

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Centre address:	Ballymahon Road, Mullingar, Westmeath.
Telephone number:	044 939 7520
Email address:	adminnb2@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home Unlimited Company
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 September 2017 09:15 To: 19 September 2017 18:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of an announced inspection to monitor compliance with the regulations. The inspection also considered notifications and other relevant information and followed up on progress with completion of the action plan from the last inspection in May 2016. All actions in the action plan from the last inspection were satisfactorily completed.

The Inspector met with residents, residents' relatives and staff members during the inspection and reviewed information provided in pre-inspection questionnaires completed by eight residents and twelve residents' relatives. The inspector examined documentation such as residents' care plans, medical records, staff files and training records, risk and fire safety management procedures and observed care practices and interactions with residents. Feedback on the service provided received by the inspector was mostly positive. While not observed on this inspection, the way in which some staff communicated with residents was identified as an area requiring improvement. This information was communicated to the provider representative and person in charge following the inspection. The inspector observed that staff were

respectful towards residents and ensured their rights to choice, privacy and dignity were met.

Residents' accommodation in the centre was provided over two floors. The design and layout of the centre met its stated purpose and provided a comfortable and therapeutic environment for residents. The inspector's observations and feedback from residents and their relatives confirmed that the provider, person in charge and the staff team were committed to providing a good service and quality of life for residents living in the centre.

There were arrangements in place to ensure residents were protected and safeguarded 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. 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 residents to live independent lives. Residents healthcare needs were met to a good standard. Assessment and person-centered care planning procedures clearly informed the care they required to ensure their needs were met.

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

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre had a clearly defined organizational structure in place and was outlined in the centre's statement of purpose revised in March 2017. Inspection findings confirmed that there were comprehensive systems and structures in place to ensure the centre was effectively governed and managed. Lines of authority and accountability were defined and each member of the staff team were aware of their roles, responsibilities and reporting procedures. Management meetings were held on a monthly basis and were attended by the provider representative, person in charge, practice development coordinator and 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.

Residents and their families were consulted with and their feedback was valued and welcomed. There was evidence of consultation with residents demonstrated by meaningful actions taken in response to residents' feedback on their individual care, routines and their environment and how they wanted it to be.

The quality and safety of the service was closely monitored by the provider and person in charge. This process was assisted by computerized data management systems. A scheduling system was in place to inform frequency of auditing. The information collated in audits was analyzed and areas requiring improvement were informed and managed to completion through an action plan process. 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. The inspector observed many examples of care and resources provided that exceeded required standards to ensure residents care needs were met and that they were safe and comfortable in the centre. For example, a physiotherapist was employed by the provider and attended to

residents on a weekly basis, a stair lift was fitted on a secondary stairs to ensure residents could access both floors in the event of the lift malfunctioning and a wider electric bed was provided to promote a resident's comfort needs. The residents' guide and the centre's statement of purpose was prepared in large font format for residents with vision difficulties.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2016. This report was compiled in consultation with residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was being managed by a suitably qualified and experienced nurse in care of older people. The person in charge demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge demonstrated that she was engaged in the governance, operational management and administration of the centre on a full-time basis over five days each week. The person in charge was also the person in charge of Newbrook Nursing Home located on the same campus as Newbrook Lodge Nursing Home. The person in charge is supported in her role by an assistant director of nursing, clinical nurse managers, nursing, care assistants, administration, maintenance, kitchen and housekeeping staff who report directly to her. She is also supported by the Newbrook group's practice development coordinator, training officer and finance and human resource management departments.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including gerontology and palliative care among other courses and training to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre. She has the required experience in caring for dependant people and management of a residential care facility. The person in charge had sufficient clinical systems in place to ensure a high standard of care. She met with the senior clinical management and staff team on a regular basis. Information required was easily accessed and well organized

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Staff spoken with by the inspector confirmed that there was good inter-team communications. Pre-inspection questionnaires completed by residents and their relatives confirmed that the person in charge consulted with them, was approachable and welcomed their feedback. Residents spoken with knew who the person in charge was and spoke positively about her concern that their needs were met and that they were satisfied with the service provided.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Residents' paper format documentation was maintained securely and electronic records were password protected.

