<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Newbrook Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000074</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballymahon Road,</td>
</tr>
<tr>
<td></td>
<td>Mullingar, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>044 934 2211</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:phil@newbrooknursing.ie">phil@newbrooknursing.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Newbrook Nursing Home</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Philip Darcy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>51</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 21 November 2014 10:30
To: 21 November 2014 19:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was an announced inspection and took place over one day with one inspector. The inspection was completed in response to an application made by the provider to vary the centre's conditions of registration by 13 beds from a maximum occupancy of 51 to 64 following construction of a new extension to the centre. As part of the construction, the provider decommissioned one bedroom in the existing building to facilitate a link corridor to the new extension.

On the day of inspection, the inspector spoke with residents and staff members and reviewed documentation including policies, risk management, audits and staff training records in addition to five resident and seven relative pre-inspection questionnaires received. Progress with completion of the action plan developed from
findings of the last inspection of the centre by the Authority in January 2014 was also reviewed on this inspection and found to be satisfactorily completed.

Residents were consulted about the operation of the centre and the new extension and told the inspector they had seen it. The collective feedback from residents both on the day of inspection and from resident and relative feedback reported in pre-inspection questionnaires was satisfactory in relation to care and the service provided.

Overall the inspector found that there was satisfactory compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Improvement was required in identification of risks with concomitant controls put in place to mitigate level of risk posed.

The newly built extension was found to provide enhanced indoor communal space and pleasant interesting outdoor space. Bedrooms were spacious and bright. Many rooms had a view of the canal that runs along the back perimeter of the building. The new extension complimented the existing centre premises, was well decorated and was incorporated well into the layout of the overall premises.

Since the last inspection of the centre in January 2014, Information was received by the Authority in July and August 2014 referencing;
1. Uncomfortable environmental temperatures in hot weather.
2. Failure to give a resident adequate opportunity to participate in a social activity in the centre and management of clothing.
This information was forwarded to the provider who completed an investigation in each case and identified actions to address findings and prevent reoccurrence.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A copy of the centre's statement of purpose and function dated 02 September 2014 was forwarded to the Authority as part of the application to vary the conditions of registration documentation. This document was reviewed and the inspector found that the statement of purpose contained all of the information as required by schedule 1 of the Regulations and was revised to include the new twelve bedded extension. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

Judgment:
Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure in place that identified the lines of accountability and authority in addition to evidence that the provider worked with the person in charge on a consistent and supportive basis in the governance and management of the centre. The clinical management structure was also supported by a
The inspector observed that meetings were held at multiple staff levels which were minuted. The person in charge told the inspector that this practice ensures good inter-team communication, gave staff a forum to address issues and promoted interdisciplinary team cohesion to ensure staff were informed and supported to comprehensively meet residents’ needs as described in the statement of purpose document.

The inspector found that there were sufficient resources to meet the needs of an additional thirteen residents in terms of facilities, additional staffing resources, staff training and professional development and equipment to ensure effective delivery of care in accordance with the centre’s statement of purpose on the day of inspection. Service records were reviewed and found to be up to date. Newly installed equipment such as a new bedpan washer was commissioned in readiness for an increase in the resident capacity of the centre. There was evidence that staff could get equipment for residents to meet their needs. A procurement template was made available to the person in charge to be used for ordering resources in addition to provision of a level of funding which afforded the person in charge independent purchasing autonomy.

Monthly governance and management meetings were attended by the provider and person in charge and minutes referenced risk management as a standing agenda item. The inspector found that there was a culture of quality monitoring and improvement with systems in place to ensure that the service provided was safe, appropriate to meet resident needs, consistent and regularly monitored in response to an auditing schedule. Quality reports dated 05 February 2014 and 17 November 2014 were reviewed by the inspector. The reports referenced a quality review of the National Standards on activities and recreation provision, end of life care and meals and mealtimes.

