Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Newbrook Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-000074</td>
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<tr>
<td>Centre address:</td>
<td>Ballymahon Road, Mullingar, Westmeath.</td>
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<tr>
<td>Telephone number:</td>
<td>044 934 2211</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:phil@newbrooknursing.ie">phil@newbrooknursing.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<td>Registered provider:</td>
<td>Newbrook Nursing Home</td>
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<tr>
<td>Provider Nominee:</td>
<td>Philip Darcy</td>
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<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>58</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>6</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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 21 April 2015 11:00  21 April 2015 17:30
       22 April 2015 09:30  22 April 2015 19:00

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

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Summary of findings from this inspection
This was the twelfth inspection of the centre by the Authority, was announced and took place over two days. The inspection was completed in response to an application made by the provider for renewal of registration. The last inspection of the centre was completed on 21 November 2014 in response to an application to vary the centre’s conditions of registration from a maximum occupancy of 51 to 64 following construction of a new extension to the centre which was granted.

On the days of this inspection, the inspector spoke with residents and staff members and reviewed documentation including policies, risk management, audits and staff training records in addition to seven resident and eight 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 was also reviewed on this inspection. One action referencing secure storage of waste from the last inspection was found to be partially completed on this inspection and has been restated in the action plan.

The collective feedback from residents both on the days of inspection and from resident and relative feedback 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. Compliance with the requirements of the regulations was found in 15 of the 18 outcomes assessed. Improvement was required in three outcomes which were found to be in moderate non-compliance. Areas requiring improvement included activity information displayed and assessment to ensure the activities available met the capabilities and interests of residents who participated in them. Security of waste storage to prevent unauthorised access as the site was open. Notification to the Authority of use of some forms of restraint was not completed and as such was in substantial non-compliance with the regulations in this area.

The inspector found that the centre was cleaned, decorated and maintained to a high standard. The layout and variety of internal and external areas was found to provide a comfortable, pleasant and interesting environment for residents. 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 and was well incorporated into the layout of the overall premises.

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.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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:**
There was a written statement of purpose available that accurately describes the service provided in the centre and is clearly demonstrated in practice.

A copy of the centre's statement of purpose and function dated 02 September 2014 was forwarded to the Authority. This document was reviewed and the inspector found that it contained all of the information as required by schedule 1 of the Regulations and was revised to include the increase in bed occupancy to 64 beds provided by a new twelve bedded extension as registered by the Authority.

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 organisational structure in place. Accountable and responsive management practices were demonstrated by inspection findings. Lines of accountability and authority were evident 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 inspector observed that meetings were held at multiple staff levels and 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 residents in terms of facilities, staffing, staff training and professional development and sufficient assistive equipment to ensure effective delivery of care in accordance with the centre’s statement of purpose on the day of inspection. 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 with purchasing equipment for residents in response to their changing needs.

Monthly governance and management meetings were attended by the provider and person in charge and minutes referenced risk management as a standing agenda item. A quarterly forum attended by the provider, persons in charge from the five centres in the group and the practice development co-ordinator. Each person in charge of the centres in the group including the person in charge of Newbrook nursing home presented their centre data on findings of audit and specified key performance indicators such as incidents of pressure related skin damage, resident falls and injuries, complaints, medication errors, hospital admissions and resident deaths. facilitated comprehensive risk management review, shared learning and consistency. 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. A recently implemented computerised risk management system was demonstrated which enhanced resident safety procedures. Quality reports were available for review on this inspection and were reviewed by the inspector on the last inspection in November 2014. 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 consultation with residents demonstrated by meaningful actions taken in response to resident feedback on their environment and how they wanted it to be. These quality improvement initiatives are discussed in outcomes 11, 14 and 15 of this report.

**Judgment:**
Compliant

**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.

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for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had a contract of care that described the terms and conditions of their care and welfare in the centre. The inspector reviewed a sample of residents’ contracts and found them to be signed by residents themselves in some cases and dated with specified fee details including any additional fees. Procedures and processes for collection of some residents' social welfare pensions on their behalf by the provider 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 their participation in activities. The bedrooms in the new extension were individually numbered and corridors were named after local areas of interest and painted in different colours to promote the independence of residents in locating their accommodation and communal areas in the centre. The inspector viewed a copy of a quarterly newsletter published in the centre which included useful information including a contribution from the centre's pharmacist on the medical condition insomnia, a feature on a resident who recently celebrated a significant birthday and an item to update residents on what was going on in the centre among many other topics of interest to residents.

