

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |   |
|---|---|
| <b>Centre name:</b>                                       | Newbrook Nursing Home   |
| <b>Centre ID:</b>   | OSV-0005702   |
| <b>Centre address:</b>                                    | Ballymahon Road,<br>Grange South,<br>Mullingar,<br>Westmeath. |
| <b>Telephone number:</b>                                  | 044 934 2211  |
| <b>Email address:</b>                                     | adminnb1@newbrooknursing.ie                                   |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990      |
| <b>Registered provider:</b>                               | Newbrook Nursing Home Unlimited Company                       |
| <b>Lead inspector:</b>                                    | Catherine Rose Connolly Gargan                                |
| <b>Support inspector(s):</b>                              | Leanne Crowe  |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections             |
| <b>Number of residents on the<br/>date of inspection:</b> | 116   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 3   |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                   |                   |
|-------------------|-------------------|
| From:             | To:               |
| 03 May 2018 10:25 | 03 May 2018 17:15 |
| 04 May 2018 09:00 | 04 May 2018 13:30 |

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

| <b>Outcome</b>  | <b>Provider's self assessment</b> | <b>Our Judgment</b>     |
|---|-----------------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs                | Compliance demonstrated           | Compliant               |
| Outcome 02: Safeguarding and Safety                     | Compliance demonstrated           | Compliant               |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated           | Substantially Compliant |
| Outcome 04: Complaints procedures                       | Compliance demonstrated           | Compliant               |
| Outcome 05: Suitable Staffing                           | Compliance demonstrated           | Substantially Compliant |
| Outcome 06: Safe and Suitable Premises                  | Compliance demonstrated           | Compliant               |
| Outcome 08: Governance and Management                   |                                   | Compliant               |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. This was the first inspection of Newbrook Nursing Home as a new entity following amalgamation of two premises as a single designated centre since 01 January 2018.

The journey of a number of residents with dementia within the service was tracked. Inspectors reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted prior to inspection. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices

by staff with residents, as observed by inspectors were person-centred, therapeutic, respectful and kind.

The inspectors met with residents and staff members. All residents who spoke with inspectors expressed their satisfaction and contentment with living in the centre. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia

Residents with dementia were accommodated in both buildings in the centre and they integrated with the other residents in the centre. The design and layout of the centre in both buildings met its stated purpose to a high standard and provided residents with dementia with a therapeutic and comfortable living environment. There was good access to interesting outdoor areas for residents from one of the premises buildings. Although work was underway to create a safe outdoor area for residents from the second building, residents did not have independent choice to access a safe outdoor area from this building.

The centre was comprehensively governed and managed. Inspectors found the management team and staff were committed to providing a quality service for residents with dementia. All aspects of the service were closely and effectively monitored and there was clear evidence of continuous quality improvement.

There were policies and procedures available to inform safeguarding of residents from abuse. All staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care. Inspectors found that residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support their quality of life and independence.

Residents' healthcare needs were met to a good standard. Every effort was made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre. This commitment was clearly demonstrated in work done to date to optimize the environment, the physical and mental health and quality of life for residents with dementia living in the centre.

Staffing levels and skill-mix were appropriate to meet the needs of residents. A comprehensive staff training programme was in place. A small number of staff had not completed mandatory refresher training.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

This outcome sets out inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia in the centre are discussed in Outcome 3 in this report.

The centre catered for residents with a range of needs including 33 residents with a diagnosis of dementia and 28 residents with symptoms of dementia. Inspectors focused on the experience of residents with dementia living in the centre on this inspection. They tracked the journey of a sample of residents with dementia and also reviewed specific aspects of care such as safeguarding, nutrition, wound care, medicines management and end-of-life care in relation to other residents with dementia in the centre.

Communications were optimized between residents/families, the acute hospital and the centre. The person in charge or her deputy visited prospective residents in hospital or their home in the community prior to admission. Some residents with dementia transitioned from respite care to continuing care in the centre. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Common Summary Assessments which detail pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme were available in addition to pre-assessment documentation completed by the person in charge or her deputy. Documentation detailing the physical, mental and psychological health, medications and nursing needs was prepared for residents' needing transfer to hospital. This transfer documentation also contained information regarding residents' preferences and to support any physical and psychological symptoms of dementia (BPSD) or responsive behaviours. Hospital discharge documentation was held for residents' admitted to the centre from hospital to inform their treatment plans and ongoing care needs.

