

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Northbrook House Nursing Home
Centre ID:	0076
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	First Care Ireland Northbrook Ltd
Person in charge:	Esther Keating
Date of inspection:	8 and 9 March 2011
Time inspection took place:	8 March Start: 09:00 hrs Completion: 17.50 hrs 9 March Start: 08:45 hrs Completion: 15:00 hrs
Lead inspector:	Sheila Doyle
Support inspector:	Angela Ring
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Northbrook Nursing Home is a multi-storey house on a residential street on the south side of Dublin city. It has 23 residential places for people over 65 years. On the day of inspection there were 23 residents including some residents with dementia.

There are five levels in the building. A passenger lift and a stair lift access all levels except the fifth level which is accessed by three steps. There are two single bedrooms on the fifth level.

The fourth level has three twin rooms and two single rooms, and all have en suite shower, toilet and wash-hand basins.

The third level consists of two single rooms with shared interconnecting en suite shower, toilet and wash-hand basin.

The second level or ground floor has two single rooms with en suite shower, toilet and wash-hand basins and one four-bedded room. There is also a toilet on this level. There is a small open plan office used by administration and nursing staff.

The first or basement level has one three-bedded room and two single rooms, one of which has en suite shower, toilet and wash-hand basin. There are two additional assisted shower and toilet rooms and there are three other toilets, two of which are assisted. The kitchen is also located on this level.

There are two day-rooms cum dining rooms, one located on the first level and one with a conservatory overlooking the garden on the second level. The garden is accessible from the conservatory. There is a sluice room on the first floor and staff toilets are located on the basement and fourth level. The laundry is located outside the centre in the garden.

The centre is situated on a residential street so parking is by pay and display.

Location

Northbrook Nursing Home is located within walking distance of Ranelagh village on the south side of Dublin city. The centre can be accessed by several buses and the Luas to and from the city centre.

Date centre was first established:	2001
Number of residents on the date of inspection	23
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	2	15	2	4

Management structure

The Provider is First Care Ireland Ltd and the designated contact person is the Director of the company, Mervyn Smith. The Provider has overall operational responsibility for six centres, each centre having an individual Person in Charge. Éilis Carroll is the Director of Operations for First Care Ireland Ltd, she reports to the Provider. The Person in Charge is Ester Keating, she reports to the Director of Operations and is supported by a Clinical Nurse Manager (CNM). All nurses, healthcare assistants and housekeeping staff report to the Person in Charge. Catering is provided by an external catering company whose manager reports to the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1	1	3	2	1	1	0

Summary of findings from this inspection

This was an announced registration inspection, and the centre's second inspection by the Health Information and Quality Authority (the Authority). The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). This registration inspection took place over two days.

Inspectors met with residents, relatives, and staff members. They also met with the provider, the director of operations and the person in charge. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, maintenance records and staff files.

The fit-person self-assessment had been completed jointly by the provider, the director of operations and the person in charge. They had identified a number of areas for improvement and these included additional training for staff on the detection and prevention of elder abuse and the provision of a greater range of activities for the residents. During the inspection, separate interviews were carried out with the provider, the director of operations and the person in charge. Inspectors also reviewed all of the information provided in the registration application form and supporting documents.

While areas for improvement were identified, overall the inspectors found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner. They had identified that several aspects of the present building would not meet the Standards and had developed a plan to address this by a proposed extension.

The provider and the person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

Evidence based nursing care was provided and the health needs of residents were met. Residents had access to general practitioner (GP) services and a range of other health services.

Significant improvements were required in moving and handling practices, the emergency plan, the management of restraint and staff supervision. Other areas identified for improvement included the statement of purpose, the Residents' Guide, contracts of care, risk management, auditing and medication practices. Further work

was also required to improve the quality of life of residents including greater provision of activities, improved signage and communication. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors received questionnaires from five residents and seven relatives with comments on the care received and the quality of life. Inspectors interviewed residents and relatives in private and also spoke with several residents and relatives during the inspection. Comments from residents and relatives were largely positive.

Several relatives commented on the pre-admission information they were given including meeting with the person in charge and having a look around the centre. Relatives felt welcomed and several relatives commented positively on the fact that they could visit at any time. All relative questionnaires made reference to the fact that they were contacted immediately if there was any problem and that staff were always available to them.

Both residents and relatives commented on the kindness of staff describing them as dedicated, respectful and caring. Residents said they were provided with choices around how they spent their day. Residents described a range of activities they enjoyed including some organised group activities while others described how they enjoyed going for a walk.

Several relatives commented on how much better their loved one felt since admission with one describing the improvement as "immeasurable". One resident commented on how safe she felt although another resident asked "if there could be more security and privacy in our rooms?"

Both residents and relatives expressed satisfaction with the laundry service and the cleanliness of the centre. Residents stated in the questionnaires that they found the food to be very good with good menu choices and snacks available at any time and residents spoken to confirmed this.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and the person in charge demonstrated their knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). They had completed the fit-person entry programme together and had undertaken a number of initiatives such as greater involvement of residents in the local community and improved staff training. Other proposed improvements included increased consultation with residents and securing the services of an advocate. Staff members were familiar with the Standards and Regulations, and were able to discuss them with inspectors.

Both the provider and the person in charge were committed to developing the service with a focus on positive outcomes for residents. The person in charge had completed a post graduate diploma in gerontological nursing. She demonstrated good interpersonal skills, had management experience and provided strong leadership. The person in charge and provider discussed plans with inspectors to improve the service in response to the Standards. These improvements included a proposed building extension. The provider informed inspectors that arrangements were in place to address any unforeseen expenditure that might be needed.

There was a clear management structure in place. Staff interviewed said they enjoyed working at the centre and inspectors noted, when examining personnel files and rosters, that rates of absenteeism and staff turnover were low. Arrangements were in place to address staff absences. Part-time staff did additional hours to cover other staff absences. Inspectors reviewed rotas for three weeks and found that absences had been adequately covered.