There was evidence of meaningful actions implemented in response to resident feedback and informed by the assessed needs and capacity of the resident population to improve the quality of the service and the quality of life experience for residents in the centre. These quality improvement initiatives are discussed in outcomes 11, 14 and 15 of this report.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Contracts of care were the subject of an action plan from the last inspection of the centre in January 2014 in relation to clarity of information on fees charged and arrangements for residents for whom the provider acts as agent for collection of their social welfare pension. A recently revised copy of the contract of care document was given to the inspector which the provider stated will be given to each resident for their agreement. Existing contracts were revised following the last inspection, were signed and specified fee details. Procedures and processes for collection of some residents' social welfare pensions on their behalf were transparent, subject to audit and on the documented instruction of the resident or their significant other.

A resident’s guide was available to each resident which advised them of the services provided. Large notice boards were located in communal areas advising residents on useful information that may be of interest to them. A large activity board on a communal corridor advised residents of the recreational activities available to promote their independent choice regarding participation. The bedrooms in the new extension were individually numbered and corridors were named and painted in different colours to promote the independence of residents in locating their accommodation. The inspector viewed a copy of a quarterly newsletter published in the centre and included contributions from residents.

Each bedroom in the new extension was fitted with WiFi access.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the person in charge had authority and accountability for the service provided and was adequately involved in the governance, operational management and administration of the centre. She is a registered nurse and has a postgraduate qualification in gerontological nursing. She has the required experience in caring for dependant people and management of a residential care facility gained prior to and since commencing in the role of person in charge of Newbrook Nursing Home. The training records confirmed that the person in charge had maintained her professional knowledge and development up to date by attendance at various courses and training sessions. She facilitated this inspection and worked on a full time basis in the centre.
The person in charge had sufficient systems in place in particular relating to information governance evidenced by regular departmental staff meetings, clinical quality and safety monitoring systems and information required was easily accessed and organised. Residents spoken with knew who the person in charge was. Pre-inspection relative and resident questionnaires forwarded to the Authority referenced that the person in charge was approachable and welcomed their queries and concerns.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained and available for review. There was evidence of adequate insurance against accidents or injury to residents, staff and visitors.

All of the written operational policies as required by Schedule 5 of the Regulations were available and up to date. The admissions discharge and transfer policy dated 01 July 2014 was available and reviewed by the inspector and reflected practice in the centre.

The directory of residents was maintained in an accessible format.

Records to be maintained in respect of each resident as described by the regulations were secure and in place, some of which was stored on a computerised storage system protected by password.

Incomplete recording of the full name of some staff and the physiotherapist's working hours on the staff duty roster and as such was the subject of an action plan from the last inspection in January 2014 which was found to be satisfactorily completed on this inspection.
Judgment: Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were suitable deputising arrangements in place should the person in charge be absent and the Provider was aware of his responsibility to notify the Chief Inspector of the absence. To date the person in charge had not been absent for a period of more than 28 days.

Judgment: Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that there were satisfactory arrangements in place to safeguard residents on this inspection. Staff training on prevention, recognition and management of elder abuse was found to be incomplete on the last inspection of the centre in January 2014 and was the subject of an action plan from that inspection. On this inspection, the inspector confirmed that all staff had attended this training from review of the training records and assessment of staff knowledge on protection of vulnerable adults which was found to be satisfactory. An up to date policy document was in place to inform procedures in this area of practice including protection of those making any disclosures. Vetting procedures were completed for all staff employed in the centre.
including volunteers.
A receptionist worked from a location inside the front door of the centre and monitored access while on-duty five days per week. The front doors were secured and staff assumed access control when the receptionist was off duty. Residents spoken with by the inspector and residents who completed pre-inspection questionnaires reported feeling safe and secure in the centre.

This information supported healthy, responsive staff interactions with residents. The inspector also observed staff - resident interactions on the day of inspection and found that all staff interactions were perceptive, healthy and responsive to residents' needs, including residents with challenging behaviour and dementia. Call bells were observed to be answered promptly by staff.