Residents were provided with timely access to health care services. A number of general practitioners (GPs) attended to the needs of residents in the centre. Residents also had access to emergency out-of-hours medical care if necessary. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents with dementia were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. Community psychiatry of later life specialist services attended residents in the centre with dementia to support their GP and staff in the centre with management of BSPD. A community psychiatric nurse from the psychiatry of later life team visited the centre regularly to monitor progress of residents with dementia referred to the team. Residents had good access to allied healthcare professionals. A physiotherapist was employed by the provider and attended the centre weekly. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Residents with dementia had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary. Inspectors findings confirmed that residents' positive health and wellbeing was optimized with regular exercise as part of their activation programme, weekly physiotherapy, annual influenza vaccination, regular vital signs monitoring, blood profiling and regular medication reviews.

Each resident with dementia had a comprehensive assessment completed within 48hrs of their admission to identify their needs. Validated tools were used to assess each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. A holistic care plan with additional care plans were prepared for residents with dementia based on the assessment of their needs. Residents' care plans were detailed and described their individual preferences regarding how they wanted their needs met. Residents' care plans were updated routinely or to reflect their changing care needs in consultation with them or their families on their behalf. Inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and their individual needs. There was a comprehensive communication policy available. This document included strategies to inform residents' communication needs including residents with dementia.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. Palliative care services were supporting staff with end-of-life care for a small number of residents. Residents' end-of-life care plans outlined their preferences regarding how their physical, psychological and spiritual needs were met. Their individual wishes regarding where they wished to receive end-of-life care was recorded. A pain assessment tool suitable for residents who were unable to verbalize their levels of pain was available and implemented in practice. Single rooms were available for residents' end-of-life care and relatives were facilitated to stay overnight with residents when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. A large oratory was located in one of the two centre buildings and a smaller oratory was available in the second building. The large oratory was available to and used by residents for their funeral services. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents.

Robust care procedures were implemented to prevent residents developing pressure related skin injuries following an isolated rise in the incidence of pressure related wounds developing in the centre. Measures implemented included frequent repositioning of residents with signs of pressure related skin injury, use of high grade pressure relieving mattresses, nutritional assessment by the dietician and implementation of a skin care bundle. Each resident had their risk of developing pressure wounds assessed. Types of pressure relieving mattresses, cushions and frequency of repositioning schedules were informed by each resident's assessed level of risk of developing pressure related skin damage. These care procedures were monitored to ensure consistent implementation. Repositioning of residents was consistently recorded. On the days of this inspection, inspectors were informed about three residents with pressure wounds that developed in the centre. Wound care procedures reflected best practice. Tissue viability specialist services were supporting staff with management including developing treatment plans to optimize healing of residents' wounds.

The nutrition and hydration needs of residents with dementia were met. A policy document was in place to inform best practice including use of a validated assessment tool to screen residents for nutritional risk on admission and regularly thereafter. The chef met with each resident on admission to discuss their likes and dislikes. Inspectors observed that the chef was sensitive to the needs of residents with dementia and went to exceptional efforts to ensure they were provided with food that met their individual preferences. This approach ensured that the nutritional intake of some residents with dementia was optimized. Residents with dementia were provided with snacks throughout the day. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Nutritional assessments and care plans were in place that outlined the recommendations of the dietician and speech and language therapists where appropriate. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. Inspectors saw that residents had a choice of hot meals for lunch and tea. Residents on weight-reducing, diabetic, fortified and modified consistency diets received the correct diets. Thickened consistency fluids were provided for residents as recommended by the speech and language therapist. Alternatives to the menu on offer were available to residents. Residents' meals, including highly modified consistency meals were presented in an appetizing way. There was sufficient staff in the dining rooms during mealtimes to assist residents. Residents were provided with discreet assistance with eating, where necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed for risk of falls on admission and regularly thereafter. The centre's physiotherapist was involved in assessment of each resident's risk of falling and mobility assessments on admission and regularly thereafter including post a fall incident or change in wellbeing. All incidents were recorded, reviewed and risk assessed. Action plans were developed and there was evidence of learning from reviews. A root-cause analysis investigation was completed on each incident or accident where a resident was injured. There was a low incidence of falls in the centre resulting in an injury to residents. Procedures were put in place to mitigate risk of further falls. Residents at risk of falling had controls in place to prevent injury such as hip protection, low-level beds, foam floor mats and sensor alarm equipment. All residents were appropriately supervised by staff as observed by inspectors on the days of inspection.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to prescribing, administration and medication reviews met with regulatory requirements and reflected professional guidelines. Residents' medicines were stored in individual secure units by their beds in their bedrooms. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents. The pharmacist was involved in reviewing residents' medicine prescriptions. Residents had access to the pharmacist. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors if necessary. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Measures were in place to safeguard residents with dementia and protect them from abuse. There was a policy and procedures in place to inform prevention, detection and response to abuse. Systems were in place to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during any investigations. Staff spoken with on the days of this inspection could describe how they would identify and respond to an incident of abuse, and confirmed that there were no barriers to disclosing any concerns they may have. Staff were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents told inspectors that they felt safe in the centre and spoke positively about staff caring for them. All interactions by staff with residents were kind and respectful. Staff were patient, sensitive and compassionate in their care for residents with dementia.

