



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:	Announced
Date of inspection:	31 January 2024
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0032480

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

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
Wednesday 31 January 2024	09:00hrs to 17:30hrs	Celine Neary	Lead
Wednesday 31 January 2024	09:00hrs to 17:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

This was an announced inspection carried out over one day. On arrival the inspectors met with the person in charge and the registered provider. Following a brief introductory meeting the inspectors did a walk around of the centre. Inspectors met with residents, staff and some relatives during the day of inspection.

Residents told the inspectors that they were happy living in the centre and that staff were kind and helpful. Inspectors observed staff interacting with residents during the day and it was evident that management and staff knew the residents well and were familiar with each residents daily routine and preferences. Residents appeared comfortable asking for assistance and staff were attentive and patient in their approach. Residents told the inspector they felt safe living in the centre and that they enjoyed the various activities and outings that take place.

Inspectors observed a calm and welcoming environment in the centre that was light and bright and tastefully decorated. Residents could move around the centre freely and inspectors observed a number of residents walking around the centre independently or with the help of staff. The premises was well laid out and there were many communal and private spaces available to residents and visitors. Bedroom accommodation is ensuite in mostly single rooms with some twin rooms available and one three bedded room that was vacant on this inspection. Most bedrooms enjoy a view of the extensive gardens or of the nearby abbey buildings.

The centre was exceptionally clean and maintained to a high standard. It was warm and comfortable. The garden area was well maintained and included shrubbery of interest and bird feeders. One resident told the inspector how they enjoyed watching the birds from their bedroom window.

Portiuncula Nursing Home is a two storey building set in a pleasant countryside location beside a small village north of Mullingar town. The centre is situated beside a Franciscan church and abbey and is in close proximity to local shops and amenities. It enjoys picturesque views of the surrounding area and green fields. The nursing home is well established in the area and supported by the local community with visits from community groups and schools scheduled throughout the year.

Residents have access to a varied activities programme every day and the schedule was creatively displayed on a wall in the corridor for resident's information. Outside of the activities inspectors observed residents reading newspapers, books and watching television. A music therapist was in the centre on the day of inspection and residents told the inspector that they enjoyed these sessions.

Inspectors observed that residents' family and friends were welcomed and were seen visiting residents in the centre throughout the day. Inspectors reviewed a sample of 10 questionnaires submitted by residents and overall the feedback was very positive, however a number of residents did express their dissatisfaction with

laundry arrangements as some of their clothes had gone missing.

Two mealtimes were observed by inspectors. Meal times were well organised and provided a pleasant social activity in the resident's daily routines. Residents told the inspector that they looked forward to attending the dining room and meeting with other residents as part of their day. Staff provided support and discreet assistance in the dining room and were observed sitting beside and interacting with residents which was in keeping with the social aspect of the meal time experience.

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

The centre was well managed for the benefit of the residents who lived there. There was an experienced management team in place who worked hard to ensure that safe and appropriate care and services were provided for the residents and that residents rights were upheld. As a result this inspection found high levels of satisfaction reported by residents and their visitors and good compliance with the regulations.

This was an announced inspection to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres fo Older People) Regulations 2013 as amended 2023. The inspection was also used to review the information the provider had submitted as part of their application to renew the registration of the centre which was due in March 2024.

The provider is Newbrook Nursing Home Unlimited. They are an experienced provider with a number of nursing homes in Ireland.The provider has a senior management team operating at group level, including an operations manager who supports the management teams working in each centre. There is also support available from the group training department and the human resources (HR) and finance teams.

The provider ensured that resources were made available to provide care and services in line with the statement of purpose against which the centre was registered. There were enough skilled and knowledgeable staff to provide safe and appropriate care for the 53 residents that were living in Portiuncula Nursing Home on the day of the inspection. The person in charge had the authority to increase staffing levels in line with resident's needs and any planned activities that were scheduled. Rosters showed that staffing levels were maintained. This was validated by feedback from residents and their families and the inspectors observations on the day of the inspection.