There was evidence that any incidents of staff interactions with residents of a less than adequate standard were fully investigated and residents were adequately protected while investigated. From investigation documentation reviewed and actions taken, the inspector observed evidence of a 'no tolerance' attitude by the provider and person in charge for less than respectful and appropriate resident care practices by staff.

Resident finances were reviewed as part of this registration renewal inspection process as this area was identified for improvement on the last inspection in January 2014. The provider acts as agent for collecting some residents' pensions and some residents' monies was lodged into individual named accounts within the account for the centre. On review of this practice, inspector found that all procedures involving residents' finances were transparent and residents were able to access their money when they wished. Supporting policy and procedural documentation to inform management of residents' finances was reviewed during inspection to ensure that all aspects of this arrangement was supported and informed by a comprehensive policy. This policy was dated 26 August 2014. Residents had access to a lockable facility in their bedrooms.

A policy document was in place to inform management of behaviour that challenges exhibited by residents and promotion of a positive approach to managing same whilst supporting the resident concerned. The person in charge informed the inspector that some of the residents currently residing in the centre exhibited intermittent behaviour that challenged which was proactively managed with positive outcomes for residents. All staff with the exception of one person had attended training on 'responsive behaviours in dementia' in 2014 which included management of challenging behaviour.

A resident restraint register was maintained in the centre as part of the clinical risk register documentation. All residents had bedrail assessments completed and there was evidence of a proactive approach to minimising bedrail use with adequate monitoring and review. Where bed rails were used a risk assessment supported the necessity and in some instances the residents themselves wished to have bed rails in place at night time. The centre's physiotherapist was involved in bedrail assessments for residents. 46 of the 64 beds (including beds in the new extension) were low-low in design to promote a restraint free environment. The inspector was told by the provider that a bed replacement programme was ongoing. An up-to-date policy document was available to inform restraint use in the centre.
**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the health and safety of residents, visitors and staff was generally promoted on this inspection. Incomplete staff training on safe moving and handling procedures, fire safety and fire drills was the subject of action plans from the last inspection in January 2014. The inspector confirmed that these actions were complete for 2014 from a review of the centre's staff training records. The risk management policies to inform practices in relation to residents at risk of self-harm and management of violence and aggression did not adequately inform practice and were also the subject of action plans from the last inspection. The inspector reviewed these policies on this inspection and found they were satisfactory. The policies to inform management of violence and aggression and risk of self-harm were reviewed and updated on 10 March 2014.

The inspector reviewed the centre's safety statement and saw that the safety statement was up to date. A risk register was maintained informing environmental, chemical and clinical risk mitigation. There was evidence that this was a dynamic document loaded up on the centre's computerised data management system to ensure version control and ready and easy access for staff reference. The clinical risk register included clinical risks such as residents using restraint and bedrails, at risk of weight loss, challenging behaviour, leaving the centre unaccompanied, swallowing difficulties, smoking and others. Controls to mitigate these risks included but not limited to; missing person drills for staff, readiness of a missing person emergency resource box, review schedules by allied health professionals, supervision schedules and use of smoking aprons. The inspector observed that some risks identified on inspection of the new extension, although identified by the provider and person in charge were not included in the risk register with concomitant controls to mitigate potential for resident, visitor or staff injury.

The unreferenced areas found were:
- risk posed by wet floors inside the door to the outside of the building which was a designated fire exit door in addition to providing fob access to the car park for staff. The provider advised that this risk had been identified and control measures were being implemented.
- although out of general public view and access by vulnerable residents, storage of mobile bulk waste collection units was not in a safe and secure area. The bulk clinical
waste bin was locked. The provider had identified this deficit and had commenced action to provide a safe designated waste collection area on the site.

- risk posed by potential obstruction of the designated fire exit by resident chairs in the new sitting room. Although no obstruction was present on the day of inspection from the layout of furniture in the room, the potential for obstruction from mobile assistive chairs used by residents was not identified to ensure staff were alerted to risk of same.