Residents bedrooms were fitted with WiFi access and one resident spoken with by the inspector with reduced dexterity due to their medical condition used an ipad. The inspector observed one resident asking staff for a copy of the last inspection report for the centre published by the Authority which was provided as requested.

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 before the inspection referenced residents and relatives stating they could approach the person in charge if they had a query and that she was 'always available' and 'listens' to them. On occasions where the person in charge was otherwise engaged, relatives confirmed that she would 'always follow-up their request to talk to her by telephone'.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

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.

**Judgment:**
Compliant

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**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

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**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):**
No actions were required from the previous inspection.

Findings:
The inspector found that there were satisfactory arrangements in place to safeguard residents on this inspection. The inspector confirmed that all staff had attended training on prevention, recognition and management of elder abuse from review of the training records and assessment of staff knowledge on protection of vulnerable adults was found to be satisfactory. An up to date policy document was in place to inform procedures in this area of practice. There was evidence that this policy was implemented in practice. Vetting procedures were completed for all staff employed in the centre including volunteers.

There were no incidents involving protection of vulnerable persons under investigation on the days of inspection. The inspector found evidence that any incidents of staff interactions with residents of a less than adequate standard were fully investigated and residents were adequately protected while investigation was in progress. From investigation documentation reviewed and subsequent 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 and communication by staff. There was also evidence of comprehensive assessment of residents who potentially posed a risk to themselves or others with appropriate monitoring safeguards in place on the days of inspection.

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 centre's receptionist was off duty. Residents spoken with by the inspector and those who completed the Authority's pre-inspection questionnaires reported feeling safe and secure in the centre. Residents' comments on their feelings of safety included 'every night, I say I won't be beaten up here'. 'I feel safer here than at home', I can trust who takes care of me' and 'I have someone to care for me'. The inspector observed staff - resident interactions on the days of inspection and found that all staff interactions were perceptive, healthy, warm and responsive to residents' needs, including residents with challenging behaviour and dementia. Call bells were observed to be answered promptly by staff on the days of inspection. Closed circuit television (CCTV) was in use on external access points to promote resident safety. A policy document informed use of this surveillance equipment and notice of use was displayed.

Resident finances were reviewed as part of this registration renewal inspection process. The provider acts as agent for collecting some residents' pensions and residents' monies was lodged into individual named accounts within the account for the centre. On review of this practice, the inspector found that all procedures involving residents’ finances were transparent and had been independently audited. Residents were able to access their money when they wished. Supporting policy and procedural documentation to inform management of residents’ finances was reviewed during the 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 for securing their valuables if they wished.
A policy document was in place to inform management of behaviour that challenges as exhibited by residents which focused on promoting a positive approach to managing same whilst supporting the resident concerned. However, policy information to inform de-escalation methodology in the centre required improvement to ensure behaviour management plans were adequately informed by evidence-based procedures and techniques. 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 by staff with positive supportive divertional techniques where possible. The inspector found from review of residents' documentation, that all staff 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 necessity and instances where residents themselves wished to have bed rails in place at night time. However, a number of bedrails used were referenced as enablers in the absence of a clear assessment of what function they were enabling. The inspector also observed where some use was referenced as an enabler, the assessment process did not determine whether residents using full length bedrails could independently call for assistance by activating a call-bell. This finding did not ensure all residents using bedrails used same to enable independent movement or that use did limit independent access out of bed. This finding did not reflect use informed by the National restraint guidelines. The inspector observed where one resident was prescribed regular and PRN (as required) psychotropic medication. However, there was no protocol for use of the PRN prescription to advise staff on appropriate administration as part of a specified escalation strategy. The centre's physiotherapist was involved in bedrail assessments for residents. Most beds in the centre were low-level in design to promote resident safety and a restraint free environment. An up-to-date policy document was available to inform restraint use in the centre.

**Judgment:**
Compliant

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector's findings supported promotion and protection of the health and safety of
residents, visitors and staff on this inspection. The risk management policies to inform practices in relation to residents at risk of self-harm, violence and aggression, abuse and unexplained absence were in place. The inspector reviewed these polices on this inspection and found they were satisfactory.

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. The identification and assessment of risks with controls to prevent potential adverse incidents to residents, visitors and staff was complete. The provider recently implemented a computerised risk management programme to support risk management procedures in the centre which promoted assessment, review and resolution of any risks identified. Staff training on the system was underway as preparation for implementation. 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 missing person drills for staff, a missing person emergency resource box, review schedules by allied health professionals, supervision schedules and use of smoking aprons to promote the safety of vulnerable residents who smoked. While the inspector did not observe any new unidentified or unassessed risks on this inspection, risk posed by an unsecured waste area to unauthorised persons as identified in an action from the last inspection in November 2014 was partially completed on this inspection.

