

**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-0000074
<b>Centre address:</b>	Ballymahon Road, Mullingar, Westmeath.
<b>Telephone number:</b>	044 934 2211
<b>Email address:</b>	phil@newbrooknursing.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Newbrook Nursing Home
<b>Provider Nominee:</b>	Philip Darcy
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	63
<b>Number of vacancies on the date of inspection:</b>	1

## **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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 17 October 2016 09:00 To: 17 October 2016 20:00

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	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	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 including unsolicited information received by HIQA in September 2016 regarding consultation procedures with family members regarding healthcare. This information was not substantiated on this inspection. All actions from the last inspection of the centre in April 2015 were satisfactorily completed.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the nominee for the provider completed the self-assessment document by comparing the service provided with the

requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The design and layout of the centre, where residents with dementia integrated with the other residents, met its stated purpose to a high standard. Inspectors found the management team and staff were committed to providing a quality service for residents with dementia. This commitment was demonstrated in work ongoing and completed to date to create a comfortable and therapeutic environment for residents with dementia.

Inspectors met with residents and staff members during this inspection. They tracked the journey of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, residents' medical and nursing records, staff training and employment files. Inspectors examined relevant policies and procedures including those submitted prior to this inspection.

There were policies and procedures available to inform safeguarding of residents from abuse. All staff had completed training, and 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. Some improvements were necessary to ensure all interventions used to support residents with behavioural and psychological symptoms of dementia were documented. Residents had access to a wide variety of interesting and meaningful activities which many participated in. However, improvement was required to ensure the activity programme provided for some residents with advanced dementia met their capabilities.

Staffing levels and skill-mix were appropriate to meet the needs of residents. A comprehensive staff training programme was in place. Findings supported review of staff allocation was necessary to ensure the needs of some residents with BPSD did not impact on other residents.

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 Quality 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):**

No actions were required from the previous inspection.

**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 comprehensively covered in Outcome 3 in this report.

The centre catered for residents with a range of needs. On the day of this inspection, there were a total of 63 residents, on of whom was in hospital. 22 residents had dementia and eleven residents had 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 and end-of-life care in relation to other residents with dementia in the centre.

There were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital or their home in the community prior to admission. Inspectors were told that some residents currently in receipt of continuing care transitioned from a respite care admission basis. 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.

A copy of the Common Summary Assessments which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme was available in addition to pre-assessment documentation completed by the person in charge. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation. This record included a medical summary letter, multidisciplinary assessment details and a nursing assessment. Inspectors examined the documentation that accompanied residents who were transferred to hospital from the centre. This summary documentation comprehensively detailed the needs of residents transferring to hospital. It included information about their physical, mental and psychological health, medications and nursing needs. There was information to support

residents with physical and psychological symptoms of dementia (BPSD) or responsive behaviours on their transfer document. A communication passport was not currently in use for residents with communication needs going to hospital. However was at an advanced stage of development. This communication tool is of value in supporting the communication needs of residents with dementia accessing services outside the centre to outline their individual preferences, dislikes and strategies to prevent or to support those with physical and psychological symptoms of dementia. Residents were protected by safe medicine management policies, procedures and practices.

There was evidence that residents received timely access to health care services. Residents attended out-patient appointments and were referred as necessary to the acute hospital services. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving residents a choice of general practitioner. Residents' documentation reviewed by inspectors confirmed they had access to GP care including out-of-hours medical care. Some residents who lived in the locality were also facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had access to allied healthcare professionals. A physiotherapist was employed on the centre's staff and attended the centre two days each week. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. 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 BPSD. A community psychiatric nurse from the psychiatry of later life team visited the centre every eight weeks to monitor progress of residents referred to the team. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, weekly physiotherapy, annual influenza vaccination, recording of monthly vital signs annual blood profiling and medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during 'end of life' care as necessary.

There were systems in place to meet the health and nursing needs of residents with dementia. There was evidence of on-going work to ensure assessment and documentation of residents' needs was maintained to a good standard. Residents' documentation was managed on a computerised system which was password protected. Residents' care plans were person-centred and informed their needs. Assessments of residents' needs were carried out within 48 hours of their admission. Staff used validated tools 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 developed based on assessment of needs and thereafter in line with each resident's changing needs. The majority of residents' care plans were person-centred with the exception of behaviour support care plans. Interventions in one resident's behaviour support care plan in the sample reviewed were not person centred. Residents receiving p.r.n. psychotropic medicines to support their BPSD did not have this intervention documented in their behaviour support care plans. Care plans were updated routinely or to reflect residents' changing care needs as necessary. Inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and needs. While inspectors were told that residents and their families were involved in care plan development and reviews thereafter, there were inconsistencies found in the documentation supporting this activity. This finding had been recently identified for