Health and safety and risk management was a standing agenda item on meetings at all levels and review of minutes of these meetings referenced discussion and actions to address actual and potential risks as a result of building work on the site and opening the newly refurbished area. Actions were identified to ensure that residents were kept safe and comfortable. From discussion with the provider, person in charge, staff in the centre and review of documentation presented, the inspector concluded that the practices were reflective of the health and safety and risk management systems in place to ensure compliance with regulation 26. The centre had access to a full time maintenance person who carried out daily, weekly and monthly safety checks to ensure risk was minimised. The inspectors saw that these inspections were up to date and where deficits had been identified actions had been taken.

There was evidence of learning from any serious incidents involving residents informed by a process of root-cause analysis of all such incidents. The inspector observed the outcomes of same to be meaningful following in-depth critical analysis with both proactive and reactive measures identified to correct deficits in addition to updating of the risk register to prevent re-occurrence.

Fire doors and exits were unobstructed on the day of inspection and a daily check on the means of escape was completed by the maintenance person. Installation and commissioning of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment including carbon monoxide sensors had been completed and documentation reviewed confirmed they were in working order. Equipment including fire extinguishers and blankets were available at various points throughout the new extension. A fabric material flammability test report was available dated 21 November 2014. Fire safety checking procedures were in place and documented and were incorporated into the established checking, testing and servicing schedules completed in the existing centre premises. Fire evacuation drills had commenced for staff in the new extension to familiarise staff with evacuation procedures in the event of an emergency in this area. A declaration of compliance with fire safety legislation signed by a competent person in fire safety was received as part of the application to vary the centre's conditions of registration documentation. Emergency plans for safe refuge for residents were in place to support the emergency policy in Newbrook Lodge Nursing Home, also owned by the provider and located on the same site as Newbrook Nursing Home.

Fire safety training was completed by all staff, confirmed by the staff training records and staff spoken with by the inspector were familiar with the emergency procedures in the event of a fire.

The new extension was visibly clean. Hand hygiene stations were located throughout the new extension in addition to installation of appropriate hand hygiene sinks, cleaning
solution and disposable towel dispensers and waste collection bins. Environmental cleaning procedures, schedules and evaluation of staffing requirements were satisfactorily completed. The staff training records reviewed by the inspector referenced that all staff had attended training in Infection control including hand hygiene. All twelve bedrooms in the new extension provided single room accommodation with en-suite toilet and hand washing facilities. An infection control policy and manual last reviewed 29 August 2014, which also included procedures for management of communicable infection and infection outbreak was available to guide and inform staff.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
On the last inspection of the centre in January 2014, inspectors found that not all discontinued medications were signed by the GP on resident's prescription records reviewed and the medication policy did not include procedures on medication self-administration by residents. These actions were satisfactorily completed. An up-to-date comprehensive policy was available to advise staff on management of residents' medications. A pain management policy reviewed 09 September 2014 with reference to pain assessment was available to advise and support practice in this area.

Residents' medications were stored in secure units in their bedrooms to promote ownership and to reduce the associated risks with medication trolley transportation, security and infection control in addition to potential for medication error and interruption of the nurse administering medications. Residents spoke positively about been facilitated to have their medications stored within their personal space.

The centre's pharmacist was well known to residents and confirmed in discussions by the inspector with residents. There was evidence of frequent auditing procedures completed by the pharmacist and support given by him to staff with medication management including training. In addition, the inspector observed that the pharmacist made himself available to residents and facilitated resident information sessions on topics of interest to them. The staff training records all staff nurses had attended medication management training in 2013/2014.

There were procedures in place for managing any medication errors in addition to return of unused and out of date medicines. Controlled medications were stored securely in a
designated facility and stock checking procedures were undertaken as required by staff.