Health and safety and risk management was a standing agenda item on meetings at all levels and a Health and Safety meeting was convened quarterly and last met in January 2015. The staff health and safety representative had attended a two year course of study in this area to inform their role. Review of minutes of meetings referenced discussion and actions to address actual and potential internal and external risks. 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 inspector saw that these inspections were up to date and where deficits had been identified appropriate remedial 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 recurrence.

Fire doors and exits were unobstructed on the days of inspection and a daily check on the means of escape was completed by the maintenance person. Servicing 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 centre. Fire safety checking
procedures were in place and documented. Fire evacuation drills were completed reflecting day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Emergency plans for safe refuge for residents were in place to support the emergency policy. Fire safety training was completed by all staff, as confirmed by the staff training records and staff spoken with by the inspector regarding emergency procedures in the event of a fire.

The centre was visibly clean. Hand hygiene facilities was located throughout the premises. Environmental cleaning procedures, schedules and evaluation of staffing requirements were satisfactorily completed. The inspector observed that the daily cleaning schedule included a deep-clean of two residents' rooms. The staff training records reviewed by the inspector referenced that all staff had attended training in Infection control including hand hygiene. An infection control policy and manual last reviewed 29 August 2014, also included procedures for management of communicable infection and infection outbreak to guide and inform staff.

**Judgment:**
Non Compliant - Moderate

### 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):**
No actions were required from the previous inspection.

**Findings:**
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. This practice also reduced potential for medication error and interruption of the nurse administering medications as medications were administered in residents' bedrooms. Residents spoke positively about being facilitated to have their medications stored within their personal space.

The centre's pharmacist was well known to residents which was confirmed in discussions by the inspector with residents on the days of inspection. 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 referenced that all staff nurses had attended medication management training and each staff nurse...
had completed a competency assessment by the person in charge or deputy.

There were procedures in place for managing any medication errors in addition to return of unused and out of date medicines. There were no incidents of medication error recorded. 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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**Outcome 10: Notification of Incidents**

* A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
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.

Quarterly notification requirements were forwarded as required with the exception of use of lap belt and PRN (as required) chemical restraint.

**Judgment:**
Substantially Compliant

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**Outcome 11: Health and Social Care Needs**

* Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

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

**Findings:**
There were fifty eight residents in the centre on the days of this inspection. Twenty seven residents were assessed as having maximum dependency needs, 10 had high dependency needs, 13 had medium and 7 had low dependency needs. One resident was assessed as independent. Many residents had dementia care needs

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. Care staff populated the system with information on residents' daily care and activation activities via remote tablet units. Use of computerised data management 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 staff had completed training on the computerised resident documentation system which was backed up with additional access to support from the system provider. Residents' care needs were assessed using accredited risk assessment tools in each case. The inspector observed that all residents care needs were identified in a care plan that informed appropriate staff interventions to be taken to address needs. Training was completed in care planning by the majority of registered nurses and was on-going. Daily progress notes were completed and generally linked to care plans. Care plan development and subsequent review was undertaken though documented consultation with residents and or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

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 as required 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. Residents' weights were closely monitored and assessed to identify and intervene in changes at an early stage. 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. All moving and handling procedures observed were safely completed. Support belts were used to assist residents with walking exercises as prescribed by the physiotherapist as part of rehabilitation programmes to enhance and support residents' mobility function.

**Judgment:**
Compliant

**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.
**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the centre meets its stated purpose. The centre is a single storey premises which has been extended by an additional 12 single bedrooms with associated additional communal areas and an external enclosed courtyard with a shopping street theme. Residents' accommodation in the centre consists of 41 single and 2 twin bedrooms with en-suite toilet/shower/washbasin, 15 single and 2 twin bedrooms with wash basin facility in each, 2 large dining rooms either side and directly accessible to a central kitchen and five sitting/day dining rooms ranging in size from 30.03m² to 55.02m². A large spacious oratory is also available in the centre to facilitate residents to meet their spiritual/religious needs at will. The centre has numerous communal toilets and shower/bathrooms conveniently located throughout the centre. There is a spacious reception area where the receptionist, nurses station and person in charge's office is located therefore accessible to visitors and negating cause to access residents' accommodation to contact key staff.

One 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 centre has numerous storage areas, two sluices, a kitchenette equipped with a fridge, microwave, toaster and kettle, two laundry storage areas. 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, clinical room, an area dedicated to male and female staff changing and a staff canteen facility.

