



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:	18 November 2024
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0045213

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 120 residents, male and female over the age of 18 years. There are 102 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:	109
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 November 2024	11:07hrs to 11:55hrs	Lisa Walsh	Lead
Thursday 14 November 2024	09:30hrs to 18:20hrs	Lisa Walsh	Lead
Monday 18 November 2024	17:15hrs to 17:46hrs	Lisa Walsh	Lead
Thursday 14 November 2024	09:30hrs to 18:20hrs	Helen Lindsey	Support
Thursday 7 November 2024	11:07hrs to 11:55hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were content living in Northwood Residential Home. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. During this unannounced inspection, inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. Inspectors also observed the different areas of the centre, interactions between residents and staff, and reviewed a range of documentation. Residents spoken with were complimentary of the staff, with one resident saying staff are "wonderful" and "very kind". Another said they 'had no feedback to give, other than everything is excellent'. Throughout the day, inspectors observed staff to be kind and patient with residents.

Even with the praise for individual staff members, some residents spoken with on the second day of inspection, expressed their view that there needed to be more staff on duty and gave examples of waiting extended times for care and attention. A resident and visitor also said that there are times when the call bell is out of reach for the resident and they would have no other way of calling for assistance. Some residents and visitors also noted that at times other residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) may enter their room without their permission.

There were three days of inspection, two days were short visits to view the activity room on the ground floor of the centre, for which an application to convert this room to a bedroom was received by the Chief Inspector.

On the 14 November, the second day of inspection, following an introductory meeting with the person in charge and the chief risk compliance and services officer, inspectors were accompanied on a tour of the centre.

Northwood Residential Home is located on the Ballymun Road and is close to a variety of shops and restaurants. The centre is set across six floors, accessible by stairs and lifts, with the third floor designated for residents with cognitive impairment. Residents were accommodated on the ground, first, second, third and fourth each floor in 102 single occupancy bedrooms and nine twin occupancy bedrooms, all of which were en-suite. The laundry was located on basement floor. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Each floor had its own dining room, activity room, sitting room and family room, which were nicely decorated.

On the ground floor, near reception, there was a coffee dock where many residents and their families were seen to use when visiting. This had comfortable furnishings and was observed to be a very social space. Residents and visitors said they really enjoyed this area. This led out onto secure well-manicured gardens, which also had a smoking shelter available for residents to use with appropriate fire equipment,

such as, a metal ash tray and fire blanket. The garden was nicely decorated with hedges, trees, shrubs, flowers and a water feature with appropriate garden furniture for residents to enjoy while sitting outside.

Inspectors observed the dining experience throughout the centre on day two of the inspection. Meals were prepared in the kitchen on the ground floor, pre-plated and with sauces added, and then brought to the serving areas on each floor. The meal time experience was quiet and was not rushed. However, some residents were observed to be sitting a prolonged period of time waiting for the meals to be served. For example, seven residents on the third floor had been brought to the dining room early and were sitting in the dining room at 12.10pm awaiting lunch to be served at 12.30pm. Residents who required assistance with their meals were supported in a dignified and respectful manner. All residents' whom the inspectors spoke with were complimentary of the food.

On arrival to the centre, some residents were up and neatly dressed. On the first and second floor there were several residents sitting in the dining rooms on each floor from 10:10am waiting to go down to the ground floor where the scheduled activity was taking place. Residents waiting in the dining rooms on the first and second floor had no meaningful activation while waiting and were observed to be sitting quietly in the room. A catering staff member was present in the dining room tiding while residents were seated in the dining room. While there was a nurse in corridor on unit, they were administering medication on the floor and healthcare assistants were in residents rooms supporting them with their morning routine. This resulted in only catering staff being present to supervise residents.

There was an activity program in place. Residents observed taking part in these activities enjoyed them and gave positive feedback about the activity. For example, on day two of the inspection, six residents were baking in the morning and a large group of residents were playing bingo in the afternoon. From a review of the planned schedule, there was no activation formally scheduled for residents at the weekends. Management records detailed that the registered provider had planned to increase activities at the weekend by allocating a staff member, but this was not shown on the schedule as displayed. While the schedule did not show external trips, records reviewed showed that there had been trips out to local scenic areas, for fish and chips, and to local shops and cafes in the previous months.