The person in charge had taken fire safety precautions. Service records showed that the fire alarm system was serviced on a three-monthly basis, the emergency lighting and fire equipment on a yearly basis. The fire panels were in order and inspectors noted that fire exits were unobstructed. Inspectors read the training records which confirmed that all staff had attended training.

Management of complaints was comprehensive and learning from complaints was reflected in practice. The complaints policy was read by inspectors and details of the complaints procedures were posted publicly and described in the Residents' Guide. The procedures provided clear guidelines on how to make a complaint or express a concern, and how these would be addressed. A named complaints officer was identified. The policy also identified an appeals process in the event that a complainant was unhappy with the outcome. Inspectors reviewed the complaints log, which showed the number of complaints raised and how they had been resolved, including the complainant's level of satisfaction with how the complaint was managed. The complaints officer also compiled an analysis of complaints to inform improvements within the centre.

There was a robust clinical risk management system in place. There was a comprehensive policy in place which included clinical risk assessment of residents at risk of falls, pressure ulcers, impaired skin integrity and behaviours that challenged. The inspector reviewed the incident forms and all information recorded on them was completed comprehensively, including informing the next-of-kin and specific treatment given. The incidence of falls was very low with only five reported in a six-month period. The person in charge told inspectors that this was an area that they had made considerable progress in, for example she outlined where following a fall, residents had a full review including a medication review, changes were then made such as the use of an alert system and staff education to minimise reoccurrence.

The person in charge had a system in place for continuous quality improvement. She collected information on medications, tissue viability and other risk management issues. This information was analysed and used for learning. She told inspectors that the results were discussed with staff at the handover meetings. Inspectors read where the results of the medication audit identified that additional training on medication management was required for staff nurses. This was organised through the pharmacy and records reviewed confirmed attendance. Staff were knowledgeable and told inspectors that they had attended this training.

All policies required by the Regulations were in place and inspectors read the staff sign-off sheets which indicated that staff had read the policies. The person in charge had a system of discussing any new or updated policies with staff at handover times and team meetings.

The provider had prioritised the protection of residents from abuse. A policy had been developed and a training programme was in place including the viewing of the DVD "Recognising and Responding to Elder Abuse". Inspectors viewed the attendance records which indicated that all staff had attended this training. Inspectors found that staff were able to explain the different categories of abuse, and what their responsibilities were if they suspected abuse. The person in charge and provider were clear about the measures they would take if they received information about suspected abuse of a resident.

Inspectors saw that the person in charge managed small amounts of cash for some residents. This was kept in a locked cabinet and all incoming and outgoing amounts were recorded and signed in a spread sheet for each resident. Inspectors found the balance recorded matched the amount for each resident. Transactions were signed by residents and witnessed by a second signatory.

The provider had ensured that there was valid insurance cover in place. Inspectors viewed the directory of residents which was up to date and the contracts of care which were in place for all residents.

Some improvements required

The provider had developed a comprehensive statement of purpose which met the requirements of the Regulations. However, the inspectors noted that some of the information was inaccurate and did not correlate to the information in the Residents' Guide. For example the numbers of whole time equivalent (WTE) staff working in the centre and the meal times varied between the two documents. In addition, the centre operated a no smoking policy in the building but this was not mentioned in the Residents' Guide.

Significant improvements required

Inspectors were concerned that some risk management procedures had not been implemented which could pose a risk to residents. The person in charge told inspectors that a risk management consultant had recently visited and carried out risk assessments and environmental hazard identification within the centre and her report was available. The person in charge explained that, as part of the umbrella company, risk management training had been organised for the managers and was due to take place in April. Inspectors saw written confirmation of this. Following this training the person in charge intended to undertake risk management assessments to ensure that all risks were identified and managed.

Inspectors were concerned for safety of residents in the event of an emergency. The emergency plan was still in draft format. The operations manager outlined the plan including the arrangements should evacuation be necessary. However, staff questioned were not aware of its contents.

Inspectors were also concerned for the safety of residents and staff involved in moving and handling practices. Inspectors saw evidence of poor manual handling techniques and staff spoken with were not aware of the correct procedures to follow. Inspectors reviewed the training records and noted that some staff had not attended training. This issue was discussed with the person in charge and arrangements were made for training to take place this month.

Inspectors were concerned that when the person in charge was not on duty there were insufficient deputising arrangements in place which resulted in poor supervision of staff. For example at weekends when the person in charge was off duty there was only one nurse on duty with three care assistants. This nurse was deputising for the

person in charge and also provided nursing care to residents including the administration of medications. The managerial responsibility as well as providing direct care increased the nurse's workload and resulted in insufficient staff supervision.

During inspection it was noted that one staff nurse had not provided evidence of current registration. This was discussed with the person in charge who said that she had not pursued this as the nurse had tendered her resignation, however at the time of inspection she still worked in the centre. Inspectors pointed out to the person in charge that all nurses were required to be registered in order to work and that this was a legislative requirement. The person in charge took immediate action, contacted the nurse and told her that she would need to submit proof of her registration prior to her next planned shift. The person in charge was requested to submit this proof to the Authority and this was received by the Authority the day after inspection.

All residents had contracts of care in place. Inspectors read the contracts of care for residents and noted that the fees were not stated. The person in charge sent a letter to residents and families which outlined the fees and also stated that an additional charge was applied for the provision of a social programme and incontinence wear. Neither the statement of purpose nor the Residents' Guide made reference to these additional charges. Inspectors were concerned that some residents or relatives may not be aware of these charges prior to the decision to enter the centre.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

There was evidence of a flexible routine, residents were seen getting up late in the morning and they told inspectors that they could decide when to get up and when to go to bed at night.