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 their way around the centre. Handrails were located on all corridors, showers and toilets and were painted in contrasting colours to improve visibility for vulnerable residents. There was adequate assistive equipment to support residents' needs and service records were available and up to date. Bedrooms were equipped with a locker, chest of drawers, a double wardrobe, a chair, a television and a bed for each resident. Residents in bedroom with windows overlooking the canal and back of the centre were given a choice of having net curtains fitted to ensure residents' privacy was respected. Some
residents were observed to have net curtains fitted to their windows. The inspector observed that many residents had items of personal furniture from their home. The provider and person in charge told the inspector that they encouraged residents to make the room ‘their own’ and to use their own furniture if they wished to enhance their comfort in their new environment.

Close circuit television (CCTV) 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

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**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. 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, included in the residents’ guide document and there was a feedback box placed at the main door. Advocacy services were available and details of same were included in the residents’ guide which the inspector saw in some residents’ bedrooms for their reference. This document is also made available to prospective residents for their information.

A complaints log was maintained in the centre and recorded verbal and written complaints. All complaints were investigated and actions to be taken as 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 this inspection.

Residents spoken with by the inspector on the days of this inspection and feedback received by the Authority in pre-inspection resident and relative questionnaires supported a finding that residents or/and their relatives knew who to approach if they were dissatisfied with any aspect of the service and expressed confidence that their concern would be addressed.

**Judgment:**
Compliant
**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. Most residents had made their end of life wishes known to staff and this information was 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. Nearly 50% of nursing and care staff had attended end of life training to date.

Families were 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:**  
Compliant

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**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 inspector found that residents were provided with a nutritious and varied diet to meet their nutritional needs in two dining rooms, one either side of the main kitchen. The centre has policies in place to inform management of the nutritional and hydration needs of residents. The policies included evidence based practice and procedures to advise staff on nutrition assessment and hydration, protected mealtimes and guidance for assisted meals, administration of subcutaneous fluids/hypodermoclysis and recording of fluid balance intake-output. An accredited nutritional risk assessment tool was used to assess residents' needs. Residents' weights were regularly assessed, documented and closely monitored with corrective actions implemented where risk was identified. 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 sessional and as required basis.

Residents with swallowing difficulties were appropriately referred and assessed by the speech and language therapy (SALT) service. There was evidence that the dietician and SALT recommendations were implemented and were copied to the kitchen for reference by the chef. 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 to supervise their dining needs and positioning to mitigate risk of choking. Residents with swallowing difficulties who required assistance were assisted discretely and sensitively on a one to one basis by staff who maintained eye contact on the resident to ensure their safety with eating.

Each table in the dining room was dressed with a tablecloth and decorated with a fresh flower as a centre-piece. A selection of condiments was available for use by residents to suit their tastes. The inspector saw that there was a choice of three hot meal options offered on a daily basis to residents for their lunchtime meal. The inspector observed one table where four residents each enjoyed a different choice of dessert. 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 by the inspector and residents who completed the Authority's pre-inspection questionnaires expressed their satisfaction with and enjoyment of the food provided. The chef was observed to mingle among residents during mealtimes and residents confirmed that if they were not enjoying their meal or did not like the food on offer, the chef would always prepare an alternative for them. Residents had a choice of fluids to drink with their meals, 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 residents' food provided to ensure it was nutritious and adequately varied. Records were maintained of food prepared for residents on a daily basis.

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 days 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. 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 inform improvement initiatives. 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.

Residents were facilitated to participate in activities in the five communal areas within the designated centre. A schedule of activities taking place in the various communal areas was displayed to facilitate residents to choose which activity most interested them. However, the main schedule displayed to inform residents’ choice of activity lacked adequate information on the location and time of communal activities. Notices displayed outside the communal rooms did not indicate the times the various activities started. The schedule was informed by the past interests and lives of the residents living in the centre. Activity provision was facilitated throughout all days of the week including weekends. Activities were led by an activities co-ordinator with the support of 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. However, the inspector found that while residents' participation in activities was recorded, recording of their level of participation did not adequately ensure some residents were attending activities that met their interests and capabilities as assessed.

An activity programme was individually planned to meet the specialised needs of residents who remained in their bedrooms to prevent feelings of isolation and residents with dementia enjoyed activities that focused on sensory and reminiscence pursuits. The role of the carer also emphasised their responsibility to ensure residents were encouraged to participate in their activities of daily living such as selecting and coordinating their clothing and hair styling. The centre also had a hairdressing salon available for residents' use. Some residents went out on a weekly day-trip in the centre's wheelchair accessible bus. Others went out with relatives or friends for the day or for a holiday break. There were systems in place and a policy available to manage temporary absence and discharge of residents.