There was a policy and procedures in place for the management of responsive behaviour. Inspectors were told that there were nine residents with dementia who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD). These residents each had a behaviour support care plan to inform their individual care and support needs. Staff spoken with were familiar with triggers to behaviours and the most appropriate person centred interventions to engage or redirect residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with

their social or physical environment). Some residents were administered psychotropic medicines on a PRN (a medicine taken as the need arises). Procedures were in place to review appropriate use of these medicines and to ensure they were administered when all other strategies to de-escalate responsive behaviours failed.

A policy to inform management of restraint was present in the centre and reflected procedural guidelines in line with the national restraint policy. A restraint free environment was promoted in the centre and removal schedules were in place to minimize the time this restrictive equipment was used. Although staff confirmed they consistently completed frequent removal of bedrails and safety checks, the records of these procedures were difficult to navigate. The provider, person in charge and practice development coordinator had identified this issue and confirmed that improvements were underway to address this. The restraint register documented use of restraint, including bedrails. Alternatives to full-length restrictive bedrails were recorded. A number of half-length bedrails had been purchased by the centre as alternatives to full-length bedrails and had been successfully used. Risk assessments were completed to ensure residents' safety using full-length bedrails.

There were systems in place for the management of residents' finances on their behalf. Small amounts of cash was held on behalf of a small number of residents in the centre. Transaction details were recorded and the money was held securely with access limited to a designated number of senior staff. The provider was a pension agent for collection of some residents' social welfare payments on their behalf. Documentation maintained by the provider clearly outlined the procedure. Residents' social welfare pensions were paid into individual named accounts and arrangements and transactions were transparent and in line with the legislation.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that residents were consulted regarding the planning and organisation of the centre. It was evident that feedback was sought from residents, including those with dementia, on an ongoing basis, and that no decisions were made without the input of residents. A residents' meeting that took place on the day of the inspection was facilitated by the assistant director of nursing and was also attended by the centre's independent advocate. Residents were afforded time to give feedback on the centre's food, activity programme and upcoming events, such as a trip to Knock. Residents could

also raise any concerns or issues they may have during this meeting. At the conclusion of the inspection, the management team could describe the steps they had taken to remedy issues raised by residents in the meeting.

Inspectors' found that all residents, including those with dementia, were supported to exercise personal freedom and choice. Staff were observed offering choices to residents in relation to activities and mealtimes throughout the inspection, in ways that suited their communication needs.

The person in charge and assistant director of nursing were available to both residents and visitors for discussions, and staff were also observed by inspectors to consistently sit and talk to residents throughout the day of inspection. Residents spoken with by inspectors expressed a high level of satisfaction with the service they received and with living in the centre.

Two full-time activity co-ordinators were employed across both buildings in the centre, and they were supported to facilitate small group activities and one-to-one activities by other members of staff. Inspectors found that a varied and meaningful programme of activities were provided that met residents' interests, capabilities and preferences, including residents with dementia. The group activities provided on both days of the inspection included bingo, a bus outing, painting, reminiscence and story-telling. A number of sensory-based activities designed to meet the needs of residents with dementia were also carried out weekly, including music therapy. Some of these activities were observed by inspectors, who found that all residents engaged in a meaningful way with each activity, and received assistance and support from staff where needed. Staff also outlined to the inspectors how one-to-one activities, which are more suitable for residents with dementia who are unable to meaningfully participate in group activities, were provided throughout each week. 'A Key to me' and personal life histories were completed for residents with dementia. These documents, in addition to activity records, informed the provision of activities that were suitable for residents' interests and abilities. These findings indicated that all residents' lives were positively enhanced by the activity programme provided in the centre.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in a dining-room, sitting room and two activity rooms. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. Inspectors' observations concluded that positive connective care was provided to residents by staff. Staff members were courteous and kind when addressing residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for. Staff ensured that residents' privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering rooms, and by ensuring doors were closed and screens were pulled while delivering personal care.