Inspectors found that residents' personal hygiene needs were well met. Some of the female residents wore make up, jewellery and nail varnish and their hair was well kept.

Residents' civil and religious rights were respected. The person in charge had arrangements in place for residents who wished to attend the local polling station during the recent election. Mass took place in the centre every two weeks and in addition there was a prayer service or communion service several days a week. A visiting nun provided blessed ashes on Ash Wednesday. Several residents commented on how important this was to them. The Church of Ireland ministers attended regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

Inspectors noted that pet therapy was listed as an activity. Volunteers from Peata (a voluntary group who provide a pet therapy service to caring centres) visited with their dogs and several residents told inspectors how much they enjoyed this.

Inspectors were satisfied that residents were enabled to maintain family and social contacts. Inspectors saw family members welcomed at all times and they told inspectors that they regularly stayed late until their relative went to sleep for the night. Inspectors saw refreshments offered to relatives who confirmed that this was usual.

Food was served in an attractive manner, and tables were set with fresh flowers. There was a good choice at each mealtime and the catering staff had good knowledge of resident's individual dietary preferences. There was fresh fruit for residents in the day rooms and plenty of drinks accessible throughout the day. Food was presented nicely and the elements of the pureed food were served individually to allow residents to make choices about what they wished to eat and to enjoy the

various tastes and textures. Gravy was served in gravy boats and seconds were offered.

Inspectors noted that a large projector and screen was recently purchased and was used to show various movies to residents. Inspectors saw residents enjoying a movie and fresh fruit salad during the afternoon. One relative commented on how much her loved one enjoyed this and how she responded to the music even though she had dementia.

The person in charge told inspectors how she promoted links with the local community. A group of local musicians regularly attended to play and residents told inspectors how much they enjoyed these sessions. Many of the residents went out regularly either alone, with family or to support groups.

Some improvements required

Inspectors spent time observing lunch in both dining rooms. The provider employed a catering company and catering staff for all the centres in the group. There was a four week roll over menu developed by the company however there was no resident input into the menu. Inspectors found that this was a missed opportunity to consult with residents.

Inspectors found that the level of assistance provided by staff to residents during meal times was not adequate. Staff sat down and spoke to residents while assisting them to eat. However, some residents had finished their meal while other residents sitting at the same table had not yet been served their meals. This did not encourage a social dining occasion for residents.

Inspectors met with the activity coordinator who was recently recruited and worked 16 hours per week. Inspectors found that she was undergoing a short training course in dementia to expand her knowledge. She explained that as she was relatively new in the post and so she found it challenging to provide individual sessions to the more dependent residents who were unable to participate in group activities. As a result inspectors found that there were limited opportunities for meaningful engagement for dependent residents with dementia. In addition, no formal assessment had been undertaken on all residents to inform the provision of meaningful activities.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors found that residents had weekly exercise classes given by a physiotherapist and residents were seen walking about during the day. Inspectors observed a physiotherapist providing group exercise for residents and individual sessions were also available on a referral basis.

Residents said they had regular access to medical services, nurses told inspectors that out-of-hours medical cover was available when necessary. Residents told inspectors that they could retain their own general practitioner (GP) if they wished. Residents and relatives told inspectors that they were satisfied with medical care provided. Inspectors reviewed a sample of medical notes which confirmed that GPs attended residents both for routine review and sooner if the resident was unwell.

The provider told inspectors that residents had access to a range of peripatetic services both in house and from the local community. Speech and language therapy and dietetic services were available on a referral basis as were audiology services. Dental and optician services were provided locally or in-house if required. While reviewing a sample of residents' files, inspectors noted the referral requests, as well as the reviews and treatment plans from these services.

Inspectors reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to a number of staff. There was a policy which provided guidance to staff. Inspectors reviewed residents files and noted that in one instance records were maintained for one resident to describe the behaviour and the triggers and as a result a referral had been made for review by psychiatry of later life in response to the information collected.

Medications that required special control measures were carefully managed and kept in a secure cabinet. These medications were counted at the time of administration and at the change of each shift. Inspectors did a spot check on the balances and found them to be correct.

Inspectors read the care plan of a resident who had a wound and noted that there were adequate records of the plan in place to heal the wound. There were no residents with pressure ulcers on the day of inspection and there was an adequate amount of pressure relieving mattresses in place.

There were no residents receiving end of life care on the day of inspection. There was a comprehensive policy on end of life care. The person in charge told inspectors that there were plans in place to provide additional training for staff on palliative care in 2011. Staff spoken with were knowledgeable and confirmed that they had identified a requirement for further training in this area.

Some improvements required

Inspectors reviewed a sample of residents' care plans. Nurses used risk assessments to predict risk of pressure ulcers, malnutrition and falls. Three-monthly reviews were completed, dated and signed by staff. However, some improvements were still required in care planning for example the care plans needed to be more person-centred to record residents preferred routines. Inspectors found that while there was a comprehensive nursing assessment carried out every three months, the information in the care plan did not always correspond with the information gathered on assessment.

Weight records were examined which showed that residents' weights were checked on a monthly basis or more regularly if required. Nutritional assessments were used to identify residents at risk of malnutrition. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However, when inspectors reviewed the weight records of residents they saw that different weights were recorded for the same resident on the same day. This could pose a risk to the wellbeing of residents.

Significant improvements required

Inspectors reviewed the use of restraint and noted that restraints in use were bed rails and a small number of lap belts. Inspectors found that 18 residents had bedrails attached to their beds and there was little evidence of alternatives being explored or bedrails being used as a last resort. There was a comprehensive policy in place which provided guidance to staff. There was evidence of permission being gained from residents and signatures of a nurse, family member and GP were recorded. There were records to indicate that the care assistants carried out regular checks at night to ensure residents using bedrails were safe. The person in charge told inspectors that they were exploring the use of sensor alarms as an alternative to restraint. Despite this, inspectors found that there were inadequate records to indicate that residents were assessed and reassessed on a regular basis for the use of restraint.