**Judgment:**
**Compliant**

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<th><strong>Outcome 10: Notification of Incidents</strong></th>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong> No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong> The provider and person in charge were aware of their legal requirements regarding notifications to the Chief Inspector including serious injury to residents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector as required.</td>
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<td><strong>Judgment:</strong> Compliant</td>
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<tr>
<th><strong>Outcome 11: Health and Social Care Needs</strong></th>
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<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong> The action(s) required from the previous inspection were satisfactorily implemented.</td>
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<tr>
<td><strong>Findings:</strong> There were two areas requiring improvement found on the last inspection in January 2014 and as such were the subject of corresponding action plans. These areas involving recording of review of residents' care plans with them and referral for psychological support for a resident at risk of self-harm. These areas were reviewed with the person in charge on this inspection and arrangements and actions taken were satisfactorily completed.</td>
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The inspector found on this inspection that arrangements were in place and staffing practices were adequate to meet residents' assessed health and social care needs. All resident assessment and care plan documentation was stored on a computerised data management system. This was supported by a policy on the creation of, access to, retention of and destruction of records updated in August 2014. The person in charge and staff training records confirmed that all registered nurses had completed training on the computerised resident documentation system in addition to access to a service level agreement for unlimited support which staff availed of. Residents' care needs were assessed using accredited risk assessment tools in each case. Training was completed in care planning by the majority of registered nurses and was on-going.

Residents had timely access to general practitioners (GP) with additional access available to other services including speech and language therapy and occupational therapy services. A dietician attended the centre on a weekly basis and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. The dietician was also involved in developing diet plans to support residents on intentional weight loss programmes. This area of care is discussed in Outcome 15. A physiotherapist was employed by the provider and attends the centre twice per week. There was evidence that he was involved in rehabilitation programmes for residents, residents' falls management, moving and handling, bedrail and restraint assessments. One resident who was unable to weight-bear for ten years previous to admission to the centre in 2013 was observed by the inspector walking following a structured physiotherapy and nutrition plan. All moving and handling procedures observed were safely completed. Support belts were used to assist residents with walking exercise prescribed by the physiotherapist as part of rehabilitation programmes to improve or exercise programmes to maintain residents' mobility.

Residents were facilitated to participate in activities in three communal areas within the designated centre. Resident activities were led by an activities co-ordinator with support by six care staff who had completed courses in an accredited sensory based programme to meet the recreational needs of residents with cognitive impairment and dementia. Each resident’s capability and interests were assessed and an activity programme was individually planned to meet their needs. More able residents could choose to participate in an activity that interested them most from a range of activities displayed. Activity provision was facilitated throughout all days of the week including weekends. The centre also had a hairdressing salon available for residents’ use. However, while some residents described the activities they participated in on pre-inspection questionnaires, two residents stated they while there was activities available, staff appeared busy and they wanted more time for one to one talking with staff as part of their activity programme. As the centre will now cover a larger area, there is potential for some residents to feel isolated. These responses were highlighted in feedback at the end of this inspection to the provider and person in charge as an area requiring improvement and close monitoring going forward to ensure residents do not experience isolation or inadequate opportunity to share their experiences. There were systems in place and a policy available to manage temporary absence and discharge of residents.

**Judgment:**
Non Compliant - Minor
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Action plans developed from findings on the last inspection in January 2014 were found to be satisfactorily completed on this inspection. The areas of non-compliance identified were related to inadequate space for residents to dine in the dining room which has been addressed by provision of a new dining area in the extension. The second area requiring improvement was the arranging of chairs around the walls of the sitting room and a lack of sensory stimuli in the internal courtyard/garden area which was not in line with best practice principles in dementia care. The inspector found that both of these areas had been satisfactorily addressed. Residents were observed in small clusters in the various day-rooms in the centre enjoying a variety of activities. The courtyard in the new extension was designed to support best practice dementia care in terms of reminiscence and sensory stimuli.