improvement in an audit of care plans and remedial actions were underway. 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. No resident was in receipt of palliative care services at the time of this inspection. A pain assessment tool for residents with dementia was available to support pain management. Inspectors reviewed a number of 'end of life' care plans and found that they outlined the physical, psychological and spiritual needs of residents. Residents' individual wishes regarding place for receipt of 'end of life' care were also recorded. Single rooms were available for 'end of life' care and relatives were facilitated to stay overnight with residents at the 'end of life' stage of their lives. Staff outlined how residents' religious and cultural practices were facilitated. A large oratory in the centre was available to residents for their funeral services. A symbol from the Irish Hospice Association to notify that a resident in the centre was in receipt of 'end of life' care or had deceased was available for use when required. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. HIQA were notified of three incidents where residents in the centre developed pressure ulcers since 01 January 2016 and were now healed. There were no residents with pressure ulcers on the day of this inspection. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal. A tissue viability nurse specialist was reviewing a resident with a surgical wound on the day of this inspection and was met by an inspector. A policy document informed wound management and procedures in place reflected evidence based practice. Wounds were routinely photographed to monitor progress with healing and a treatment plan informed dressing procedures.

The nutrition and hydration needs of residents with dementia were met. A policy document was in place to inform best practice. Residents were screened for nutritional risk on admission and regularly thereafter. The chef met each resident on admission to discuss their likes and dislikes. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of the dietician and speech and language therapists where appropriate. Inspectors saw that residents had a choice of hot meals for lunch and tea. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight-reducing, diabetic and fortified diets and residents who required modified consistency diets and thickened fluids received the correct diets. Alternatives to the menu on offer were available to residents. Residents' meals, including modified consistency meals was presented in an appetising way. All residents received discreet assistance with eating where necessary.

There were arrangements in place to review accidents and incidents within the centre,

and residents were assessed on admission and regularly thereafter for risk of falls. A computerised incident and accident management system was in use. This system required staff to risk assess each event. Action plans were developed and there was evidence of learning from completion of comprehensive root-cause analysis of 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. HIQA was last notified of an incident of a resident falling and sustaining a bone fracture in March 2016. Procedures were put in place to mitigate risk of further falls. The centre's physiotherapist assessed each resident on admission to determine their risk of falling which is repeated if a fall incident occurs. Residents at risk of falling had controls in place to prevent injury such as hip protection, low-level bed, foam floor mats and sensor alarm equipment. All residents were appropriately supervised by staff as observed by inspectors on the day of inspection.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. The inspector found that practices in relation to prescribing, administration and medication reviews met with regulatory requirements. Residents' medicines were stored in individual secure units in their bedrooms. The pharmacist who supplied residents' medications was facilitated to meet their obligations to residents. 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.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
There were measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures in place to inform prevention, detection and response to abuse. There were systems in place to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during any investigations that may occur. Staff spoken with on the day of the 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.

There was a policy and procedures in place for the management of responsive behaviour. Care plans were developed for residents that experienced episodes of behaviours and psychological signs and symptoms of dementia (BPSD). Staff spoken



with were familiar with appropriate person centred interventions to engage or redirect residents experiencing BPSD.

A policy on the management of restraint was present in the centre and reflected procedural guidelines in line with the national restraint policy. There was a restraint register which documented use of restraint, including bedrails. While the number of bedrails in use in the centre had increased in the months prior to this inspection, efforts were being made to reduce the overall level of restraint with procurement of equipment to safely enable residents while resting in bed. A number of half-length bedrails had been purchased by the centre as alternatives to replace some full length bedrails currently in use in the centre. Risk assessments had been completed for all bedrails in use, and alternatives trialled beforehand were also documented. An audit of restraint use that was completed in September 2016 was reviewed by inspectors. Action plans had been developed for any areas for improvement identified in this audit.

There were systems in place for the management of residents' finances on their behalf. Inspectors examined records relating to these finances and checked a sample of balances, all of which were found to be correct.

**Judgment:**  
Compliant

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

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

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

**Findings:**  
Residents with dementia were consulted with and supported to participate in the organisation of the centre. Residents were supported to make choices about their day-to-day lives. While, there were opportunities for residents to participate in activities that suited their interests and capabilities, improvement was required to ensure the activation needs of residents with advanced dementia were met. Residents' privacy, dignity and overall quality of life in the centre was maintained to a good standard in the centre.