Residents' communication care needs were assessed and documented in care plans. Staff were aware of each resident's communication needs, particularly the needs of

residents with dementia.

There was an open visiting policy in place, but this policy also ensured that mealtimes were protected times for residents. Inspectors observed friends and relatives visiting throughout the inspection, while also respecting the protected mealtimes. There were a variety of areas in both buildings where residents could meet visitors in private, including smaller sitting areas and a coffee/tea room.

A variety of local newspapers were available for residents so they could keep up to date on local news from their community. Wireless internet was accessible to residents, who also had use of a number of 'tablet' computers in the centre. Telephones were available for residents as required.

Residents were facilitated to exercise their civil, political and religious rights. However, inspectors noted that the door to the garden from the two storey building in the centre was controlled by a key code pad and residents did not have choice to freely access this outdoor environment as they wished. Residents were supported to vote in the centre and residents of the various faiths could practice their religions. Residents had access to an oratory in both buildings in the centre premises.

**Judgment:**

Substantially Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place to inform the management of complaints in the centre. A summary of the complaints procedure was displayed in prominently in both buildings and was provided in summary format in copies of the resident's guide and statement of purpose documents. These documents were also prepared in large font and available for residents' information in the reception areas of both buildings. Residents who spoke with inspectors confirmed they knew they could express any dissatisfaction they had with the service and they felt they would be listened to. The provider and person in charge welcomed feedback on the service.

There was a nominated person to investigate and manage complaints. Verbal and written complaints were recorded in a complaints log that was maintained in the centre. Inspectors reviewed this log and found that it contained the information required by the regulations. However, inspectors found that complaints were investigated promptly and the details of the investigations were available. Complaints were found to be addressed

and resolved in a timely manner, and the satisfaction of complainants with the outcome of their complaint was recorded.

A second person was nominated to ensure that all complaints were appropriately recorded and responded to, and there was evidence that complaints were being reviewed in this manner.

The centre had an appeals officer and also directed the complainant to the office of the Ombudsman if unhappy with the outcome.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents, including those with dementia. There was a planned and actual staff rota in place, and inspectors observed that staffing levels were informed by the dependency levels of residents and the size and layout of each building. Registered nurses were on duty at all times to provide nursing care as required to residents. Inspectors observed that staff were able to quickly respond to call bells and attend to residents' needs in a person-centred manner. Residents were closely supervised by staff throughout the inspection.

There were effective procedures in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including An Garda Síochána vetting disclosures. Evidence of up-to date professional registration for nursing staff was also provided.

Training records were maintained in the centre. While the majority of staff had completed up-to-date training in fire safety, safe moving and handling practices and the prevention, detection and response to abuse, some gaps were evident. Inspectors were informed that, prior to the inspection, additional training had already been scheduled to address these gaps. The centre's management team agreed to provide assurances to inspectors that all staff had up-to-date mandatory training. A wide variety of education and training was also facilitated for staff to support their professional development and to support them with delivering care in line with evidence-based practice, including wound care, end-of-life care, oral care and cardiopulmonary resuscitation (CPR) among

others. In order to effectively meet residents' needs, all staff were trained in the management of responsive behaviours, and an in-depth knowledge of dementia care. Staff who spoke with inspectors were able to reiterate various aspects of the training they received and were confident and knowledgeable with caring for residents with dementia.

There was a robust induction programme for newly-recruited staff, with comprehensive supervision arrangements and regular probation reviews. Annual appraisals were also completed with all staff. Evidence of probation reviews and appraisals were available for review by inspectors.

Staff meetings for all disciplines were held on a regular basis, and minutes of these were held in the centre for review.

A number of volunteers were currently working in the centre, and there was evidence of completed An Garda Síochána vetting disclosures. The volunteers' roles and responsibilities were also set out in writing and appropriate supervision arrangements were in place.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre premises consisted of two separate buildings, one was a single storey premises and accommodation for residents in the second building was provided over two floors. While the internal environment in both buildings provided therapeutic and comfortable living areas for residents with dementia, independent choice was not available for residents with dementia to access a safe outdoor area from the two storey building. This finding is actioned in outcome 2. Extensive work had been done to the outdoor garden from the two storey building to take full advantage of its location adjacent to a river canal near the back of this building. This work was done in consultation with residents and a model of the finished garden was on display in one of the communal rooms. The external grounds were landscaped to a high standard and included small shrubs and trees, colourful flower-beds, planters and garden ornaments such as a traditional telephone box and bird feeders. One of the external courtyards was set out in a traditional shopping streetscape design. Outdoor seating was provided. Residents in the both buildings were accommodated in mostly single and some twin bedrooms. While bedrooms varied in their layout and design, they were spacious and

met residents' needs. The environment in both buildings was homely and the décor and furnishings promoted residents' accessibility and comfort. Familiar memorabilia and traditional pieces of furniture were located throughout. The centre was visibly clean and in a good state of repair.