The provider applied to the Authority to increase occupancy of the centre from 52 to 64 residents by completion of a new extension consisting of 12 single bedrooms. As part of this inspection the inspector reviewed the new extension as part of the overall centre premises. On the day of inspection, the centre premises had been set up to accommodate 64 residents consisting of 41 single bedrooms with en-suite toilet, shower and wash basin, 15 single bedrooms without en-suite facilities, 2 twin rooms with en-suite toilet, shower and wash basin and 2 twin rooms without en-suite facilities. All bedrooms in the new extension had en-suite toilet, shower and wash basin facilities. The layout and floor space in each single room met the recommendations of the National Standards in terms of newly built extension.

As the new extension was built outside the existing structure, no part of the existing centre was closed during construction works with the exception of an existing small sitting dining area which was extended from 26.98m² to 76.2m² and provides a second dining area for residents. The new extension also provides a new communal sitting/day room measuring 55.02m² providing a total of five sitting/day room areas for residents’ use in the centre. The new sitting room opens out into an internal secure courtyard designed in the style of a traditional old-time shop street with wooden shop fronts and hanging flower baskets. This area provides a third internal courtyard area. Seating was placed at various points throughout. The glass in windows, some of which were located...
in residents' bedrooms were covered with material that gave the impression of looking into a variety of stocked shop windows but blocked views in through windows without any effect on view out or entry of natural light. Environmental temperatures and temperatures in residents' bedrooms were monitored. Residents could control the temperatures in their bedrooms at will.

The new extension provides 2 additional storerooms to storage areas in the existing centre, a second sluice, a kitchenette equipped with a fridge, microwave, toaster and kettle, a second laundry storage area an additional communal toilet, shower and wash basin. The Laundry is located outside the centre on-site and facilities and arrangements were observed to be of a satisfactory standard. The centre had a hair salon, large oratory, clinical room and an area dedicated to male and female staff changing room and staff canteen facilities. The main kitchen is located between the two dining rooms with direct access to both from same.

The premises were brightly decorated, with natural light entering all resident areas. Corridors were painted in different colours and named to assist residents with navigating the centre. Handrails were located on all corridors, showers and toilets were painted in contrasting colours to improve visibility for residents. Bedrooms in the new extension were each equipped with a locker, chest of drawers, a double wardrobe, a chair, a television and a bed for each resident. Bedroom windows overlooking the canal and back of the centre had net curtains fitted to ensure residents' privacy was respected.

Close circuit television cameras were provided externally at all entrances ensuring additional safety and security for residents. A CCTV policy was available dated 29 May 2014 to inform use of same.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a complaints policy available to inform procedures and practices, dated 13 August 2014. The complaints procedure was in line with the requirements of the Regulations and included an appeals process. The complaints procedure was on display in the centre and there was a feedback box placed at the main door. Advocacy services were available and details of same and the complaints procedure was included in the residents' guide which the inspector saw in some residents' bedrooms for their
A complaints log was maintained in the centre and recorded verbal and written complaints. All complaints were investigated and actions to be taken stated where appropriate. The satisfaction of complainants was also ascertained and documented. The inspector was informed that there were no active complaints under investigation at the time of inspection.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were no residents in the centre in receipt of end of life care on the day of inspection. A policy document was in place to inform care of residents at that stage of their lives in addition to procedures relating to last offices, post mortem, verification and certification of death and management of property of the deceased.

Quality review of end of life care in the centre was done in February 2014 by the person in charge. Findings of this review supported provision of a satisfactory service in this area by the staff in the centre. A review of six residents care plans found that 75% of residents had made their end of life wishes known to staff and were documented in their care plans. The remaining residents had not made decisions regarding their end of life plans however, there were systems in place for recording same when they became available.

Community palliative services attend the centre to support residents with pain and symptom management on referral of residents by staff. 50% of staff had attended end of life training to date.

Families are facilitated to stay overnight in the centre with residents who are in receipt of end of life care. Residents are offered use of the centre's oratory for removal and funeral services which the inspector was told many avail of same. Residents had access to religious clergy to meet their faith needs. An annual remembrance service was held to remember residents who had deceased during the year. Deceased residents’ names were also published in the centre’s quarterly newsletter as a remembrance tribute.