Residents' with dementia were supported to attend and participate in regular resident forum meetings which were minuted. The minutes referenced active discussion about life in the centre. Issues for review raised by participants were actioned. There was evidence on this inspection that residents were supported and encouraged to make informed choices about their day to day lives in the centre. Staff were observed to support and encourage independent and informed choice. Residents had access to Independent advocacy services in addition to a volunteer advocate who regularly visited

the centre.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia in the centre before undertaking any care task and consulted with them about how they wished to spend their day and about care issues. Residents expressed their satisfaction with the opportunities provided and their quality of life in the centre. Staff worked to ensure that residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors before entering. They closed bedroom doors and bed screens when delivering personal care. Privacy locks were available on all bedroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. 'Key to me' documentation was completed for all residents which gave them the opportunity to make their preferences, likes and dislikes known. Family members also supported some residents with dementia with communicating this information. Residents were encouraged to choose how they spent their day, where they took their meals and what clothes they wore. All residents were addressed by their preferred name by staff. Some residents with advanced dementia spent their day in two of the communal sitting rooms which were intentionally decorated to include familiar memorabilia and furnishings. 'Able-tables' were used instead of traditional tables to ensure all residents with dementia resting in assistive wheelchairs or otherwise could be comfortably seated at a table for their meals and activities. The style of these specialised tables promoted residents comfort and facilitated staff with ease of access to support and assist dependant residents as necessary.

An activity co-ordinator was responsible for assessing and identifying suitable activities to meet the interests and capabilities of each resident with dementia. Organised activities were provided from 08:30 to 18:30 seven days each week. Three activity staff were employed in the centre. The activity coordinator was enthusiastic about her work and knew the residents well. She organised and with the support of care staff facilitated a variety of meaningful and interesting activities for residents in the centre. However, improvement was found to be required in the allocation of staffing resources to ensure residents with dementia and associated high support needs were provided with activities that met their capabilities. Inspectors observed that the staff member in both communal sitting rooms was constantly interrupted during facilitation of activities to provide assistance to some residents with high attention needs due to BSPD. Although efforts were being made by these staff to also provide a combination of 1:1 and group activities, many residents with advanced dementia had needs that were better met in a 1:1 or in a small group sensory based activation programme only.

The activity schedule was displayed at numerous points throughout the centre but required clarity in format to ensure it was accessible to residents with dementia. Inspectors saw that staff generally informed residents about each activity prior to commencement. Signage and colour was well used to maximise accessibility in the centre for residents with dementia. Each corridor was named and identified by a colour theme. Door frames and handrails were painted in a contrasting colour to surrounding walls. Signage in pictorial and text format was located proud of key areas and could be easily seen from any part of the corridors. Communal rooms were also each individually named. Picture menus were also used.

Inspectors observed the quality of interactions between staff and residents with dementia using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in two sitting rooms and a dining room area. The 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 effect of the interactions on the majority of residents. Inspectors' observations concluded that there was good evidence of positive connective care with individual residents during 1:1 interactions and opportunities were taken when completing tasks of care to positively engage with residents.

There were no restrictions on visitors and there were a number of areas throughout the centre where residents could meet visitors in private. Visitors were observed visiting throughout the day. Residents had access to national and local newspapers, televisions, radios and telephones.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**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 policy and procedure in place for the management of complaints. Improvement was required to ensure that all the information required by the Regulations was consistently documented.

A summary of the complaints' procedure was displayed at the entrance to the centre and was also included in the residents' guide for the centre. However, the format of this summary information did not ensure that it was accessible to all residents, including those with dementia.

The complaints' policy included details of the person nominated to deal with complaints, and the person nominated to ensure that complaints were appropriately recorded and responded to. The deputising person in charge confirmed that this person completed a review of complaints management every six months. The policy also included details of the appeals process.

A complaints log was maintained in the centre, and this was reviewed by inspectors on the day of the inspection. Complaints records included the outcome of the complaint,

the actions taken in response to complaint investigation and whether complainants were satisfied with the outcome. However, improvement was required to ensure that details of the investigation into complaints was consistently recorded. Records indicated that all complaints were closed out within the timeframe outlined in the centre's policy.

**Judgment:**  
Substantially Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

**Findings:**

The inspectors observed that although there was a high level of staffing resources provided on a daily basis, improvement was required to the allocation of staffing resources to ensure the needs of residents requiring high levels of 1:1 attention due to their BPSD were met.

An extensive training programme was in place for all staff, which incorporated dementia care and management of BPSD. While records indicated that the majority of staff had received mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse, a small number of staff required refresher training in these areas. There was evidence that dates for this training had been scheduled in the weeks following the inspection.

An actual and planned rota was maintained in the centre, with all changes indicated clearly. The staff rota reflected staff working in the centre on the day of inspection.