Activities generally took place on the ground floor with a large number of residents in the open dining room sitting room. Residents who did not want to attend these activities stayed on the other three floors. Activities on the other three floors were limited but included, watching the television and listening to music. A small number of residents chose to sit on the corridor by the nurses office, they enjoyed board games, and chatting to people passing.

Residents gave mixed feedback about activities with some saying they enjoyed the activities. However, some residents said they did not like the activities that were provided on the ground floor and some resident said the activities were "boring".

Some residents also said that they did not like to go to the sitting room on the floor where they were accommodated, with one resident saying this was "depressing".

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

There were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. While there were some good practices identified, inspectors found that some improvements were required to ensure all aspects of the service met residents needs, and were in line with the regulations. This included ensuring there were sufficient staff available at all times to meet residents needs, and ensuring meaningful activities for the number and interests of the residents living in the centre.

This was an unannounced inspection which took place over three days in Northwood Residential Centre, to assess compliance with the regulations and review the registered provider's compliance plan from the previous inspection in January 2024. A completed application to vary condition 1 and 3 of the centre's registration had been received by the Office of the Chief Inspector before the inspection, and this application was under review as part of this inspection also. The two shorter visits were to review the activities room the provider had applied to register as a bedroom. Inspectors also followed up on a number of issues of concern received on different occasions from members of the public since the last inspection, in relation to, care being provided, pressure area care, staffing arrangements and supervision of residents with a particular focus on residents who were admitted to the centre on respite.

Bartra Opco (Northwood NH) Limited, the registered provider, operates Northwood Residential Home. The person in charge reported to the chief executive officer and worked full time in the centre. It was evident that the person in charge was well-known to the residents and they demonstrated a commitment to providing a good quality service for the residents. They were supported in their role by one assistant director of nursing and four clinical nurse managers. The person in charge also had oversight of a team of nurses, healthcare staff, activity staff, chefs, a catering and domestic team, administration, and maintenance staff.

The governance arrangements for the centre included support from senior managers in the wider Bartra Opco Group, including human resources, chief financial officer, and a compliance, quality and risk manager. There were regular meetings with the senior management team to go through key areas for the operation of the centre, for example key performance indicators such as falls, pressure areas, restrictive practice, and the monitoring of any healthcare acquired infections. This regular

review also covered any admissions or discharges, staffing requirements, and any complaints that had been made. There was also a focus on audit findings and keeping the risk register under review. Other regular meetings with the management team focused on clinical issues, with a review of significant changes to residents needs. The activities plan for residents was kept under review, including trips out, and staff training. Other regular meetings for oversight included health and safety meetings, activity co-ordinator meetings and a falls committee, nurses meetings, and healthcare assistant meetings.

There was evidence of the registered provider responding to areas for improvement. A resident survey had been undertaken which provided information on a number of areas including staffing levels, activities and premises including bedrooms. A record of a management meeting in September covered a review of activities in the centre, noting resident feedback for more activities be made available. It noted a plan to have activities staff in place one day at the weekend in addition to 5 days of the week, and for there to be more outings arranged. While the activities program did not include weekend events, a person on the roster at the weekend was allocated to provide activities. While there was a comprehensive structure in place that kept the operation of the centre under review on a regular basis, the findings on the inspection identified some areas where action was required to be in full compliance with the regulations. This is set out further under the regulations in this report.

There was an annual report in place for 2023 setting out residents views, a summary of key data relating to the centre, and also an improvement plan for 2024, which was seen to be progressing.

Records showed that staffing levels were kept under review, and that vacant posts were covered either with existing staff completing additional hours, or agency staff hours. While there was a focus on the staffing levels, inspectors noted periods of time where there were no staff available to supervise residents, or to answer call bells, due to being engaged in direct care delivery. For example, when inspectors walked around at around 11.30am, they observed on the first floor that there were 11 residents sitting in the dining room, with no staff available to supervise and support residents. On the 3rd floor just after 11.30, there were seven residents sitting in the sitting room, with no staff supervising.

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

The provider submitted an application to vary condition 1 and 3 of certificate of registration to convert an activity room to a bedroom and increase the occupancy from 120 to 121 registered beds. This was under review during the time of the inspection.

