residents and spent time observing residents' routines and care practices in the centre, in order to gain insight into the lived experience of those living there. From the inspector's observations and from what the residents told them, it was clear that the residents received a high standard of personalised care living in Newtownpark House. The overall feedback from the residents was that the centre was a lovely place to live with a great sense of a community within the home.

The centre is located in two co-located houses known individually as the Conlon Wing and the Keane Wing. The Keane Wing has 28 bedrooms, three of which are twin occupancy, and the Conlon Wing has 32 single bedrooms and no twin rooms. Both houses were observed to be clean and well maintained with a selection of communal areas in each house, which were accessible to all residents. The Keane wing was an old Victorian style building while the Conlon wing was a newer more modern build.

Residents' bedrooms were seen to be warm and bright spaces, laid out to meet the needs of the residents living in them. Residents had personalised their bedroom spaces with their belongings from home including photos, pictures, small furniture items and soft furnishings. Residents' had access to either an ensuite or to a shared bathroom. Many residents living in the Keane Wing had views into the well kept garden from their bedroom window.

There was a large activity room located in the Keane wing which was also used when the hairdresser was on site. A large sitting room was located on the Ground floor, which had large Victorian style windows looking out on to the garden. The room was tastefully decorated with cornice features suitable to a Victorian style house and there were comfortable armchairs for residents to sit and watch television or relax with a newspaper or book. There was also a quiet room available to residents who preferred quieter spaces for reflection.

There was a large enclosed garden accessible through the Keane Wing for residents' use. The garden had paved pathways, suitable for residents in wheelchairs or who use mobility supports and appropriate outside furniture. There were large mature trees as well as colourful plants and hedging. The garden was very neatly maintained and residents told the inspector how they enjoy using this outdoor space for walks and sitting out in warm weather.

The Conlon Wing had a large reception area located inside the door that was observed being used by residents, throughout the day. The area was bright and spacious with comfortable seating and a large grand piano located here. Residents told the inspector that management in the centre had recently organised for someone to come and play the piano and they were delighted to see it being used

while also enjoying the music that the pianist played on it. Residents were seen to be enjoying conversing and catching up with each other in this seating area. There were also two sitting rooms and smaller breakout spaces located throughout this building.

Each house had its own resident dining room. These spaces were observed to be bright and pleasant spaces with round neatly laid tables. Each table could seat a maximum of four residents and had the daily menu displayed on it. Residents were observed to enjoy the lunchtime experience. Many tables were full with residents who were clearly enjoying each others company, with the sounds of chatting and laughter resonating around both dining rooms. Interactions with staff were seen to be kind and respectful and the lunchtime was a relaxed and unhurried experience.

There were two options for the main meal at lunch time to include braised steak with pepper sauce or breaded haddock with creamy white wine sauce all served with creamy mash, turnip batters and buttered cabbage. There was also a choice of desert which included meringue with berry compote and chantilly cream, fresh fruit salad or jelly and ice cream. Residents reported that the food was tasty and the portions plentiful.

It was evident that the residents' opinions and feedback were respected and heard within the centre. Two residents, who spoke with the inspector, told them how they enjoy the movie nights that run frequently and described how they love getting popcorn and chocolate to enjoy while watching the movie. This feedback was validated when the inspector read the annual review from 2023, later in the day. The 2023 review, highlighted that residents had voiced a preference for more movie nights and the return of flower arranging as an activity for the year ahead in 2024. Flower arranging was observed as the afternoon activity on the day of inspection. The activity was facilitated by an external person who had expertise in this area. A large number of residents from across both houses were seen to be in attendance and enjoying participating in the craft.

The inspector spoke with 10 residents, over the day of inspection, all of whom were positive and complimentary about the staff and care they received living in Newtownpark House. One resident told the inspector that staff were exceptional and "you were never left waiting for help." Another resident told the inspector that it felt like living with one big family where both residents and staff looked out for one another. All residents said they enjoyed having people to speak to every day and that there was always something to do.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall, the findings of this inspection were that Newtownpark House was a well-managed centre where there was a focus on ongoing quality improvement to enhance the lived experience of residents. The inspector found that residents were receiving a high quality of service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by Nursing and Caring Services Ltd., who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge works full time in the centre and has the relevant experience and academic requirements as set out by the regulations. The person in charge is supported by a senior manager who is the named representative for Nursing and caring Services Limited. In house they are supported by an assistant director of nursing who deputises in their absence. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key quality and performance data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement. There were clear action plans from these meetings and these actions were reviewed at subsequent meetings to ensure completion.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

A selection of staff files were reviewed on the days of inspection. All files inspected were observed to contain all relevant documents, as set out in the regulations. There was evidence of An Garda Síochána vetting and relevant training in all staff files, as well as relevant proof of identification and references which helped to ensure appropriate staff were recruited to work in the centre.