Inspectors identified some aspects of medication management that could increase the risk of medication error. For example:

- there was a comprehensive medication management policy in place which provided guidance to staff on most aspects of medication management however it did not include guidance on the prescribing and administration of PRN medication

- inspectors joined nurses on part of their medication rounds and found that medication was not being administered in accordance with An Bord Altranais guidelines and best practice. Inspectors reviewed the prescription sheets of residents who required their medication to be crushed and found that the medication was not individually prescribed as requiring crushing. A generic statement 'medication may be crushed' was written on the front of the medication prescribing sheet
- inspectors were also concerned about the time of medications prescribed and administered. For example, where medications were prescribed once daily there was no time indicated for administration and no record kept of the actual time of administration of the medication.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The bedroom accommodation was of good quality. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Lockable personal storage space was in each bedroom. A questionnaire stated that where one relative had made suggestions for adaptations to the bedroom and these had been carried out.

A high level of cleanliness and hygiene was maintained in the centre. Household staff were trained and very informed about their role in infection control and maintaining an environment which was safe for residents. A member of the cleaning staff was observed working in an unobtrusive manner so as not to disturb residents. She was able to tell inspectors about the arrangements to manage the risk of infection. Cleaning chemicals were appropriately stored.

The person in charge had prioritised infection control measures. All staff had received training in infection control. Alcohol hand gels were available throughout the centre and staff had access to supplies of latex gloves and disposable aprons. Staff spoken with were very knowledgeable about infection control procedures.

Residents could have their laundry processed in the centre and the health care assistants managed this. The laundry room was small but well equipped. Inspectors spoke with the staff member working in the laundry and she was knowledgeable about infection control and the different processes for different categories of laundry. All residents' clothes were folded and returned to the residents' cupboards. Residents told inspectors that they were satisfied with the laundry arrangements.

The inspectors visited the kitchen and found that it was well equipped and had a plentiful supply of fresh and frozen food which was stored appropriately.

There was a sufficient supply of assistive equipment to meet the residents' needs and inspectors viewed the servicing records which were all up-to-date. Inspectors observed staff using a hoist and they were able to demonstrate their knowledge of the proper use of this equipment.

Some improvements required

Inspectors were concerned that residents who went out to the garden were not able to come back inside if the door closed and this posed a risk to the safety of residents. An enclosed garden was available for residents who wished to use it. The entrance to the garden was through the conservatory. While residents were not seen using the area during the inspection, staff were regularly seen having to go down the side of the building to summon assistance to get back in to the building. In addition there was an unguarded entrance in the garden to a stone staircase which was a fire escape.

Ongoing and routine maintenance of assistive equipment was not adequate. Despite a sufficient supply of equipment inspectors noted that some wheelchairs had flat tyres and a tear in an armchair was covered with a wound dressing.

The front door was locked at all times. A member of the catering staff had to leave the kitchen to open the front door each time a staff member or visitor wished to enter or leave the building. This impacted on working time in the kitchen and could pose a risk of cross infection.

Significant improvements required

There were several aspects to the premises that posed a safety risk to the residents and did not meet the requirements of the Regulations and Standards. These had already been identified by the provider and were the reason for the proposed extension.

Communal space was insufficient to meet the Standards and did not currently meet the needs of the residents. Staff were seen moving chairs and furniture to gain access to dependant residents. Residents were also seen accidentally hitting themselves off furniture as they moved around.

There were hazards identified within the building but there were no warning signs to alert residents to the dangers. For example, when you turned a corner on the first level there was an unguarded stairs which posed a risk to residents' safety.

There was one four-bedded room and one three-bedded room which did not meet the requirements of the Standards. The layout of the four-bedded room was inadequate to meet the needs of the residents. There was minimal space between the ends of two beds which impacted on both the privacy of the residents and the safety of the staff working with assistive equipment in that area.

There were an insufficient number of suitable placed and accessible assisted toilets and showers. There was one toilet on the first level but it was of insufficient size for residents' that required assistance. There were no bathroom or shower facilities on this level. In one single room access to the en suite was down two steps and staff told inspectors that the resident in that room was unable to use the facility because of this.

Several of the shower trays were of a domestic type which required the residents to step up into the shower. This posed a risk of injury as well as impacting on the residents ability to use the shower independently.

Storage space was minimal and commodes were stored in the residents' bedrooms during the day.

A sluice room equipped with a bed pan washer was available. However, the sluice room did not have a sluice sink.

There was an unguarded ramp inside the main entrance to the building which posed a risk of injury to residents.

There was no visitors' toilet.

There was no private space available to residents and visitors.

There were separate toilets available for general and cleaning staff. However, staff did not have access to adequate changing facilities. Small lockers were provided but in a very small cloakroom area insufficient in size for staff.

Minor issues to be addressed

There was no treatment room available

There was no separate cleaning room available.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The day-to-day involvement of the person in charge supported direct verbal communication between residents, visitors and staff. Staff and residents told inspectors that the person in charge was always available and they felt that communication was welcomed and encouraged. Relatives told inspectors that they were satisfied with information provided by staff about residents' healthcare and general wellbeing. Several relatives said that the staff contacted them immediately if there was any change in the resident's condition.

Residents and relatives were afforded many opportunities to make suggestions or comments about the service provided. The person in charge undertook monthly resident and relative satisfaction surveys on the services provided. The results of these were used to inform change and future practice. Suggestions from residents included requests for day trips. Residents told inspectors how trips were organised and they outlined how they enjoyed the outings. Their enjoyment was captured in photographs on display. Residents confirmed to inspectors that they were regularly asked their opinions. A suggestion / complaint box was also clearly visible in the front hall.

Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to ensure that the resident understood what was being said to them. Inspectors spoke to staff who outlined various techniques they used when communicating with residents with dementia.

The person in charge had arrangements in place for communication between staff. Handover meetings were held at the change of shifts and during the day as required. Inspectors heard where the residents' condition was discussed together with changes to treatment plans. In addition this time was used to update the staff on any policy changes.

Inspectors saw where the person in charge and the director of operations greeted the residents by name and residents responded warmly to the conversation.

Weekly information reports were submitted to the director of operations including data on falls, clinical issues and other updates. Formal 1:1 meetings between the operations manager and the person in charge were held each month. Meetings were also held on a three-monthly basis for the managers of the six centres to come together to share information and learning. In addition the director of operations attended the centre twice a week and maintained regular phone and email contact.

The provider visited the centre for formal meetings once a week and informally at other times. Minutes of these meetings were maintained.

Residents' records, care plans and personal information were stored in a secure manner.

Some improvements required

Many of the notices displayed were written in very small print including the list of activities, the menu choices and the complaints procedure which made them difficult to read. Several residents told inspectors they could not read them.

Signage was minimal and bathrooms and toilets were not easily identifiable. This could impinge on the independence of residents and visitors.

There were inadequate arrangements in place for consultation with residents. The person in charge had established a residents' committee but a meeting had not been held in the last year. There was no advocacy service available and no means for residents to participate in the organisation of the centre.

Several questionnaires received from relatives asked if it was possible for the resident to remain in the centre at end of life. This was discussed with the person in charge who acknowledged that this was a misunderstanding of information stating that the residents could remain in the centre at all times. She agreed to correct this misunderstanding and make this information known to residents and relatives.

Minor issues to be addressed

Staff meetings were held but on an informal basis. Inspectors felt that the process of sharing information and learning would be improved by introducing a more formal structure for staff meetings.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

The person in charge told inspectors that she based staffing levels on the assessed needs of residents, including their health and social needs. She said she determined dependency levels using a validated assessment tool. Inspectors read where the dependency levels of residents were recorded on a monthly basis. Inspectors reviewed the rotas which indicated that the staffing levels were the usual arrangements.

Table 1: Staff deployed over a 24 hour period for 23 residents

	Nurse manager	Nurses	Care Assistants	Catering	Housekeeping
Morning	1	1	3	1 + 1 from 12pm	1
Afternoon	1	1	3	2	1
6pm – 8pm	-	1	3	0	0
8pm – 8am		1	1	0	0

There was a robust recruitment policy in place. Inspectors examined five staff files and found that all files met the requirements of the Regulations.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

Formal induction arrangements for newly employed staff were in place. An employee handbook was developed and given to each employee outlining the ethos of the centre and specific human resource (HR) procedures including sick leave arrangements. New staff worked alongside existing staff in a care team and additional time was provided for them to read through policies and familiarise themselves with the documentation including the care planning process. Inspectors

spoke with a recently appointed staff member who confirmed that she had undertaken this induction programme. Inspectors saw that induction records were maintained in staff files.

The provider and person in charge were committed to providing ongoing training to staff. A training matrix was maintained to identify which staff had attended the various training sessions. The person in charge told inspectors that six care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 training and three were currently undertaking the course. The remaining five staff members were due to commence this autumn. Inspectors spoke to staff on duty who confirmed that they had attended the training and outlined some of the changes this had made to their practice.

Both the provider and the person in charge had identified dementia-specific training as a priority for staff. Staff had already attended courses and further programmes were planned for this year. A staff member confirmed that she had attended a course on managing behaviours that challenged. She outlined strategies that she had used since completing the course and the positive outcomes for both residents and staff.

Some improvements required

No information was collected on volunteers and other people who provided services to residents such as the hairdresser. The provider and person in charge had already identified this deficit and had a plan in place to collect the information required to meet the Regulations.

Minor issues to be addressed

The person in charge had not yet introduced staff appraisals. She showed inspectors appraisal documentation that she had developed for use and confirmed that she intended to commence the appraisals shortly and to repeat them every year. She told inspectors that she intended to use the appraisals to identify and prioritise training needs.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider, the operations manager and the person in charge, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by

Sheila Doyle
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

11 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
23 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Northbrook House Nursing Home
Centre ID:	0076
Date of inspection:	8 and 9 March 2011
Date of response:	19 April 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors identified a number of issues relating to risk management which could pose a risk to the safety of residents. For example:

- risk management procedures had not been fully implemented
- inspectors saw evidence of poor moving and handling techniques
- the emergency plan was still in draft format
- the front door was locked at all times. A member of the catering staff had to leave the kitchen to open the front door each time a staff member or visitor wished to enter or leave the building. This posed a risk of cross infection and impacted on working time in the kitchen.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Action required:	
Provide training for staff in the moving and handling of residents.	
Action required:	
Put in place an emergency plan for responding to emergencies.	
Action required:	
Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 30: Health and Safety Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Risk Management Policy A comprehensive risk Management policy which includes clinical and non clinical nurse risk management has recently been drawn up and was available on the day of inspection. This policy will be implemented across all First Care homes by providing in service education to staff and monitoring for its effectiveness by the Risk Management Committee. Moving and Handling Training All staff have received Additional Manual Handling Training. Trainers have assessed residents and advised on specific needs. Emergency Plan All staff in Northbrook House have received emergency and emergency evacuation training. The emergency plan was in draft format due to a recent small procedural change. The change has now being incorporated and the Emergency Plan is now in a final format. Front Door Access The security of the residents is of paramount importance and therefore Northbrook House only allows controlled admission and exit from the home, at all times. In light of the comments made re the kitchen staffs involvement in this procedure, we are	 May 2011 Completed Completed 3 - 6 months

currently investigating alternative options. In addition, we are also exploring an alternative entry/exit system as part of the forthcoming developments/enhancements at Northbrook House.	
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2. The person in charge has failed to comply with a regulatory requirement in the following respect:	
One staff nurse had not provided evidence of current registration.	
Action required:	
Maintain, in a safe and accessible place, details of the qualifications and a copy of the certificate of current registration of each member of the nursing staff employed.	
Reference:	
Health Act, 2007 Regulation 24: Staffing Records Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Written evidence of current registration received on the day and forwarded to authority on day following inspection.	10/03/2011