There was a clearly defined management structure in place. The person in charge

(PIC) works full time in the centre and reports to the reports to the CEO (Chief executive Officer) of the group. The PIC is supported in their role in the centre by a clinical nurse manager who also deputises for the PIC in their absence. There is also an administrator to support the management team. Staff working in the centre told the inspectors that the management team were regularly out on the units talking with staff and residents. This was validated by the inspectors' observations on the day. Residents and families were familiar with the person in charge and the assistant director of nursing and said that they were available and approachable if they wanted to speak with them.

Staff had good access to training and development opportunities in their work and demonstrated appropriate knowledge and skills for their roles. There was a schedule of mandatory training available to ensure staff kept up to date with their training requirements.

Overall information was well managed. Staff and resident information was stored securely. The information required under Schedules 2 ,3 and 4 of the regulations was available for the inspectors,however the rosters did not clearly set out the days worked by the physiotherapist and the music therapist.

Information was available for residents and their families including the complaints procedure and the resident guide. the resident guide was available in a large print version for those residents with visual difficulties.

There were a range of quality assurance systems in place to monitor the safety and quality of care and services. Although some areas of oversight needed improvement overall the quality assurance systems were effective and helped to ensure that any deficits or improvements were identified and addressed in a timely manner.

Resident feedback was encouraged. Families and residents were satisfied that when they had raised any issues with staff that these were followed up and addressed. There were regular resident meetings organised and chaired by an in house advocate. Residents said they were very comfortable speaking with the advocate and gave very positive feedback about the support they had received from this service. Resident feedback was used to review care and services and there was clear evidence of changes being made to activities schedules and meal time menus following feedback.

The provider was preparing the annual review for 2023. residents and their families who wished to participate had completed questionnaires on their experience of living in the centre and this information was being used to inform the review.

Regulation 15: Staffing

The provider ensured there were enough staff with appropriate knowledge and skills to provide care and services for the residents in line with their assessed needs and

preferences and taking into account the layout of the designated centre.

Rosters showed that there were three registered nurses on each day and two nurses on at night in addition to the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and staff who spoke with the inspectors were clear about what was expected of them in their roles. Staff supervision processes were in place which helped to ensure that staff were supported in their work and that standards of care were met. As a result staff demonstrated good adherence to policy and procedures in their day to day work including hand hygiene and moving and handling practices.

Some improvements were required in the oversight of training records to ensure that the training matrix was kept up to date and that the record included all staff members working in the designated centre. This finding is addressed under Regulation 23.

Judgment: Compliant

Regulation 23: Governance and management

Some improvements were required in the oversight of the following areas:

- The staff training matrix did not include one nurse and six health care staff who were working in the designated centre. In addition the training matrix was not up to date for a small number of staff who were listed on the record.
- A call bell audit that was completed in December 2023 had not been followed up to ensure that all residents had a working call bell in place beside their bed. As a result five call bells were not in place on the day of the inspection.
- Environmental risks in the designated centre identified by inspectors on their walkabout of the centre had not been recognised and addressed by staff. These included:
 1. the door to the cleaner's cupboard was left unlocked and was accessible to residents.
 2. the cleaner's trolley on one corridor was unlocked when unattended which gave passing residents access to cleaning products from the trolley.
 3. three store rooms did not have smoke detectors installed to warn staff if there was fire or smoke in these rooms.
 4. two fire exits were partially blocked by stores/deliveries. This was addressed

immediately when it was pointed out to staff and the fire exits were cleared

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were clear procedures in place to ensure that staff recognised and reported incidents that occurred in the centre. These included an incident review process and the sharing of any learning from incidents that did occur to reduce the risk of recurrence.

