

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Greenmast Limited
Address of centre:	Heathfield View, Cappagh Road, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	13 March 2018
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0020921

About the designated centre

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

Clearbrook Nursing Home is a newly registered designated centre located in a north Dublin city suburb. The premises is two storey, purpose-built with 90 single en-suite bedrooms. The centre consists of four separate areas with central communal spaces including dining and sitting rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

The following information outlines some additional data on this centre.

Current registration end date:	13/08/2020
Number of residents on the date of inspection:	35

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 March 2018	12:00hrs to 18:30hrs	Leone Ewings	Lead

Views of people who use the service

Residents gave very positive feedback to the inspector about their experiences of the service they were receiving. Residents told the inspector that meals were of a good standard, and they enjoyed the variety on the menu.

The staff team were described by residents as friendly, caring and available to meet their needs. Residents confirmed they were happy with the premises, and had been encouraged to bring in items to personalise their bedrooms. They enjoyed the range of activities available, and had access to outdoor spaces and garden.

Residents confirmed staff communicated well with them, and they were involved in any decisions about their daily routines, and activity plans.

Residents reported enjoying reading daily newspapers, watching television, music, arts and crafts. Residents expressed satisfaction with their access to activities that suit their preferences. They also confirmed their individual choices to engage (or not engage) in any activity were respected.

The complaints procedure was said to be accessible, and residents confirmed who they could speak to in order to raise any issues. Visitors confirmed they received a warm welcome and were offered refreshments.

Capacity and capability

Overall, this was a well-organised and managed service with effective governance arrangements in place. Sufficient resources were in place to ensure the effective delivery of care, and the provider and person in charge had adhered closely to the agreed admissions schedule, with no more than four admissions a week. At the time of this inspection, residents were accommodated on the ground floor only. Improvements were required with some aspects of documenting medicines management, and maintaining the directory of residents.

Clearly defined governance and management arrangements were in place with the provider, person in charge and persons participating in management. Weekly reports are made to the provider, who is supported by the provider representative and a regional health care manager. There was clear evidence of a learning culture in the organisation and this was evidenced through a review and audit system established by the person in charge. Training opportunities for staff enhanced the

quality and safety of care of residents, and systems of staff appraisal and analysis of training needs were in place. An annual report had not yet been prepared as the centre has only been in operation for less than a year.

Recruitment practices were found to be in place with administrative supports in place. Effective planning and recruitment was in place to increase staffing was gradually. This was in line with the numbers of residents and planned admissions. Plans were in place to recruit an assistant director of nursing to support the role of the person in charge.

A clear complaints policy was in place and overseen by the person in charge. No written complaints had been made and any issues were recorded and managed by him as the complaints officer. The procedure was on display in the centre and residents who gave feedback to the inspector confirmed they understood the process, and felt any issues raised would be addressed. Where improvements were required following feedback from residents, this was discussed and addressed at management meetings.

Registration Regulation 6: Changes to information supplied for registration purposes

HQIA had received a notification of changes made to the original name of the designated centre, and the trading address details.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge in the centre with the relevant skills, qualifications and experience to undertake this role. He was appointed by the provider in October 2017, and has completed a post-graduate management qualification.

Judgment: Compliant

Regulation 15: Staffing

Staffing provision in the centre was in line with proposed staffing rosters and the proposals discussed with the inspector prior to opening. Staff recruitment was ongoing to support the safe opening of additional beds and the agreed admissions schedule. Staff had received suitable induction and had appropriate qualifications. Registered nurses had evidence of current registration with the regulatory body for

nursing.

Judgment: Compliant

Regulation 16: Training and staff development

Staff mandatory training in safeguarding, fire safety and moving and handling was up to date. Staff appraisals identified areas for staff development, and a training plan was in place for 2018.

All staff were supervised and care practices were reviewed by the person in charge or his deputy.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained and contained most of the information required by legislation. However, on the day of the inspection details of discharges and cause of death for deceased residents were not found to be fully completed.

Judgment: Substantially compliant

Regulation 21: Records

Records were found to be maintained using both paper and an electronic record-keeping system. Staff were familiar with its' use and all information was accessible.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure, and effective systems to ensure the centre was providing the service in line with the statement of purpose, and meeting the needs of the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care agreeing the terms of their residency, additional fees and occupancy of bedrooms.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised and updated following the most recent change of person in charge. This document contained all the information as required by legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications required by regulation were submitted within the required time frame.

Judgment: Compliant

Regulation 32: Notification of absence

Absences of the person in charge had been notified to HIQA in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in operation in the centre. The inspector spoke with residents who said they would feel comfortable bringing

complaints to the attention of staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies and procedures required by the legislation were in place, were evidence-based and guided practice at the centre.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. Residents' needs were being met through good access to health-care services, opportunities for social engagement and premises that met their needs. Comprehensive assessments were carried out to identify resident's health and social care needs on their admission. The care provided to residents was regularly reviewed by the nursing staff, using of a range of assessments and information to identify if residents' needs remained the same or whether there were changes. Where there were changes referrals were made to relevant health-care professionals, for example the general practitioner (GP), dietitian, palliative care or speech and language service.