3. The provider has failed to comply with a regulatory requirement in the following respect:
Communal space was insufficient to meet the Standards and did not currently meet the needs of the residents. Staff were seen moving chairs and furniture to gain access to dependant residents. Residents were also seen accidentally hitting themselves off furniture as they moved around.
There were hazards identified within the building but there were no warning signs to alert residents to the dangers. For example, when you turned a corner on the first level there was an unguarded stairs which posed a serious risk to residents' safety. In addition, there was an unguarded ramp inside the main entrance to the building which posed a safety risk.
There was one four-bedded room and one three-bedded room which will not meet the size requirements of the Standards. The layout of the four-bedded room was inadequate to currently meet the needs of the residents. There was minimal space between the ends of two beds which impacted on both the privacy of the residents and the safety of the staff working with assistive equipment in that area.

There were an insufficient number of suitable placed and accessible assisted toilets and showers. There was one toilet on the first level but was of insufficient size if a resident required assistance. There were no bathroom or shower facilities on this level. In one single room access to the en suite was down two steps and staff told inspectors that the resident in that room was unable to use the facility because of this.

Several of the shower trays were of domestic type which required the residents to step up into the shower - this posed a risk of injury as well as impacting on the residents ability to use the shower independently.

Storage space was minimal and commodes were stored in the residents' bedrooms during the day.

A sluice room equipped with a bed pan washer was available. However it did not have a sluice sink which posed an infection control risk.

There was no visitors' toilet

There was no private space available to residents and visitors

There were separate toilets available for general and cleaning staff. However staff did not have access to adequate changing facilities. Small lockers were provided but in a very small cloakroom area insufficient in size for staff.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose.

Action required:

Provide adequate communal accommodation for residents.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Action required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Action required:	
Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Action required:	
Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.	
Action required:	
Provide suitable storage space.	
Action required:	
Provide necessary sluicing facilities.	
Action required:	
Provide a toilet for use by visitors.	
Action required:	
Provide suitable facilities for each resident to meet visitors in communal accommodation and, a suitable private area, which is separate from the residents' own private rooms.	
Action required:	
Provide suitable changing and storage facilities for staff.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Northbrook House is a refurbished period building in a "Home from Home" environment. However, it became apparent that we need to keep improving the facilities to ensure that it completely meets all the environmental criteria for best practice as	3 months

<p>scheduled in the Standards. We employed the services of an Architect in 2010 to design a small extension to the rear of the nursing home and to incorporate additional/enhanced communal, dining, bathroom, catering, laundry etc facilities in Northbrook House, whilst ensuring we did not upset the old world charm of the home that the residents enjoy so much. We are currently in discussions with our neighbours and then will move to hold pre-planning meetings with Dublin City Council, prior to lodging the planning application.</p>	
<p>With regard to the communal space on the ground and first floor, we have asked the person in charge and our designer to review the layout of the rooms and furniture to ensure that they are laid out to the maximum benefit of the residents and staff.</p>	1 month
<p>In the designs of the proposed drawings, which were shown to the inspectors, we have included for enlarged/enhanced and new dining and lounge and activity facilities.</p>	16-24 months
<p>Signage within the nursing home has been reviewed and any hazards identified have been reviewed will have warning signs, where necessary.</p>	1 month
<p>Safety rail has been put in place on the entrance ramp</p>	completed
<p>The exit door on the conservatory will be altered to allow easier access and egress.</p>	1 month
<p>Safety barrier has been put in place on the fire stairs.</p>	completed
<p>As an immediate measure the fitting and layout of the multi-bedded room is being altered to provide easier access for assistive equipment.</p>	1 month
<p>In the proposed design drawings shown to the inspectors, we have provided for the reduction in the layout/bed numbers in the two multi-bed rooms.</p>	16-24 months
<p>The layout of the toilet on first floor has been altered to make it accessible as an assisted toilet.</p>	completed
<p>There are currently thermostatic control valves feeding each sink to ensure anti- scalding protection.</p>	completed
<p>We are currently exploring new design options with our Architect regarding the two steps access to an en suite in one of the single rooms.</p>	1 month

New assisted bathroom facilities will be provided on the first floor level within the proposed refurbishment project.	16-24 months
Domestic shower trays will be removed and replaced with more easily accessible fittings.	2 months
Northbrook House had installed a custom made passenger lift which is used daily by the residents to assist in their independence and support and mobility. In addition, the home installed three passenger chair lifts so that in the event of any disruption to the lift, that there was an alternative means of transport available. All proposed alteration and enhancements will meet the needs of the residents and conform with the Regulations and Standards.	16-24 months
We have asked our designer to liaise with the person in charge to see where we can further improve on the available storage space. In addition, further storage space will be accommodated within the future developments.	16-24 months
A Sluice/hopper sink is currently on order and will be put on place.	1 month
Visitors currently utilise the bathroom adjacent to the front door which is also utilised by staff members at times. We have plans for a dedicated Visitors toilets in our development Plans	16-24 months
Visitors and residents currently meet in any of our three day and dining rooms on the ground and first floors and/or in the lounge chairs in the back garden. We acknowledge the need for more private space for the visitors and residents to meet and we have this included in our proposed plans.	16-24 months
Staff currently have a small private changing/storage area. However, we recognise that it is not to the size or standard that it should be and have included a new staff facility in the proposed plans.	16-24 months

4. The provider has failed to comply with a regulatory requirement in the following respect:

Use of restraint was not managed appropriately. Inspectors found that 18 of 23 residents had bedrails attached to their beds and there was little evidence of alternatives being explored or bedrails being used as a last resort.

