



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Portiuncula Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Multyfarnham, Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 May 2023
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0040179

About the designated centre

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

Portiuncula Nursing Home is a purpose built two- storey facility located in Multyfarnham Village, close to Mullingar town. The centre opened in 2004 and is under the management of Newbrook Nursing Home company. It is registered for 60 beds. The designated centre provides long term 24 hour general care, and short term convalescence and respite care to a range of male and female residents over 18 years of age with dementia, intellectual disability, acquired brain injury and palliative care. The accommodation is provided in 47 single rooms, five twin rooms and one three bedded room across the two storeys. All bedrooms have en suite facilities. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that residents can consider a 'home away from home'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 May 2023	08:50hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector met with a number of residents who were happy to chat and talk about their life in the centre. Residents gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre. The inspector also spoke with visitors at various times throughout the day, and they were very complimentary of the service and care provided.

Following an opening meeting, the inspector was accompanied on a tour of the premises by the person in charge. There were 53 residents residing in the centre the time of inspection. The premises was seen to be generally clean and well maintained. There was a range of communal rooms and hallways that were bright and decorated in a homely fashion. There was an enclosed garden, and the doors were open so that residents could come and go as they pleased. The residents' bedrooms were nicely decorated, and most had personalised their rooms with pictures and photographs and personal items from home.

The atmosphere of the nursing home was pleasant and peaceful. Residents who spoke with the inspector said the staff were attentive and caring. Residents said it was a nice place to live and would recommend it. The residents spoke about the nursing care saying it was the best they had ever received and could not fault it at all. Residents said they had no complaints but if they had they could raise issues with staff or in their residents meetings.

Residents described how they attend mass in the Friary church which was located on the grounds of the nursing home. Staff would accompany the residents to mass each Sunday morning. All religious denominations were catered for and the activity coordinator ensured that the religious and spiritual needs of the residents were met.

Residents told the inspector that their days were 'well filled'. There was a schedule of activities for them to attend and residents had a choice to go for walks on the grounds of the centre. Areas around the centre were wheelchair accessible and residents were observed going out with their relatives or friends in the afternoon.

Visitors were welcomed into the centre. The inspector spoke with visitors, who described the care and attention received by residents as outstanding, and said staff were readily available to meet the needs of residents. They confirmed there were no restrictions on visiting and commented on how welcome they felt when coming into the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall this was a good service. The inspector found that there were effective management systems in place in the centre to ensure that residents were provided with good quality care. There was a well-established governance and management structure in the centre with a proactive management approach. Audits completed had identified some risks and gaps in the service. However, improvements were required in relation to learning from the audit results and implementing action plans to mitigate identified risks.

The registered provider is Newbrook Nursing Home Unlimited Company. There had been no changes in the governance and management arrangements in the centre since the last inspection. From an operational perspective the person in charge was supported by one clinical nurse manager, and there were effective deputising arrangements to ensure management cover was available at all times, including the weekends. Both the person in charge and the clinical nurse manager were in the centre on the day of the inspection.

The annual review completed included all the key performance indicators for 2022 and detailed quality improvement plans for 2023. The residents' feedback on the service they received was also included.

The person in charge had notified the Chief Inspector of any accidents or incidents that had occurred in the centre, and they had processes and policies in place to prevent such incidents from reoccurring.

The registered provider had been proactive in relation to the premises since the last inspection. Improvements were observed by the inspector on the day of the inspection and the registered provider was committed to continue with improvements across the centre.

There was a varied training programme in place to ensure staff were appropriately skilled. Staff informed the inspector that they had access to training and had completed relevant training according to their role. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

There was a directory of residents made available to the inspector. This detailed the required information as set out in the regulations such as the residents' next of kin and their general practitioner's (GP) details.

The registered provider had plans in place should the person in charge be absent from the centre and was aware of their obligation to inform the Chief Inspector of Social Services and the time frame in which the notification should be submitted.

Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken appropriate training according to their roles. The training was scheduled for those requiring updates. The inspector observed that the staff was appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The Directory of Residents included all the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not always ensure that the service provided was consistent and effectively monitored. For example, there were audits completed, however, these did not identify any learning and no action plans were devised. For example;

- Restrictive practice audit identified deficits in practice but no action plan was developed.
- Care plan audit identified that oral care was not included but again no action plan on how this could be rectified or improved.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home. Residents spoken with told the inspector that they were happy living there.

There were no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to both private and communal visiting spaces.

Laundry was provided to the residents living in the centre. Clothes were clearly marked and residents informed the inspector that their clothes were always returned quite quickly. Each resident had the choice of a lockable space in their bedroom if

they wished. All bedrooms provided residents with a wardrobe and a locker to store their personal items safely.

Detailed end-of-life care plans were in place for each resident that wished to discuss their wishes. Residents' representatives and their involvement was also evident in this process.

The person in charge informed the inspector of a new initiative to reduce the use of both physical and chemical restraint in the centre, which was showing positive responses. Residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had a non-pharmacological care plan in place. Diversion strategies were used and residents were encouraged to attend activities or alternative therapies before restrictive practices were being considered.

Residents with communication difficulties had a care plan in place to guide staff on their needs. Staff were observed to be following these care plans. Staff were seen to be calm in their approach and those residents with communication difficulties were given the time required to express themselves.

Improvements were seen in relation to the premises. Many areas in the centre had been repainted and brightened up. This was a continuous work in progress to ensure all areas of the centre were well maintained. The layout of two twin bedrooms required review to ensure each resident had the required floor space available to them. This was highlighted on the last inspection but required further review, and the registered provider assured the inspector on the day that this would be immediately addressed. There was only one resident in each of these twin rooms on the day.

Infection prevention and control practices had improved in the centre. However, some small issues identified under regulation 27 would enhance the quality of practices in this area of care.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined the approaches to be used by staff to help residents express their emotions to enable them to communicate freely.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions for visitors in the centre. There were suitable communal facilities for residents to receive a visitor and a private visitor's room if residents wished to use it.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for residents to store clothes and personal possessions. There was lockable storage available upon request.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were in place for residents. These were personalised and where resident's representative was involved their input was documented.

Judgment: Compliant

Regulation 17: Premises

The registered provider, having regard to the needs of the residents, provided premises which conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of improvements in relation to infection prevention and control practices in the centre. However, some issues which had the potential to impact on infection prevention and control; were observed;

- There were four incidents where open packets of single use wound dressing were observed in a treatment room.
- Two sharps boxes were observed to not have the temporary closure mechanism engaged when not in use. This posed the risk of injury and cross-

infection to staff.

- The sharps bins did not contain information relating to assembled by or dated, which would not allow for contact tracing.
- Sharp objects such as needles were not stored safely, needles were observed on top of the drug trolley in an open tray.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) appeared to receive a good standard of care. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. There was a restraints log in place in the centre. There had been a reduction in the use of restraints, and where restraints were used, an assessment had been completed, and a care plan was in place. For example, the use of chemical restraints use had been reduced.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Portiuncula Nursing Home OSV-0000084

Inspection ID: MON-0040179

Date of inspection: 30/05/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audits have been reviewed and action plans developed as appropriate.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: IPC has been audited and action plans developed from that audit. Further training has been made available to staff. IPC practices will be continually reviewed. This has been discussed at the nurses team meeting by the CNM.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	23/06/2023