Residents were encouraged to personalise their bedrooms and the provider and person in charge welcomed their wishes to bring items of furniture from home as their preference to the centre furniture for their use in their bedrooms. The inspector observed that many residents had personalised their bedrooms with items of their own furniture, photographs and pictures.

Residents were facilitated to meet their religious/spiritual needs. Mass was celebrated for residents three times per week and the rosary prayer was recited each Wednesday in one of the communal sitting rooms. Residents had access to clergy to meet their faith needs.

**Judgment:**
Non Compliant - Moderate

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**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. Each resident had their own personal wardrobe which they could freely access and had sufficient space in their bedrooms to store their personal belongings. Residents could maintain control over their 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 discretely tagged to prevent loss of their clothing with a button-tagging system. The centre's laundry facility is located outside the centre on another part of the site and arrangements and procedures were satisfactory to ensure residents' clothing was satisfactorily laundered. Designated laundry staff were responsible for this area. Residents spoken with by the inspector expressed satisfaction with the laundry service. The inspector observed that any incidents of lost or mislaid residents' clothing was adequately resolved to the satisfaction of the residents/relatives concerned.

The inspector observed that residents' clothing was clean and in good condition. Records were maintained of residents' property and were updated at regular intervals. These records included details personal items of furniture and assistive equipment.

**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):**

No actions were required from the previous inspection.

**Findings:**

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 to support and refresh knowledge and skills to ensure residents assessed needs were met with contemporary evidence based care. A practice development coordinator was available in the centre twice per week or more often if required 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. The inspector observed that the centre also had standard operating
procedures (SOP) in place to inform some practices. For example, SOPs were in place to inform deep cleaning of residents' bedrooms. All care staff were had completed accredited care of the elderly courses to inform their practice.

Staffing levels were reviewed on this inspection and had been increased by two registered nurses and six carers in response to opening 12 additional beds earlier this year. 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. Residents spoken with confirmed that staff responded quickly to their call bell and their needs were satisfactorily met. The inspector also observed that call bells were responded to without delay on the days of this inspection. Pre-inspection questionnaires feedback also concurred with this finding. The person in charge and provider completed ongoing review of staffing levels and skill mix to ensure residents' needs were met. Monitoring of resident falls demonstrated comprehensive analysis to ensure vulnerable residents were adequately supervised.

Staff received an annual appraisal which was audited and was used to inform training resources. A delegation and supervision policy dated 01 September 2014 was available to support this area of staffing resource management. 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. Recruitment policies and procedures were in place to inform practice.

A sample of staff employment files and the files maintained for two volunteers were reviewed by the inspector and were found to be complete as required by Schedule 1 of the regulations. All staff including volunteers were appropriately vetted. Volunteers' roles were clearly stated. The inspector found that all staff were well-informed and knowledgeable regarding residents' needs and their care plan interventions.

**Judgment:**
Compliant

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### 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
Centre name: Newbrook Nursing Home
Centre ID: OSV-0000074
Date of inspection: 21/04/2015
Date of response: 30/06/2015

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:
Risk posed by an unsecured waste area to unauthorised persons as identified in an action from the last inspection in November 2014 was partially completed on this inspection.

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:**
A new area has been identified and developed for waste management. It is secure and situated away from the building in line with Health & Safety Regulations.

**Proposed Timescale:** 10/06/2015

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Quarterly notification did not include details of use of lap belt and PRN (as required) chemical restraint as prescribed.

**Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

**Please state the actions you have taken or are planning to take:**
For January returns there was no use of either lap belt or chemical restraint. Chemical restraint was not used until April this was returned on April return dated 27/April/2015. All forms of restraint required to be notified to HIQA as per regulations will be included in quarterly notifications.

**Proposed Timescale:** 27/04/2015

**Outcome 16: Residents’ Rights, Dignity and Consultation**

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The main schedule displayed to inform residents choice of activity lacked adequate information on the location and time of communal activities. Notices displayed outside the communal rooms did not indicate the times the various activities started.

**Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>All activity boards now state the time and location of all activities</td>
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<th>Proposed Timescale: 24/04/2015</th>
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<th>Theme:</th>
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<tr>
<td>Person-centred care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Recording of residents' individual level of participation did not adequately ensure some residents were attending activities that met their interests and capabilities as assessed.

**Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
All residents have a Key to Me completed on admission. From this a meaningful activity care plan is completed. All activities programmes for the resident are based on their interests. All levels of participation are recorded in the residents care plan.

| Proposed Timescale: 01/05/2015 |