There were several communal areas available throughout both buildings, including sitting rooms in a number of locations, which ensured residents were always close to an area where they could rest and relax. A kitchen adjacent to the dining rooms was available in each building and catered for the residents in the each building separately, ensuring they received a timely and more personal service. While most bedrooms had en-suite shower and toilet facilities, communal toilet facilities were within close proximity to communal areas. Circulating corridors were painted in different colours and were individually named. Handrails and bedroom doors and door-frames were painted in contrasting colours to surrounding walls to support residents with accessing all areas of the centre safely. These actions gave residents with dementia greater autonomy and increased their independence.

Each resident had sufficient wardrobe and storage space, and they could access and retain control over their clothing and personal possessions. Residents were encouraged to personalise their bedrooms and many residents had brought items of furniture from their own homes. Residents' bedrooms were bright, colourful and were personalised with their photographs and ornaments. Picture cues of residents' interests with their first name were placed on their bedroom doors to assist them with locating their bedroom. Grab rails were provided in all toilets and showers, most of which were in contrasting colours to assist residents with visual needs or dementia. Full advantage was taken from use of the many large windows for natural light in communal areas in the centre. Non-patterned floor covering was used throughout to promote safe mobility for residents with dementia.

Many residents were using assistive wheelchairs. Each resident with needs for an assistive wheelchair were assessed by an occupational therapist. Residents were facilitated to trial different assistive wheelchairs as part of the assessment process to ensure their support and comfort needs were met to a good standard. There was adequate storage facilities provided for residents' equipment. Environmental temperatures were monitored throughout to ensure temperatures were maintained at comfortable levels in line with the standards. Hot water temperatures were thermostatically controlled so as not to exceed 43 degrees centigrade at the point of contact by residents.

**Judgment:**

Compliant

***Outcome 08: Governance and Management***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider amalgamated two premises to form the current designated centre entity on 01 January 2018. The service has a clearly defined governance and management structure and this was outlined in the centre's statement of purpose. Roles were defined and accountability at all levels was clearly stipulated and evident in practice. There were robust proactive and responsive systems in place to ensure the quality and safety of the service and quality of life for residents was effectively monitored and assured. This was demonstrated in a clear commitment at all levels to promoting a culture of delivering person-centred and effective services with a focus on achieving optimal outcomes for residents.

Management meetings were held on a monthly basis and were attended by the provider representative, person in charge, practice development coordinator and senior members of the clinical management team. The minutes from these meetings referenced comprehensive review of key service parameters, risk management, quality of service and resource requirements. The person in charge ensured effective team communication was in place with regular staff meetings.

There was clear evidence of continuous quality improvement. The quality and safety of the service was closely monitored and consistently reviewed by the provider and person in charge. The information collated in audits was analyzed and areas requiring improvement were informed and managed to completion. Findings from reviews and audits were trended and informed proactive quality improvement strategies and assurances that all aspects of the quality and safety of the service were optimized.

Residents and their families were consulted with and their feedback was valued and welcomed. There was evidence of good consultation with residents and they were supported and encouraged to influence how the service was planned and organized. Meaningful actions were taken in response to residents' feedback regarding their individual care, routines and their environment to ensure it was as they wanted it to be.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2017. This report was compiled in consultation with residents and set out the priorities for 2018.

**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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |                           |
|----------------------------|---------------------------|
| <b>Centre name:</b>        | Newbrook Nursing Home     |
| <b>Centre ID:</b>          | OSV-0005702               |
| <b>Date of inspection:</b> | 03/05/2018 and 04/05/2018 |
| <b>Date of response:</b>   | 31/05/2018                |

### 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 03: Residents' Rights, Dignity and Consultation

#### Theme:

Person-centred care and support

#### **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Choice for residents with dementia to independently access a safe outdoor area was not available in the two storey building in the centre premises

#### **1. 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.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

Significant work has been carried out on the secured garden. We will increase the height of the fence bordering the canal to prevent unauthorised access to the Nursing Home from the canal.

**Proposed Timescale:** 31/08/2018

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all staff had completed up-to-date mandatory training as required.

**2. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**

All mandatory training has been completed.

**Proposed Timescale:** 31/05/2018