The information as required by Schedule 1 of the Regulations was documented in the centre's statement of purpose document.

Staff files reviewed contained the information as required by Schedule 2 of the Regulations.

The directory of residents as required by Schedule 3 of the Regulations was maintained in an accessible format. All items of required information were recorded for each resident in the centre.

While the person in charge confirmed that bedrail safety checking and removal schedules while in use were completed, the records as required by schedule 3 of the regulation did not sufficiently record this activity. All other records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were in place and were stored securely.

All of the written operational policies including a policy to inform admission of residents as required by Schedule 5 of the Regulations were available and up to date. These policies were accessible to staff to inform their practice.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

Arrangements were in place to ensure residents were safeguarded and protected from harm or abuse. The centre had a policy informing the procedures in place to ensure residents were not abused. A no tolerance approach to abuse was demonstrated by the provider. Staff training records indicated that all staff had completed training on prevention, detection and response to abuse. Staff spoken with by the inspector were knowledgeable about how to identify, report and respond to abuse. Staff confirmed that there were no barriers to raising issues of concern and were clear on their responsibility to report. Residents confirmed in pre-inspection questionnaires and to the inspector during the inspection that they felt safe in the centre.

There was a policy and procedure available to inform restrictive procedures and practices in the centre and a restraint-free environment was promoted in the centre. Although records reviewed by the inspector indicated a recent small increase in bedrail use for residents, this finding was informed by comprehensive assessment of need. Bedrail risk assessments to ensure suitability of use were completed. While the person in charge confirmed that bedrail safety checking and removal schedules while in use were completed, the records available did not sufficiently record this activity. This finding is actioned in outcome 5. Residents' documentation demonstrated that alternatives to full-length bed rails were tried and used where possible. The person in charge told the inspector that she was awaiting delivery of additional half-length bedrails to meet the safety and enablement needs of some residents. This equipment met residents' wishes/needs for an enabler to assist them with changing their position and assuring their safety without restricting their freedom to move in and out of bed if they wished. There were arrangements in place for review of any psychotropic medicines administered on a PRN (a medicine only taken as the need arises) basis to ensure

appropriate use in each case. Access through exit doors to the centre was controlled. Residents were provided with door codes with the exception of residents who could not safely leave the centre unaccompanied. All residents had access to a safe enclosed garden.

The inspector was told that eight residents were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Assessments had been completed and were used to inform behavioral support care plans for these residents. The inspector's observations on inspection and findings from review of residents' documentation indicated that residents predisposed to responsive behaviours were effectively supported. Residents predisposed to responsive behaviours were cared for by staff in a sensitive, person-centred and compassionate way and residents responded positively to the techniques they used. The information recorded in residents' behaviour support care plans identified the responsive behaviours, the triggers to the behaviours and the most effective person-centred interventions to be used to de-escalate any episodes. Residents were referred appropriately to the psychiatry of older age services. Most staff had completed training in care of residents with responsive behaviours.

The provider was the agent for collection of a small number of residents' social welfare pensions. The procedures and processes for collection of these residents' social welfare pensions on their behalf by the provider was discussed with the provider representative. The information provided indicated that they were managed in line with best practice and were subject to annual audit. Residents or their relatives on their behalf were provided with monthly statements of accounts. The centre held small amounts of money in safekeeping for some residents' day to day expenses which was available to them as they wished. This money was kept in a locked safe. All lodgements and withdrawals were documented. The inspector checked a sample of documented balances against money held and found them to be accurate in each case. Entries were signed by the resident where possible and otherwise by two staff. The system in place was found to be sufficiently robust to protect residents and staff.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:

A safety statement was in place which was reviewed annually and was updated for 2017. A risk management policy was available and included the required information and procedures to manage the risks specified by regulation 26 (1). The provider demonstrated a comprehensive approach to managing risk. A computerized risk management programme was in place to support risk management procedures in the centre. The process promoted a proactive approach to risk with assessment, review, effective resolution and implementation of controls to prevent recurrence. The inspector found that all internal and external hazards were identified and addressed with appropriate controls to mitigate occurrence. There was evidence of learning from review of incidents. The inspector found that controls implemented were considered to ensure they were sensitive to residents' needs, rights and quality of life.