A review of the incident log and complaints log provided evidence that all notifiable incidents and safe-guarding concerns were notified in line with regulatory requirements. Quarterly notifications were submitted as per regulatory requirements, including the quarterly notification for the use of restraints which was seen to be in line with the centre's restraint register.

## Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post registration management qualification in healthcare services and worked full-time in the centre.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed a sample of five staff files and found that they were kept in accordance with Schedule 2. All records as set out in Schedules 2, 3 & 4 of the regulations were retained on site for the required regulatory time frames.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The governance and oversight systems that were in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements, including clear evidence of resident consultation in the process.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.



Judgment: Compliant

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a completed application to renew registration of 62 beds in the designated centre within the required time frames. The prescribed information to accompany the application to renew the centre's registration was also received and included a statement of purpose and floor plans which represented the layout of the designated centre. accurately. The required fee for the renewal of the registration was also submitted.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

There was an open visiting policy and visitors were observed attending the centre throughout the inspection. Residents could receive their visitors in the privacy of their bedrooms or in private visiting rooms as required.

Residents had good access to their General Practitioner's (GP) services and other health and social care specialists. records showed that the national screening program was made available to those residents who qualified and wished to participate. Residents were supported and encouraged to attend scheduled out patient appointments.

Overall the layout of the premises promoted a good quality of life for residents. There were suitable ancillary services throughout the building, including appropriate hand washing facilities. The centre was clean and well maintained. There was a choice of communal spaces available to residents and a well maintained garden space. However, storage in the centre needed review. The inspector observed multiple bathrooms across both buildings that had mobility aids and other non clinical items stored in them.

The inspector noted good practices in infection prevention control in the centre including multi drug resistant organism surveillance and antimicrobial stewardship at the centre. Antibiotic use was regularly analysed, guiding infection prevention efforts. The centre maintained a low usage of prophylactic antibiotics, a practice in line with national standards.

A selection of nursing records were reviewed on the day of inspection. Each resident had a pre assessment carried out prior to admission and a comprehensive assessment carried out within 48 hours of admission to the centre. Care plans were individualised and many clearly reflected the health and social needs of the residents. However, some care plans, which had recently been updated to reflect care directives from a member of the multi disciplinary team contained conflicting information and did not clearly guide staff on the appropriate care interventions required to meet the residents' current needs.

### Regulation 11: Visits

There was an open visiting policy operating in the centre. The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

### Regulation 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

### Regulation 17: Premises

Storage in the centre needed review and did not conform to Schedule 6. For example;

- Mobility aids were stored in bathrooms across the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management

An appropriate risk management policy was in place in accordance with the regulations.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had ensured that the procedures, consistent with the standards for the prevention and control of healthcare associated infection published by the authority were implemented by staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Actions were necessary to ensure that residents' care documentation reflected their individual assessed needs and were updated to clearly direct staff regarding the care interventions required to meet each resident's assessed needs. For example:

- Two residents had conflicting information in their nutrition and hydration care plans because the care plans had not been appropriately updated following a review by the dietitian. This created the risk that the residents may not receive the prescribed care in line with their current needs.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. Residents had access to a general practitioner (GP) of their choice. GP's visited residents regularly in the designated centre. Allied health professionals such as

dietician, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Newtownpark House OSV-000075

Inspection ID: MON-0044000

Date of inspection: 11/10/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Equipment not in daily use will be stored in storage areas outside the building. Designated area for other equipment will be sourced and all staff will be advised through meetings, e mails and posters not to store equipment in bathrooms. Nurse in charge on each unit to ensure that this is complied with.</p>	
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: All nurses will be educated through meetings, handover time and e mails to ensure that when care plan updated all steps which are no longer in use are voided.</p> <p>A holistic care plan is also being introduced; this careplan framework is designed to create individualised careplans that includes all relevant information to assist staff in providing care that meets residents changing needs.</p>	





## 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	01/12/2024
Regulation 5(4)	The person in 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.	Substantially Compliant	Yellow	30/01/2025