**Judgment:**
Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had a suite of policies in place to inform management of the nutritional and hydration needs of residents which were reviewed in February and March 2014. The policies included nutrition and hydration policy and procedures, protected mealtimes and guidance for assisted meals, administration of subcutaneous fluids/hypodermoclysis guideline and recording of fluid balance intake-output guideline. An accredited nutritional risk assessment tool was used to assess residents’ needs. Residents’ weights were regularly assessed and documented. Staff had attended training on food hygiene, nutrition, MUST assessment, nutrition and dementia, nutrition and dysphagia and nutritional management of dysphagia. A dietician was employed by the centre on a weekly sesssional basis. Residents with swallowing difficulties were referred and assessed by the speech and language therapy (SALT) service as appropriate.

There was evidence that the dietician and SALT recommendations were implemented and were copied to the kitchen for reference by the chef. The inspector saw where a resident with dietetic input had positive outcomes in terms of intentional weight loss with improved mobility. Following a review of residents’ meals and mealtimes, residents with swallowing difficulties who could eat independently were seated together with their consent and joined by a staff member also taking refreshments to supervise their dining, position and to mitigate risk of choking. Residents with swallowing difficulties who required assistance were assisted on a one to one basis by staff who could maintain eye contact on the resident while they were eating.

The inspector saw that there was a choice of hot meal offered to residents. The menu was clearly displayed and each table had a copy of the menu for residents’ reference. Pictures of dishes were also available to promote choice to residents with communication difficulties. Residents spoken with told the inspector they enjoyed their meals and residents who completed pre-inspection questionnaires also reported their satisfaction with this service. Residents also told inspectors if they were not enjoying their meal or did not like the food on offer, the chef would prepare an alternative for them. Residents had jugs of fresh water in their bedrooms and were offered hot and cold beverages and snacks throughout the day. The dietician was involved with the chef in menu planning and had completed an assessment of the food provided to ensure it was nutritious and adequately varied.
The new extension provided a second dining room which satisfactorily completed the required action from findings on the last inspection.

**Judgment:**
Compliant

### Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents received care in a dignified way that respected their privacy at all times during the day of inspection. The inspector observed staff knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. Residents who required assistance with eating were provided with same discreetly. There was a policy to inform practice with meeting residents' privacy and dignity needs dated 01 September 2014. The inspector observed that staff - resident interactions were respectful, courteous and supportive.

Residents were consulted in relation to the running of the centre and those spoken with were aware of progress with the new extension. The person in charge facilitated residents to see the new extension and they were offered a choice of moving from their current room to a room in the new extension when opened if they wished. Residents were involved in naming corridors in the centre and chose to call them after local areas. Residents meetings were convened and facilitated by the activity co-ordinator and feedback was used to provide choice to residents. The inspector observed that staff got consent from residents for care activities and gave them choice regarding their daily activities in the centre.

There was a policy of open visiting in the centre with protected mealtimes in line with the residents' wishes. Pre-inspection relatives' questionnaire feedback confirmed that they were always made welcome when visiting in the centre. There was a variety of communal areas for residents to meet their visitors in private if they wished.

**Judgment:**
Compliant
**Outcome 17: Residents' clothing and personal property and possessions**

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector observed that residents could maintain control over their personal possessions and clothing. Residents had sufficient space in their bedrooms to store their personal belongings and they had access to a lockable space to store valuables. The inspector observed that residents could also lock their bedroom doors if they wished.

Residents clothing was tagged to prevent loss of their clothing. Information received by the Authority in August 2014 referenced dissatisfaction in relation to loss of items of a residents' clothing. This feedback was investigated by the provider with additional information provided as requested by the Authority. The provider response was satisfactory. The centre's laundry facility is located outside the centre on another part of the site and arrangements and procedures were satisfactory. Designated laundry staff are responsible for this area. Residents spoken with by the inspector expressed satisfaction with the laundry service.