Judgment: Compliant

Regulation 15: Staffing

A review was required of the number of staff having regard to the needs of the residents, the size and in particular the layout of the designated centre to ensure effective delivery of care. The findings of this inspection were that:

- Some residents told inspectors that sometimes they had to wait for a prolonged period of time before they received the care requested. For example, a resident said they have had to wait up to 30 minutes on occasion for staff to attend to them after using the call bell to seek assistance.
- Inspectors observed a resident waiting seven minutes for their call bell to be responded to. At the time, there was only one staff member available for 11 residents.
- Inspectors observed nurses administering medicines in the morning while also trying to supervise residents who were seated in the dining rooms on the first and second floor. Healthcare assistants were unavailable at this time as they were supporting other residents with their morning care, leaving only catering staff to supervise the residents.
- Inspectors observed during the morning of the second day of inspections where residents were unsupervised for periods of time.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were comprehensive oversight systems in place, including a clear management structure, some issues were identified by inspectors, that had not been fully addressed:

- A wide range of audits had been carried out, however, improvement plans had not successfully addressed some gaps in the care plans and health care records.
- Further oversight was required to ensure the staffing arrangements having regard to the size and in particular the layout of the designated centre were appropriate to meet the needs of all residents. This is detailed in Regulation 15: Staffing.
- The closing of complaints correspondence did not follow their own policy.
- While improvements had been planned for the activities provided in the centre, the changes had yet to make an impact for residents, especially those not going to the ground floor for the daily schedule of activities.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear policy in place setting out how complaints were managed in the centre. This included allocating a complaints officer and a review officer. The policy set out how verbal and written complaints were to be managed, including time lines, and information to be included in the letters issued to complainants.

The complaints policies were displayed clearly in the centre, and the record of complaints showed that residents and their families were using the process open to them to raise concerns.

One area where the policy was not being followed consistently was to ensure the letters sent to the complainant included information on what next steps would be available to them. The policy in place gave specific wording to include, and in the examples seen, this had not been included.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures set out in Schedule 5. These were available to staff and reviewed at intervals not exceeding three years. These were supported by additional policies to give guidance to the staff team on a variety of topics. For example positive risk taking, management of pain policy, consent and advocacy policy, and policy on CCTV.

Judgment: Compliant

Quality and safety

Inspectors observed kind and compassionate staff treating the residents with dignity and respect, as described above. However, this inspection identified areas where improvements were required to ensure a good standard of care and support was provided to residents. Specifically in relation to, resident's rights, assessment and care planning and health care.

Inspectors reviewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission. Comprehensive person-centred care plans were based on validated risk assessment tools and that these care plans were reviewed at regular intervals, not exceeding four months. Notwithstanding these areas of good practice in care planning, some gaps were observed concerning assessments and care plans and the provision of this care, which will be outlined under Regulation 5: Individual assessment and care plan and Regulation 6: Health care.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, tissue viability nurse, physiotherapy, dietitian and speech and language, chiropody, as required. There was evidence of ongoing referral and review by allied health professional as appropriate. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

In general, residents' choices and preferences were seen to be respected. Inspectors saw that staff engaged with residents in a respectful and dignified way. Residents had access to independent advocacy services, with the advocacy service details on display throughout the centre in a variety of areas. Residents also had access to newspapers, radio, television and internet services. Residents were consulted with about their individual care needs and residents' meetings were held regularly, with a good level of attendance by residents. While a varied activity schedule was displayed it was limited in the options it offered. For example, Monday showed nail care as the afternoon activity, and Tuesday morning showed foot spas. Activity records showed the number of people who engaged in these activities were limited. Some residents were observed to enjoy some of the activities available, however, inspectors observed lengthy periods of time where some residents were observed sitting in communal areas without other meaningful activation.

There were arrangements for residents to receive visitors in public and private areas comfortably. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke of enjoying visits from loved ones. Visitors spoken with by inspectors were generally complimentary of staff, management, and the care delivered.

Inspectors observed that there was ample drinks available for residents throughout the centre and snacks were frequently offered to residents. Residents were also offered refreshments throughout the day. Residents had a variety of food choices available to them each day. The menu options were also available for residents on a modified diet or sugar-free diet, to ensure dietary requirements were being met. Residents expressed satisfaction with the choice of food and they assured inspectors that it was enjoyable.

While medication practices were not fully reviewed, it was noted some residents were receiving their 9am medication at 10.30am, this was outside the one hour window as per professional guidelines.