There was a policy in place for the recruitment, selection and vetting of staff. The deputising person in charge confirmed that all staff working in the centre had processed An Garda Siochana vetting. A sample of staff files were reviewed by inspectors, all of which were found to contain all information required by Schedule 2 of the Regulations. An induction programme was in place in the centre which included the provision of training and supervision of staff. Staff appraisals had been completed for all staff for 2016. There was evidence of regular meetings being held for all staff groups.

There were a number of volunteers providing various services to the centre. All volunteers were appropriately vetted and the roles and responsibilities of volunteers had been documented for all but one volunteer.

**Judgment:**  
Substantially Compliant

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

### **Theme:**

Effective care and support

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

No actions were required from the previous inspection.

### **Findings:**

Inspectors found that Newbrook Nursing Home provided a therapeutic and comfortable environment for residents with dementia. Residents had access to a variety of communal areas and a large oratory. The external grounds were landscaped and included numerous block colour flow-beds and planters. A safe and secure internal courtyard was available to enable vulnerable residents to go outside the centre independently if they wished. This courtyard was set out in a traditional shopping streetscape design. Residents in the centre are accommodated at ground floor level throughout in single and twin bedrooms. The environment was homely and the centre's décor and furnishings promoted residents' accessibility and comfort. Familiar memorabilia and traditional pieces of furniture were located throughout the centre. The centre was visibly clean and in a good state of repair.

There were numerous communal areas available including sitting rooms in a number of locations throughout the centre which ensured residents were always close to an area where they could rest. Two dining rooms was located on either side of the main kitchen that comfortably accommodated the residents in the centre for one sitting at mealtimes. Residents have access to a large oratory. Services from the oratory were transmitted on televisions in the centre for residents who did not attend the oratory. Toilet facilities were observed to be within close proximity to communal areas. Circulating corridors were individually named and painted in a variety of colours with handrails and bedroom door-frames painted in contrasting colours to surrounding walls to enhance orientation and safety for residents with dementia. These actions afforded residents greater autonomy and increased independence. . Residents were accommodated in single and twin bedrooms. The floor space in residents' bedrooms varied but each met size, privacy and dignity requirements as outlined in the Authority's Standards. The majority of bedrooms had en suite facilities.

Each resident had adequate wardrobe space which they could access and retain control over. Residents were encouraged to personalise their bedrooms. Inspectors observed that residents' bedrooms were personalised with photographs and ornaments and in some cases items of the residents' own furniture. Grab rails were provided in all toilets and showers, most of which were in contrasting colours to assist residents with visual needs or dementia. A programme was underway to replace white with coloured grab rails. Many residents were using assistive wheelchairs. Each resident with needs for an assistive wheelchair was 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 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. 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.

**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-0000074
<b>Date of inspection:</b>	17/10/2016
<b>Date of response:</b>	08/11/2016

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Interventions in one resident's behaviour support care plan in the sample reviewed were not person centred.

Residents receiving p.r.n. psychotropic medicines to support their BPSD did not have this intervention documented in their behaviour support care plans.

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

**1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans are being reviewed to ensure that they clearly outline the behaviours' triggers and de-escalation procedures relevant to each resident who has dementia. We will also ensure that the care plans are person-centred.

Care plans are also being reviewed to ensure that residents' receiving p.r.n. psychotropic medicines to support their BPSD have this intervention documented.

**Proposed Timescale:** 30/11/2016

**Theme:**

Safe care and support

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

While inspectors were told that residents and their families were involved in care plan development and reviews thereafter, there were inconsistencies found in the documentation supporting this activity.

**2. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We are meeting with the nurses to ensure that they understand that reviews of the care plans with families is documented. This will be audited to ensure compliance.

**Proposed Timescale:** 30/11/2016

**Outcome 03: 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 activities provided did not meet the capability needs of some residents with dementia.

**3. 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:**

We are reviewing the provision of activities to residents with high attention needs due to BSPD. This will involve assessing the existing activities programme with a view to providing one to one and smaller group activity based programmes.

Staff are receiving PCHT training in November 2016 and have received training in Sonas, dealing with behaviours that challenge and Imagination Gym to enable them to effectively deliver an activities programme.

**Proposed Timescale:** 30/11/2016

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The details of any investigation into complaints was not always fully documented.

**4. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

In future we will ensure that details of investigations into complaints are fully documented.

**Proposed Timescale:** 26/10/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

One volunteer did not have their role and responsibilities set out in writing.

**5. Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The role of the relevant volunteer is now documented on her file.

**Proposed Timescale:** 26/10/2016