The inspector reviewed the fire safety arrangements and associated documentation in the centre. There were robust fire safety management procedures in place. There was comprehensive frequent checking procedures and servicing of fire safety equipment. Personal evacuation risk assessments were completed for all residents that took account of the staffing and equipment resources necessary to ensure their safe evacuation in the event of an emergency incident. Any issues that might hinder timely evacuation of individual residents was also identified such as cognitive impairment. A copy of each resident's evacuation plan was kept in their bedroom and with the documentation referencing fire safety management for ease of reference in the event of an emergency and to assist the emergency services if necessary. The inspector reviewed the records of fire evacuation drills which referenced day and night-time simulated procedures to facilitate participation by all staff and to ensure staffing levels were adequate to safely evacuate residents. The details recorded provided assurances that timely evacuation of residents in the event of an emergency could be achieved.

There was a process in place to record incidents and accidents to residents and others. A root-cause analysis process was conducted on incidents and accidents resulting in an injury to residents that required care in hospital. Learning from this process was implemented and measures to prevent recurrence were put in place. Each resident who fell was referred to the centre's physiotherapist for more specialist assessment. Moving and handling of residents was observed during the day of inspection and procedures seen by the inspector were found to be safely completed by staff. All staff had attended mandatory training in moving and handling and use of assistive equipment. The physiotherapist was involved in assessing the type/size of assistive equipment to be used for individual residents which was outlined in their moving and handling risk assessments.

Policy information was available to guide staff on the management and prevention of communicable infection in the centre. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises.

Judgment:
Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A medicines management policy was in place to inform safe medication practices in the centre. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed of balances of controlled medicines twice every 24 hours and refrigerator temperatures on a daily basis. Residents' prescribed medicines were reviewed by their general practitioner (GP), the pharmacist supplying their medicines and nursing staff in the centre. Audits were completed at regular intervals to monitor safety of medicine management procedures in the centre.

The inspector observed a sample of medicine administration to residents on this inspection. The staff nurses administering medicines wore a red apron to alert others that they should not be disturbed during the procedure. The inspector observed that medicines were administered to residents in line with professional guidelines. Residents' medicines were administered on an individual resident basis. Each resident had a locked medicine cabinet in their bedrooms. The maximum amount permissible over a 24hr period for medicines prescribed for PRN (a medicine only taken as the need arises) use was indicated. All medicines administered by nurses in a crushed format were individually prescribed.

Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Procedures were also in place to ensure medicines that were out-of-date or no longer used by residents in the centre were removed and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to the pharmacist who was available to meet with them as they wished. The pharmacist completed three-monthly audits of medicines in the centre. The pharmacist also provided reference material, training and updates for staff in medicines management.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of

evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Residents' healthcare care needs were met to a good standard. Residents had access to a general practitioner (GP) and allied health professionals including occupational therapy, physiotherapy, speech and language and dietician services. A physiotherapist was employed by the provider and attended residents in the centre on a weekly basis. Specialist medical services including community palliative care and psychiatric services attended residents in the centre on a referral basis. Residents' documentation confirmed they had timely access to these services as necessary. Details of treatment plans and recommendations made by allied health professionals were documented in residents' care plans as appropriate. Arrangements were in place to ensure residents were supported to attend out-patient appointments. Residents and their relatives spoken with by the inspector and feedback provided by them in pre-inspection questionnaires confirmed high satisfaction with care and the service provided.

Arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly thereafter including in response to changes in their needs. This information informed care plans that described the care interventions to meet each resident's identified needs. An action required from the last inspection in May 2016 regarding the detail provided in residents' care plans was satisfactorily completed. A sample of residents' care plans reviewed by the inspector indicated that care provided to residents was person-centred and clearly informed the interventions to be completed by staff to address each assessed need. Care plans were reviewed on a three to four-monthly basis and residents' care was discussed with them or their relatives as appropriate. The centre's physiotherapist had a significant input in optimizing residents' safe mobility. Residents with reduced mobility and residents who experienced a fall incident were reviewed by the physiotherapist and treatment plans were developed to address needs and supports. There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise as part of their day-to-day care. Staff were also trained to provide subcutaneous fluid administration in the centre to treat residents with acute episodes of dehydration.

Residents at risk of unintentional weight loss or weight gain were assessed on admission and regularly monitored thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. The

inspector found that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated person-centred treatment plan was implemented. The chef was observed to make extra effort to ensure residents were provided with food they preferred and enjoyed. The chef mingled among residents during mealtimes to ensure the meals provided met with their satisfaction. Procedures in place to prevent pressure related skin breakdown were reviewed and reflected evidence based best practice. A number of residents assessed as being at high risk of developing pressure ulcers were provided with special cushions and high grade mattresses. Repositioning schedules were in place to ensure pressure was regularly relieved from areas of residents' skin that was at increased risk of ulceration. Wound care procedures were examined for a resident with a healing pressure ulcer that was present on admission to the centre. The inspector's findings indicated effective arrangements and procedures in place to ensure residents' wounds were appropriately managed. Staff used a wound measurement system that assessed size, type, and exudate and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

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

Findings:

No residents were in receipt of end-of-life care on the day of the inspection. An action from the last inspection in May 2016 requiring improvement with completion of residents' end-of-life care plans to ensure their wishes were clearly recorded and communicated to the staff team was satisfactorily completed.

Staff provided end-of-life care to residents with the support of their medical practitioner and the community palliative care services. Palliative care services were supporting one resident with symptom management at the time of this inspection. The inspector reviewed a number of residents' end-of-life care plans and confirmed that they referenced their wishes regarding their physical, psychological and spiritual care and the place they wished to receive that care. This documentation together with a regular review and updating process provided sufficient assurances that residents were consulted with and that their wishes could be carried out should they be unable to express them. An oratory was located on the first floor and was available to residents.

The inspector observed residents using this area for quiet prayer and reflection. Single bedrooms were available to meet residents' end-of-life care wishes. Arrangements were in place to facilitate residents' relatives to be with them overnight when they were very ill. Residents' religious and cultural preferences were facilitated and they had access to clergy from different faiths to meet their faith needs. A daily mass was celebrated for residents in one of the communal rooms in the centre.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

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

Findings:

Residents were consulted with and supported to participate in the planning and organisation of the centre. Regular resident forum meetings were convened and were minuted. The minutes were read by the inspector and they referenced active discussion about life in the centre including social events and outings on the centre's wheelchair accessible bus. Feedback from residents regarding areas of the service that they wished to be reviewed was also recorded and there was evidence that reviews were completed to the satisfaction of residents. A quarterly newsletter was produced in the centre to keep residents up to date with events in the centre and featured photographs of residents enjoying recent events.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought residents' permission before undertaking any care tasks and consulted with them on how they wished to spend their day and about their care procedures. Residents spoken with expressed their satisfaction with the opportunities provided to them. Some residents told the inspector that they 'liked living in the centre' and that staff went beyond that required from them to ensure they were 'happy' and 'comfortable'. Some residents had spent their working lives as members of religious communities and church clergy and were supported and assisted to continue to observe and practice their faith. The provider, person in charge and staff team recognised the importance these residents placed on meeting their daily religious obligations and ensured they were facilitated to meet them. Arrangements were in place to ensure residents had opportunity to exercise their right to vote.

While activity co-ordination staff were worked each day, ensuring residents' social care needs was integral to the role of healthcare assistants in the centre. Each resident's activity needs were assessed and a variety of meaningful and interesting activities were organised to meet their needs by the activity coordination staff. The schedule of group activities displayed on both floors included music, quiz games, ball games, arts and crafts and exercises. Residents who were less able to participate in group activities such as residents with more advanced dementia and complex needs were supported to participate in a programme of more focused sensory activities including reminiscence, music, doll therapy, pet therapy and a sensory activation programme. These activities were provided on a one-to-one basis or in a small group arrangement in a quieter communal room in the centre. The room was decorated in a more traditional style with memorabilia familiar to these residents. A bird feeding station was located outside the window to this room so residents could watch the birds feeding. Records were maintained of each residents' participation and engagement in each of the activities facilitated for them to ensure their interests and capability needs were met.