Regulation 11: Visits

Inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and residents reported that adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents who had special dietary requirements had care plans in place and were seen by a dietitian as required. There was adequate supervision and assistance at mealtimes, and residents requiring support from staff received it discreetly. Where residents required, there were different cups and cutlery to support residents independence as much as possible. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to hospital were discussed, planned and agreed with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of assessments and care plans and found that residents had care plans developed to meet the assessed needs of residents identified on both pre-admission and on comprehensive assessments. However, there were some gaps in assessments and care plans. For example:

- A resident who was identified to have a pressure ulcer which required a wound care plan to be in place. However, the wound care plan was not in place until two weeks after the identification of the pressure ulcer.
- Following an incident, a resident required a wound assessment, however, there was no record of this being completed until several days after the incident.

Judgment: Substantially compliant

Regulation 6: Health care

In general there was a good standard of evidence based medical and health care provided in this centre. However, some action was required to ensure that this was delivered as per the residents care plan. For example:

- Two residents with a pressure ulcer who had been review by a tissue viability nurse, had care plans in place to ensure their needs were met. However, on review of nursing records care was not always delivered as detailed in the residents care plan. For example, the residents care plans detailed that the resident be repositioned every two hours and for them to have their skin assessed three times a day. On review of a sample of the residents records there were gaps when there was no record of the residents having been repositioned on some days. In addition, the residents were due to have their skin assessed three times a day, records indicated that this was was being completed twice a day.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were informed that there was one activity staff and a healthcare assistant to provide meaningful activation across all floors for 109 residents on the day of inspection.

The provider had taken action to improve the provision of activities since the last inspection, however, this had yet to make a positive outcome for all residents.

There was an activity programme, that took place for the ground floor of the centre and residents were brought down from the other floors by staff. While an activity

schedule was displayed it was limited in the activities offered. Inspectors observed that this was only available from Monday to Friday and that some of the activities could only be offered to a small group of residents at a time, for example, baking and nail care.

The provision of activities observed, on the second day of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. For example, while baking and bingo was available for residents on the ground floor, for residents on the other four floors, inspectors observed that there was an over reliance on passive activities such as having music on the television and watching television. Some residents spoken with said they did not like the activities provided on the ground floor and other residents said the communal rooms on the other floors were boring. These are repeat findings from the previous two inspections.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

It was observed on one floor that medications were not administered in accordance with the directions of the prescriber of the residents concerned. Inspectors observed that medicines were being administered one hour and 30 minutes after the prescribed time during the morning.

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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Northwood Residential Home OSV-0007785

Inspection ID: MON-0045213

Date of inspection: 18/11/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing in Northwood Residential Home is in accordance with the home’s Statement of Purpose. Staff rosters are developed in accordance with the appropriate staff skill mix to ensure safe service is delivered to residents in the nursing home considering the layout of the building. There are four nurses on duty for each shift, both day and night and 17.5 Healthcare Assistants (HCAs) during the day and nine at night. The staffing ratio for HCAs is 6:1 during the day and 10:1 at night for each unit. This figure excludes the supernumerary Clinical Nurse Managers and Activity Co-Ordinator who are available to meet the residents' needs as required.</p> <p>Following the inspection, the senior clinical team reviewed the staff roster and the allocation of staff to ensure there is adequate supervision on the floors, in particular in the dining rooms, during morning hours. The allocation sheets have also been adjusted to highlight this allocation.</p> <p>During staff meetings on the 19/11/2024 and daily handover meetings, staff were reminded of the importance of resident supervision and were also reminded to answer the call bell promptly without any delay.</p> <p>Northwood Residential Home conduct monthly call bell audits to ensure the call bells are regularly answered promptly and timely, these audits are reviewed and analysed. The most resent Resident's surveys in November 2024 affirmed the staff attendance and prompt response to call bells.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Northwood Residential Home has a well-defined management structure with clearly defined accountability and responsibility. The Person in Charge (PIC) works full-time in the centre and is supported by an Assistant Director of Nursing (ADON) and four clinical nurse managers, who are supernumerary.

A regular auditing system is in place to ensure that the services provided are safe, appropriate, consistent, and effectively monitored. Following each audit, action plans are generated and signed off once completed. Audit findings are reviewed monthly by the Director of Nursing (DON) and ADON to identify trends, patterns, areas for improvement, and any gaps in care plans and healthcare records.

Following the inspection, the senior clinical team reviewed the staff roster and the allocation of staff to ensure there is adequate supervision on the floors considering the size and layout of the building, in particular in the dining rooms, during morning hours. The allocation sheets have also been adjusted to highlight this allocation.