There was a low use of restrictive practices in the centre which was monitored regularly. There was evidence that alternatives were used where possible. The policy and Towards a restraint free environment'.

The premises was new and spacious, all areas were accessible with level access. The reception area was welcoming and comfortably furnished, with access to communal spaces. The person in charge's office is located by the front door, with a separate reception desk. The ground floor area was in use and residents could access the dining room for meals or eat meals at a location of their choice. All bedrooms were single with en-suite shower facilities. An oratory and nearby visitors' area is used for religious services and as a quiet space. The person in charge was establishing community links to ensure all residents' spiritual and religious needs were met. All colours used in the centre promoted a restful environment, and contrasting colour was used to assist with identification with handrails, doors to bathrooms and bedrooms. Suitable and safe flooring, ventilation and curtains were in place. An outside secure rear garden area could be accessed through the activities room, and this was identified as a designated outdoor location for smoking. This area was suitably equipped and sheltered for this purpose,

and was visible for staff who monitor its use. Parking was available to the front of the centre. A monthly health and safety audit of the centre was completed by a designated staff member and any findings actioned. Fire safety arrangements were in place and staff were aware of actions to take if the alarm activated.

The inspector also followed up on notifications that had been submitted since the centre opened, and found that all issues had been appropriately reviewed where required.

Regulation 29: Medicines and pharmaceutical services

Overall, staff were knowledgeable about the medicines in use, and administration practices were safe. There were clear arrangements for the receipt, storage and administration of medicines in the centre. Nurses had completed medicines management training. The inspector reviewed a sample of medicines prescription sheets. The use of any psychotropic medicines and antibiotics was closely reviewed and audited each week by the person in charge. Audit had identified some areas for improvement and learning, which had now been addressed. Improvements were required with the documentation and content of medicines prescription records to clearly show the route by which some prescribed medicines are to be administered, including any medicines which require crushing, and space to record any comment about refusal of medicines as this was not fully in line with professional guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An assessment to determine the needs and abilities of each resident was completed prior to, and following admission. Care plans were completed in accordance with the centre's policies and procedures. Care plans were in place within 48 hours of admission and were informed by evidence-based assessment tools.

The inspector reviewed a selection of care plans, and they contained detailed information about assessed care and supports in place. Reviews were carried out every four months and any changes were reviewed with the resident, and where relevant their relatives. All staff were familiar with the admissions process in place to support each residents planned move to the centre for long-term care or convalescence care.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health-care was being provided and was accessible for residents, in line with their identified health and social care needs. The person in charge provided leadership to ensure that a good standard of evidence-based nursing care practices was in place.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Individual detailed supportive care plans were in place for any resident with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social and physical environment). A variety of one-to-one and group meaningful activities were utilised as part of the plan of care.

Arrangements were in place to ensure that where any restrictions were used in the centre, they were individually assessed as being appropriate and the least restrictive option. Staff demonstrated a good knowledge of a restraint-free environment in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011).

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective and safe recruitment practices, and access to advocacy services and support. Residents confirmed to the inspector that they felt safe in the centre.

Staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clearbrook Nursing Home

OSV-0005590

Inspection ID: MON-0020921

Date of inspection: 13/03/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents:	
The Person in Charge will ensure that the Directory of Residents will include the information required in accordance with Regulation 19. A comprehensive review of the register was carried out in March 2018 and completed by 30/03/2018; any gaps identified were rectified during that review to ensure that the register contained all the requirements set out in the regulations.	
The register will be reviewed periodically as part of the Administration Audit in accordance with the Centre's audit schedule; any non-compliances identified will be rectified promptly. The person in charge will monitor compliance and ensure that the audit is carried out, including the completion of actions arising.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	
The Person in Charge has reviewed each medication Kardex in conjunction with the resident's General Practitioner and Pharmacist to ensure that all medicines prescribed are charted using the correct route of administration rather than the form of the dispensed medication. For example the use of "via PEG tube" rather than "Oral". A pro-forma medicines information sheet has been developed in conjunction with the pharmacy to ensure that special orders such as administration via PEG or administration of medicines crushed is communicated clearly to pharmacy at all times. A review of all crushed medicines has been carried out to ensure that all medicines for crushing are individually prescribed as crushed on a per item basis. All medication kardexes are now in compliance with the standards and regulations in this regard. The Person in Charge is	

liaising with the pharmacy to amend format of MAR (medication administration record) sheets to include a space for comments/reason for refusal, which will be introduced by 30/04/2018. The Provider and Person in Charge are also implementing an eMAR solution on-site which will replace the paper MAR sheets and incorporate these requirements; and this is expected to be introduced by 30/05/2018.

Audits of medication management practice are carried out every second month by the Person in Charge and every alternate month by the Pharmacist to ensure ongoing compliance with all medicines management guidelines, standards and regulations. The practice of weekly review of high alert medicines such as antibiotics, psychotropic medications and controlled drugs by the Person in Charge will continue.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Substantially Compliant	Yellow	30 th March 2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30 th March 2018
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30 th May 2018