A landscaped green area in front of the centre was available to residents. It had seating, a traditional telephone kiosk, shrubbery, flowers and small trees located along meandering safe paths. This area was not suited to residents who could not independently leave the centre. The provider recognized this and provided a safe secure garden to ensure residents who were at risk of leaving the centre unaccompanied could go outside the centre if they wished. This enclosed garden was recently redesigned with input from residents and construction of wooden railings along the paths and a central gazebo-type construction was nearing completion. Arrangements were in place for raised flower planters and flower and shrub beds. Small trees were also planted at various points and the garden had a view of the canal along one side. A model of the finished garden was on display in the reception area of the centre.

There were no restrictions on visitors and there were a number of areas in the centre on both floors, where residents could meet visitors in private. Residents had access to a kitchenette where they could enjoy refreshments with their relatives.

The inspector saw that staff worked to ensure that each resident were provided with care that respected their privacy and dignity. Privacy curtains were available between beds in twin bedrooms. All residents were accommodated in single or twin bedrooms with en suite facilities. Staff were observed knocking on bedroom and bathroom doors before entering. Privacy locks were in place on all bedroom, bathroom and toilet doors.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best

recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

A planned and actual staff rota was in place and the actual staff rota indicated any changes and the arrangement put in place to cover staff absences. The duty rota accurately reflected the staff on duty on the day of inspection. A registered nurse was on duty on each floor in the centre at all times to supervise residents and to ensure their care needs were met to a satisfactory standard. A clinical nurse manager was rostered on duty each weekend to ensure senior nursing cover was available each day. Staff working in the centre had the appropriate skills and qualifications to meet the assessed needs of residents. The inspector found that resident needs informed the staffing resources provided.

Residents spoken with and feedback from pre-inspection questionnaires completed by residents and their relatives confirmed that residents' needs were satisfactorily met at all times and that they received support and timely assistance as necessary. Staff who were spoken with knew residents well and were knowledgeable regarding their individual needs. Residents spoke positively about the care and support they received from members of staff caring for them.

Staff meetings with the various staff disciplines in the centre were arranged by the person in charge. Minutes of these meetings were documented and were made available to the inspector. The person in charge utilized this forum to ensure all staff were well informed and to gather their feedback and suggestions regarding the service.

Procedures were in place for recruitment, selection and appropriate vetting of staff. An induction programme was in place for new staff and the group practice development coordinator attended the centre at least one day each week. New staff worked in a supernumerary capacity until their induction was satisfactorily completed. Training and probationary reviews were completed as part of the induction process for new staff to the centre. An annual appraisal review process was in place for each member of staff. This process also informed the centre's staff training programme.

A sample of staff files was examined by the inspector. All of the information required by Schedule 2 of the Regulations was held in these files. The provider confirmed that all staff working in the centre had An Garda Síochána vetting completed. Up-to-date professional registration records for all nursing staff were made available to the inspector.

Training records for all staff were maintained in the centre and were made available to

the inspector. The records indicated that all staff had completed mandatory training in fire safety, safe moving and handling practices and prevention, detection and response to abuse. Training records also indicated that staff were facilitated to attend additional training to support their professional development needs including training of residents with dementia and management of responsive behaviours.

The inspector was told that there were no volunteers working in the centre at the time of this inspection.

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 report¹

Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Date of inspection:	19/09/2017
Date of response:	18/10/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

While the person in charge confirmed that bedrail safety checking and removal schedules while in use were completed, the records available did not sufficiently record this activity.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Bedrail checking schedules are now on Epicare. Safety checks are completed when restraint is applied or released.

Proposed Timescale: 18/10/2017