Action required:

Provide a high standard of evidence based nursing practice.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 10: Assessment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are undertaking a comprehensive review of all the residents in relation to use of bed rails.</p> <p>Each resident will be individually assessed and a trial of removal of bed rails will be carried out in consultation with the resident, family and GP.</p> <p>Sensory alarms are in place.</p>	May 2011

5. The person in charge has failed to comply with a regulatory requirement in the following respect:	
Inspectors were concerned that when the person in charge was not on duty there were insufficient deputising arrangements in place which resulted in poor supervision of staff.	
Action required:	
Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference: Health Act 2007 Regulation 16: Staffing Regulation 17: Training and Staff Development Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The person in charge constantly monitors the staffing and supervisory needs of Northbrook House in the context of the number and dependency profile of the residents. The person in charge ensures that the nurse on duty at weekends has the staffing resources to ensure that the quality of services to our</p>	May 2011

<p>residents does not drop. In addition, the person in charge makes visits to the nursing Home at the weekend and would be in constant communication when not actually present in the Home. However, having further reviewed the matter we have decided to increase the nursing/supervisory hours in Northbrook Lodge at week-ends, when the person in charge is not on duty.</p>	
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<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors identified some aspects of medication management that could increase the risk of medication error. For example:</p> <ul style="list-style-type: none"> ▪ the medication management policy did not provide guidance to staff regarding the prescribing and administration of PRN medication ▪ the time medication was administered was not recorded ▪ crushed medications were not individually prescribed as crushed by the GP. 	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Northbrook House has a comprehensive medication management policy system in place.</p> <p>PRN Medication The PRN Medication Procedure was under review and has now been finalised and issued all staff members</p> <p>Timing of Medication Timing of Medication is printed on the MAR sheet and the procedure is to record the timing of any medication administration outside of this time parameter.</p>	<p>May 2011</p> <p>Complete</p>

<p>Crushed Medication Procedure</p> <p>The doctor documents, in the residents notes, the reason why medication is to be crushed. Doctor signs Medication may be crushed on the Kardex to indicate that he has been consulted about the need to crush medication. When a resident is already on medication the full prescription is reviewed and the pharmacist confirms all manufacturers allow crushing of their medication prior to administration. If a medication needs to be substituted a letter of notification is sent to the doctor and a copy filed in the pharmacy. Pharmacy place a C after the facility identifier code on the MARS sheet to high light that the medicine has been approved for crushing by the pharmacy.</p>	Complete
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<p>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors found that some improvements were still required in the care planning process. For example:</p> <ul style="list-style-type: none"> ▪ while there was a comprehensive assessment carried out every three months, the information in the care plan did not always correspond with the assessment ▪ care plans needed to be more person centred to record residents preferred routines ▪ residents' weights recorded varied for the same resident on the same day. 	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>All care plans are under review to ensure that the comprehensive nursing assessment is reflected in all areas of the care plan and that preferred routines are recorded.</p> <p>Weights</p> <p>Discrepancy in weights recorded resulted from rechecking of weights and the failure to identify corrected weight in the documentation. A system is now in place re the re-checking of weight entries to ensure that it is correct.</p>	Ongoing

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors found that there were limited opportunities for meaningful engagement for dependent residents with dementia.</p> <p>Recreational programmes were not based on the assessed interests and hobbies of residents.</p>	
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Health Care Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Northbrook House employs a dedicated activities coordinator to liaise with the residents and care staff to ensure that each resident is presented with a wide menu of options from which to choose.</p> <p>The activities coordinator undertakes an individual assessment and life biography with each resident in conjunction with their family if appropriate. The majority of these were completed on the day of inspection and the remainder have now been completed. The activity coordinator has completed a specialist course and has input from the activity coordinators across the First Care Group to assist her in developing her role. Northbrook House is prioritising the enhancement of our activity based offering for our residents with dementia.</p>	<p>Ongoing</p>

<p>9. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The level of assistance provided by staff to residents during meal times was not adequate. Some residents had finished their meal while other residents sitting at the same table had not yet been served their meals.</p>
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Action required:	
Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.	
Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Northbrook House encourages independence at meal-times whilst ensuring that any interventions are subtle and appropriate. However, we note the observations by the inspectors and are currently trialling a change in the layout of the dining room and the timing of meal service while retaining the dining experience as a social occasion for all residents. The person in charge has discussed the issue with staff and everybody is now aware of the need to improve.</p>	Ongoing

10. The person in charge has failed to comply with a regulatory requirement in the following respect:
No information was collected on volunteers and other people who had involvement in the centre.
Action required:
Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.
Action required:
Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.
Reference: Health Act, 2007 Regulation 34: Volunteers Standard 20: Social Contacts Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The home had contact information for all volunteers and others working in the home. Confirmation of Garda vetting had been obtained, but a copy was not held on file. A file has been completed on all volunteers and others working in the home.</p> <p>Written agreements are being drawn up with all volunteers and other similar roles currently, working in the home.</p>	<p>May 2011</p>