All Schedule 4 incidents were notified to the Chief Inspector within the required time frames. In addition the provider submitted quarterly reports of other incidents as required under Schedule 4.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that was made available to residents and their representatives. Residents who spoke with the inspector said that they knew how to make a complaint and where they had raised any issues these had been followed up promptly. Residents had access to independent advocacy including the Patient Advocacy Service to support them in making a complaint.

The complaints procedure had been updated in line with the changes to the legislation that came into place in March 2023. Additional complaints training had been provided for staff and was ongoing.

The complaints policy identified the complaints officer and the the review officer and contact details were provided.

There was a record kept for all complaints. This included details of the issues raised in the complaint, the complaint investigation and outcome, any follow up actions and the complainant's satisfaction with how the complaint was managed.

Judgment: Compliant

Quality and safety

Inspectors were assured that residents were provided with high standards of nursing and health care in line with their needs and preferences. Residents health and social care needs were met by timely access to health care services and a high standard of person centred care. Residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld.

There was a planned programme of social activities each day which included day trips to area's of interest in their local community. Staff provided care and support for residents which was kind, courteous and patient. There were many opportunities available for social engagement and staff were observed interacting, chatting and laughing with the residents throughout the day.

The centre is a two storey building with 47 single, five double rooms and one triple room all of which have en suite facilities. Overall most bedrooms are well proportioned with ease of access for residents. Inspectors observed that some residents had brought in personal items and photographs from home to decorate their bedrooms. Rooms can accommodate moving and handling equipment if required and the rooms were warm and bright. However, the layout of one triple and two double bedrooms required review by the provider to ensure residents had sufficient space to have a bedside chair so they could sit beside their bed if they wished and have access and control over their personal possessions.

There were a number of communal rooms located throughout the centre. There was a bright spacious and grand dining room which was tastefully decorated in the style of when the building was originally built. In addition there was an oratory and a sensory room which residents and family could use as a quiet space. Another communal room had been creatively decorated to resemble a bar and was used for functions or parties during the year. Overall the premises was maintained to a high standard however storage facilities in the centre required review to ensure that there was enough storage and that items were appropriately segregated.

The environment was homely and well decorated and there was a calm and friendly atmosphere in the centre. There were additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. Inspectors observed that five bedrooms were without call bell cables which could impact on the residents ability to call for assistance. This was discussed with management on the day and they were committed to replace these as soon as possible.

The centre was visibly clean and had procedures in place in line with the national standards of infection prevention and control. Housekeeping was of a high standard and the staff were knowledgeable of their role and responsibility to prevent and control infection in the centre. The inspectors found that the registered provider had installed a number of hand hygiene sinks that met the required specifications since the last inspection and was in the process of installing additional sinks in the corridors. There was adequate supplies of personal protective equipment and staff were observed completing hand hygiene before and after providing care and

support to residents.

The provider had also carried out a review into the last infection outbreak in October 2023 to identify best practice and further learning. There was evidence of good practices in relation to infection control, such as the availability of alcohol hand rub located at key points throughout the centre. However, some health care equipment and supplies were stored on the floor in store rooms which increased the risk of cross contamination and impacted on adequate floor cleaning. A green tagging system was in place to identify when equipment had been cleaned and ready for use but was not consistently used by all staff.

The laundry was clearly segregated into clean and dirty zones and clean items were stored separately. Cleaning schedules were updated daily and there was adequate staffing resources daily to maintain a consistent service. The laundering of clothes was of a high standard however several residents told inspectors that some items of their personal clothing had gone missing. This was validated by residents' feedback comments in the questionnaires submitted to the inspector.

Comprehensive assessments had been completed for all residents on admission and reflected the needs of residents identified. Care plans were detailed and easy to follow. They were person centred and had been updated when there was a change to the residents condition and reviewed in a timely manner as set out in the regulations.

Residents were able to choose their own general practitioner (GP)- and the GPs visited the centre regularly to see residents. Residents had access to a dietitian, physiotherapist, tissue viability nurse specialist, occupational therapist and speech and language therapist. Referrals had also been made to old age psychiatry, vascular services and palliative care for resident's when specialist assessments or reviews were required. .