Northwood Residential Home has an up-to-date Complaints policy in place in line with the regulations, while the PIC is experienced in managing complaints they will ensure that moving forward, all complaint responses include adequate information about the next steps to take in line with the Complaints Policy.

Northwood highlighted improvements that were needed in relation to activities which were highlighted during the inspection. Following the inspection a meeting took place with the Activity Coordinators on the 09/01/2025 and developed a plan to address the social care needs of residents, particularly those who do not participate in ground-floor activities. It was agreed that the activity schedule would be revised to include a choice of at least two activities at each time slot. This was completed and in place as of the 13/01/2025.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Northwood Residential Home has an up-to-date Complaints policy in place in line with the regulations, while the PIC is experienced in managing complaint and had completed a thorough investigation into all complaints received, they will ensure that moving forward, that all future complaint responses will contain sufficient details regarding the next steps, in line with the Northwood Complaint Management Policy.

Regulation 5: Individual assessment and care plan

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following the inspection on the 14/11/2024 the Person in Charge (PIC), Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM), and Staff Nurse (SN) reviewed all assessments and care plans to ensure they are consistent and clearly describe residents' care needs and preferences in a detailed, person-centred manner. On 19/11/2024, the PIC held a meeting with the SNs and emphasized the importance of developing and updating residents' care plans promptly, particularly following any changes to their condition and subsequent assessments. This ensures the care plans remain effective in guiding staff to deliver high-quality, person-centred care. The staff nurses were also reminded about creating the events for any skin changes and completing a wound assessment/ skin assessment whatever is applicable without any delay. The assigned CNMs of each floor are also to ensure this practice is followed and is consistent.</p> <p>A percentage of care plans are audited monthly as part of our clinical governance system. Any actions identified during these audits are addressed and signed off upon completion. In addition, the PIC conducts random audits of care plans whenever there is a change in a resident's condition. During one of these audits on 06/09/2024, a delay in the development of a wound care plan was identified, and the care plan was initiated immediately following the audit.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Following the inspection, the senior clinical team met with the Staff Nurses (SNs) and team leaders on the 19/11/2024 to stress the importance of repositioning residents and ensuring timely documentation. The SNs were reminded to document any refusal to be repositioned in both the progress notes and the care plan.</p> <p>The Person in Charge (PIC) contacted our Care Plan Management System Company on the 18/12/24 to introduce a new section for documenting the three times daily skin checks. This was completed and implemented on the 13/01/25 and nurses were also reminded to record the skin checks in the progress notes. The Clinical Nurse Managers for each unit conduct regular audits of the documentation to ensure that all relevant care needs are accurately recorded.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

A full review of the activity schedule and activity staff allocation was completed following the inspection on the 09/01/2025 to ensure that all residents have equal access to social activities and to fully utilize the available activity rooms for social engagements. The activity coordinator will maintain and update the activity schedule weekly, ensuring it includes a plan for 6 days of activities. Efforts will be made to provide a variety of options to cater to different preferences. Alternate activities will be highlighted on the calendar for residents who may not wish to participate in the main group activities held on the ground floor. This ensures that all residents have an opportunity to engage in activities of their choosing.

While group activities are primarily scheduled on the ground floor, alternative activities will be available on each of the other floors for residents who do not wish to join these group sessions. This strategy ensures inclusivity and access for all.

For residents who prefer not to participate in group activities, the activity team will focus on providing personalized 1:1 sessions and organizing external trips. This is particularly beneficial for residents with more individualized interests or preferences. Any instances where residents decline to attend activities will be carefully documented in their daily notes and recreational care plans.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Though delayed medication administration is not a regular occurrence in Northwood Residential Home, following the inspection, the Senior clinical team met with the nursing staff and emphasized the importance of administering medications in line with the Northwood Medication Management Policy and in accordance with Nursing and Midwifery Board of Ireland (NMBI) guidance.

Additionally, the Person in Charge (PIC) contacted the Medication Management System supplier on the 19/11/2024 to develop a reporting system that allows the senior clinical team to track the administration times each day by each nurse. This report was developed and went live on the 20/12/2024. The senior clinical team is reviewing the medication administration time regularly and nurses' performance is monitored closely.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/01/2025
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	13/01/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Substantially Compliant	Yellow	20/12/2024

	the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	14/11/2024
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	13/01/2025
Regulation 6(1)	The registered provider shall,	Substantially Compliant	Yellow	13/01/2025

	having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	20/01/2025