Records were maintained of residents' property and were updated at regular intervals.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Incomplete mandatory staff training was the subject of an action plan from the last inspection of the centre in January 2014. The inspector reviewed staff training records, observed practices and spoke with staff and found that all staff working in the centre had completed mandatory training in fire safety and drills, elder abuse prevention, recognition and management and safe moving and handling. In addition to mandatory training requirements, the inspector saw that staff were facilitated to attend additional training to support their professional development in terms of knowledge and skills to ensure residents assessed needs were met with contemporary evidence based care. A practice development co-ordinator was also available in the centre twice per week to support practice by the staff team. A training facilitator was also employed by the group to maintain staff training needs. The person in charge is an accredited trainer in elder abuse management and facilitates the training needs of staff in this area. A monthly training audit is completed by the training facilitator. A training and development policy was available dated 21 June 2014.

Staffing levels were reviewed on the last inspection of the centre in January 2014 and were found to meet the needs of residents. In preparation for increasing resident numbers from 52 to 64, two additional registered nurses and six carers have been employed. Residents spoken with told inspector that staff responded quickly to their call bell and their needs were satisfactorily met. Pre-inspection questionnaires feedback also concurred with this finding with the exception of one resident who stated staff did not respond quickly enough to her call bell. This feedback was brought to the attention of the person in charge. The inspector found that call bells were responded to without delay on the day of inspection.

The inspector reviewed a staffing roster with the proposed staffing outlined to meet the needs of full occupancy with 64 residents. The projected staffing levels provided for three registered nurses, a clinical nurse manager and person in charge each weekday and four staff nurses on day duty at the weekends. Two staff nurses were scheduled for each night duty. Fourteen carers were scheduled from 08:00hrs to 14:00hrs and ten carers from 14:00hrs to 20:00hrs each day. Three carers were scheduled for each night duty. An additional member of cleaning staff was appointed to ensure two members of cleaning staff were on duty each day including weekends. An eighth staff member was scheduled for kitchen duties. The inspector was satisfied that the projected staffing levels were satisfactory pending ongoing review in response to changing resident dependency needs. The person in charge and provider stated that ongoing review of staffing levels and skill mix to meet residents’ needs would continue.

Staff received an annual appraisal and was audited. A delegation and supervision policy dated 01 September 2014 was available to support staff. Staffing supervision was enhanced by the recent appointment of a senior staff nurse to cover weekend duty when the person in charge and clinical nurse manager is not on duty. A recruitment, selection and vetting of staff policy and employee induction policy, both dated 26 June 2014 were available.

Judgment:
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Newbrook Nursing Home
Centre ID: OSV-0000074
Date of inspection: 21/11/2014
Date of response: 14/01/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks identified on inspection of the new extension, although identified by the provider and person in charge were not included in the risk register with concomitant controls to mitigate potential risk for resident, visitor or staff injury.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The Risk Register has now been updated to reflect the following risks:

1) Risk posed by a sometimes wet floor beside exit xxxx. A mat was and still is in place to mitigate this risk.
2) Risk posed by an unsecured bin area. The layout of this area is under review to assess if it can be made more secure to mitigate this risk.
3) Risk posed by the potential obstruction of the designated fire exit in the Sunshine Room. Staff have been made aware of the dangers of having any fire exit blocked. Also all fire exits are checked daily to ensure that they are unobstructed.

Proposed Timescale: 28/02/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage of mobile bulk waste collection units was not in a safe and secure area.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
The layout of this area is under review to assess if it can be made more secure. The clinical waste is stored in a locked bin.

Proposed Timescale: 28/02/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although activity care plans were in place, some residents expressed unmet socialisation needs in terms of time taken by staff to be available to talk to them.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).
Please state the actions you have taken or are planning to take:
Our activity programme is under continual review so that it will meet the assessed needs of our residents. We will reassess the needs of our residents to identify any gaps in our activity programme.

Proposed Timescale: 31/01/2015