<p>11. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The information in the Residents' Guide did not match the information in the statement of purpose. In addition, the centre operated a no smoking policy within the building but this was not mentioned in the Residents' Guide.</p> <p>Several questionnaires received from relatives asked if it was possible for the resident to remain in the centre at end of life. The person in charge stated that residents could remain in the centre at all times and said that this was a misunderstanding of information. She agreed to correct this misunderstanding and make this information known to residents and relatives.</p>
<p>Action required:</p> <p>Produce a Resident's Guide which includes a summary of the statement of purpose, the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and facilities to residents, the most recent inspection report, a summary of the complaints procedure provided for in Regulation 39 and the address and telephone number of the Chief Inspector.</p>
<p>Action required:</p> <p>Ensure each resident has access to information to assist in decision-making, including, but not limited to, the information specified in the Regulations. Provide this information in an accessible format, appropriate to each resident's individual needs.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The comprehensive Residents' Guide for Northbrook House has been amended to include all information required in Regulation 21.</p> <p>The person in charge has spoken with relatives and reassured them that we provide end of life care for our residents with due respect and regard to the wished of the resident and family.</p>	Completed

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The contract of care did not specify the fees to be charged.</p>
<p>Action required:</p> <p>Ensure each resident's contract includes details of the services to be provided and the fees to be charged.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>There is a letter which accompanies the contract of care which outlines the fees. The details of the fees has been included in the body of the contract</p>	Completed

<p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Inaccuracies were noted in the statement of purpose.</p>
<p>Action required:</p> <p>Compile a statement of purpose that describes the facilities and services, which are provided for residents.</p>

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose for Northbrook House has been amended.	Completed

14. The provider has failed to comply with a regulatory requirement in the following respect: Many of the notices displayed in the centre were in very small print including the list of activities, the menu choices and the complaints procedure. Signage was minimal and bathrooms and toilets were not easily identifiable.	
Action required: Provide information in an accessible format, appropriate to each resident's individual needs.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have assessed the notices within the home - we have increased the font size on all notices. Signage within the home has been reviewed and improved signage is on order.	Completed May 2011

15. The provider has failed to comply with a regulatory requirement in the following respect: There were inadequate arrangements in place for consultation with residents and no means for residents to participate in the organisation of the centre.	
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<p>The person in charge had established a residents' committee but a meeting was not been held in the last year.</p> <p>There was a four week menu developed with no resident input.</p>	
<p>Action required:</p> <p>Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Resident /Relative involvement in Northbrook House commences during the admission and care/activity/catering planning stage, and it is developed every day through the communications and interaction that all the staff in the Home have with the resident and relatives.</p> <p>First Care established Residents/Relative Committees in all our nursing homes. The next meeting in Northbrook House has been scheduled for 20th May 2011.</p> <p>There is a suggestion box available on the ground floor.</p> <p>Satisfaction Surveys are carried out with both residents and relatives. There is a percentage of residents surveyed each month and an action plan in response to the surveys put in place if required.</p> <p>There is comprehensive food plan drawn up in consultation with the resident and /or relatives and the nursing staff. The individual preferences of residents are taken into account when we are developing the menus.</p> <p>There is a monthly Catering Survey carried out to ensure the quality of the service. This also enables the resident to highlight individual preferences and requests. These surveys feed in to the development of the menu allowing for consultation and participation of the residents.</p>	<p>Completed</p>

16. The provide has failed to comply with a regulatory requirement in the following respect:

There was inadequate maintenance of assistive equipment, for example some wheelchairs had flat tyres and a tear in an armchair was covered with a wound dressing.

Action required:

Maintain equipment provided for use by residents or persons who work at the designated centre in good working order.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Northbrook House has a comprehensive range of mobility and assistive equipment. , which are regularly maintained.
All wheelchairs have been reassessed and the flat tyre has been repaired.

Assisted Seating

A replacement chair is on order. The resident in question has repetitive hand movements resulting in wearing of the arm rest.

May 2011

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	The person in charge had not yet introduced staff appraisals.
	<p>Providers Response:</p> <p>First Care recently revamped our method of carrying out all – important staff appraisals and the person in charge in Northbrook has drawn up a schedule of appraisals, to be carried out under the new system.</p>
Standard 25: Physical Environment	There was no treatment room.
	<p>Providers Response:</p> <p>Will be included in the future developments.</p>
Standard 25: Physical Environment	There was no cleaning room.
	<p>Providers Response:</p> <p>The household dept have access to storage and have space for their cleaning instruments. However, we do not have a dedicated room for the cleaning Dept. This will be rectified as part of the proposed developments.</p>
Standard 24: Training and Supervision	Staff meetings were held but on an informal basis. Inspectors felt that the process of sharing information and learning would be improved by introducing a more formal structure for staff meetings.
	<p>Providers Response:</p> <p>We will review the structure of our staff meetings and minutes will be recorded.</p>

Any comments the provider may wish to make:

Provider's response:

The provider would like to thank the inspection team for the professionalism and courteous manner that they showed to everyone at Northbrook House during the inspection.

Northbrook House is an elegant period building Nursing Home, which has a particular atmosphere and ambiance that our residents enjoy and respond to. We are currently preparing more additions and enhancements to the home to ensure that we fully comply with the Standards. However, we must also ensure that we do not lose the essence of what has made Northbrook House such a successful Nursing Home for the past 20 years.

As the registered provider, I have confidence in the person in charge and the entire team in Northbrook House that they understand what meaningful and consistent person centred care is and that they are striving to connect with each individual resident to deliver this.

We believe the report highlights our understanding of the Health Act, 2007 and the Standards and how we are delivering quality person centred care at Northbrook. However, the report also highlights some areas for improvement in our services and facilities. The new registration and inspection process has been very informative and it has enabled us to take time out to analyse our care practice and services and to ensure that we are fully compliant with the new Act and Standards. It has also prompted us to look at ways in which we can improve our service to enhance the quality of life for all our residents. We realise that we must always be on a path of continuous improvement.

Finally, we would like to thank all our colleagues working in Northbrook House Nursing Home and all those who contributed to the inspection. We would like to thank all the residents and their families and friends who pro-actively participated in this process.

Provider's name: Mervyn Smith

Date: 19 April 2011