Residents told the inspectors that they felt safe in the designated centre and that they knew who they could talk too if they had a concern. Staff were able to tell the inspector what they would do in the event of a concern being reported to them by a resident or a relative. They were aware of their responsibilities in the event of a concern being disclosed to them and could clearly explain the procedures in place. The centre had a safeguarding policy in place and staff attended training on safeguarding. Management were aware of their regulatory responsibility to investigate and report any concerns and there was a nominated safeguarding officer in place. Garda vetting was in place for all staff employed in the centre. The provider was also arranging additional Children First legislation training for nursing staff so that the nursing team were compliant with their professional training requirements.

Regulation 17: Premises

The layout of some multi-occupancy rooms did not meet the requirements of

Schedule 6 of the regulations. For example;

- In two twin bedrooms there was not enough space to put a comfortable chair by the resident's bedside and the size of one of the wardrobes in these rooms was a single wardrobe size and did not provide sufficient storage for residents to store their personal belongings.
- In the three bedded room there was no space for a bedside chair within two of the bed spaces. Furthermore one of the bed spaces did not have room for a wardrobe and additional storage for the resident's personal belongings.

Call bell cables were missing in five resident's bedrooms. The inspector received confirmation that these were replaced by management the following day.

Judgment: Substantially compliant

Regulation 27: Infection control

Although the provider did have procedures in place in line with the standards for the prevention and control of infection there were some areas identified that required improvement. For example:

- Pressure relieving mattresses were being stored on the floor of a store room.
- Sharps bins were stored on the floor in a treatment room on the ground floor.
- Several wheelchairs and commodes did not have green tags in place to ensure they had been cleaned between use.
- The inspectors found several open wound care dressings stored in the clinical room that were intended for single use only and should have been discarded.
- A communal toilet upstairs was being used to store personal protective equipment and a store room downstairs had equipment placed on the floor which posed a risk of cross contamination and hindered effective floor cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed four individual assessments and care plans on the day. Comprehensive assessments were completed on admission and were detailed and person centred. Details of required care interventions were clear and consistent. The care plans had captured residents likes and dislikes. There was evidence that residents and their family members were consulted as part of the assessment and care planning process.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health care including a high standard of evidence based nursing care.

Residents could choose their general practitioner and where medical treatment was recommended by a health care professional the treatment was made available for the resident and was implemented.

Health care records showed that where a resident required specialist assessment or review referrals were made in a timely manner.

Judgment: Compliant

Regulation 8: Protection

The centre had measures in place to protect residents from abuse. Staff had attended training on safeguarding and were knowledgeable on the necessary actions to take if a concern was raised. Garda vetting was in place for all staff.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Portiuncula Nursing Home OSV-0000084

Inspection ID: MON-0032480

Date of inspection: 31/01/2024

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The staff training matrix has been brought up to date.</p> <p>All actions from the call bell audit in December 2023 have been closed and call bell leads installed.</p> <p>Controls have been put in place for the following risks:</p> <ol style="list-style-type: none"> 1. The door to the cleaners’ cupboard is locked. 2. The cleaners’ trolley is locked. 3. Smoke detectors have been installed in the three storerooms. 4. Staff have been reminded to immediately store away deliveries and not to leave fire exits impeded. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Twin rooms 240, 241 and 239 are in the process of being reconfigured by moving curtains, rearranging furniture and building another wardrobe (room 239).</p> <p>The three bedded room is in the process of being reconfigured by moving curtains.</p> <p>Call bell leads have been installed in the five bedrooms.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The use of storerooms in the Centre has been reviewed so that no equipment is stored on the floor.</p> <p>The communal toilet is no longer used to store PPE.</p>	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
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	05/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	05/03/2024

	associated infections published by the Authority are implemented by staff.			
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