

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Centre address:	Ballymahon Road, Mullingar, Westmeath.
Telephone number:	044 939 7520
Email address:	adminnb2@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 November 2014 08:00 To: 12 November 2014 20:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was the seventh inspection of the centre by the Authority and was completed in response to an application by the provider to renew registration for the centre under the Health Act 2007. The inspectors reviewed all eighteen outcomes in addition to progress with completion of the action plan from the last inspection of the centre on 19 March 2014 to assess compliance with the legislation and standards. The inspector found that actions plans were satisfactory completed from the last inspection.

During the inspection the inspector met with residents, relatives and staff members. Ten pre-inspection questionnaires were returned, two completed by residents in the centre and seven by relatives of residents. Overall feedback from residents and relatives was generally positive with regard to aspects of the quality and safety of

the service. However, some respondents stated that the food provided was not always to their satisfaction, would like more opportunities to exercise outside and one resident stated that they felt lonely at times. These areas were reviewed on inspection and improvement was required in meeting residents' nutritional needs, findings are discussed in outcome 15 of this report. A safe enclosed garden was provided as discussed in outcome 12 and an enhanced activity programme was at an advanced stage to meet the socialisation needs of residents who remained in their rooms for prolonged periods.

The Authority received information in July and October 2014. This information was in relation to a lack of appropriate assessment of increased needs and consultation with a resident's next of kin and a lack of adequate resident supervision resulting in a fall and subsequent serious injury to the resident concerned. Both these incidents were referred to the provider for internal investigation. This was followed up with satisfactory Information referencing review of procedures to ensure residents needs were adequately met as described in the centre's statement of purpose.

The systems in place in relation to clinical governance in the centre required improvement to ensure monitoring procedures informed quality and safety of care for residents and is discussed in outcome 2 of this report. Restraint management and required associated record keeping and notification to the Authority was not consistently informed by best practice and the legislation.

Inspectors found that staff were responsive to residents and interactions with resident were satisfactory in all respects on the day of inspection.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose for the centre which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A copy of the statement of purpose was forwarded to the Authority. It was last updated on the 02 September 2014. The provider was aware of the need to keep the document under no less often than annual review. The statement of purpose provides a clear and accurate reflection of the facilities and services provided and is implemented in practice in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place that identified the lines of

authority and accountability. Inspectors found that there were sufficient resources to ensure effective delivery of care in accordance with the centre's statement of purpose on the day of inspection. However, findings on inspection in relation to nutrition and inadequate application of learning from investigation of adverse incidents to residents provided evidence that management systems in place were not effective in ensuring the quality and safety of care for residents was adequately managed and monitored.

The inspectors found from discussions with the provider and staff and from the extent and frequency of areas monitored that quality and safety monitoring and improvement was given high priority in the centre to ensure that the service provided was safe and appropriate to meet resident needs. However, inspectors found that the effectiveness of the monitoring procedures in some areas required improvement.

There was evidence of an auditing schedule established to ensure aspects of the quality and safety of care and the quality of residents' lives in the centre was reviewed. However, monitoring procedures in place to review aspects of clinical care did not identify areas of inadequate nutritional care and inadequate application of learning from investigation of incidents and accidents involving residents to mitigate risk of recurrence.

A monthly management meeting schedule was in place between the provider and person in charge where risk management in the centre was a standing agenda item. Group quality and safety review meetings were convened on a quarterly basis which the person in charge attended and provided feedback on accidents and incidents in the centre. The outcomes of quality and safety and quality of life monitoring reviews were also discussed. However, as discussed, clinical governance required improvement.

Equipment service records were reviewed and found to be up to date. A procurement template was made available to the person in charge to be used for ordering capital resources. The person in charge was also provided with a budget to buy additional resources as required to a specified maximum monetary value.

The inspector reviewed a copy of the 2013 annual review on the quality and safety of care which was prepared in consultation with residents and was made available to them on completion. The 2014 report was in draft format. These reports included details of areas for service improvements for 2015.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector viewed a sample of current resident contracts. A schedule of services which were free of charge to residents and included in the fees were detailed. The centre did not charge residents for social activities. All contracts of care reviewed were signed and dated. The inspector observed that some residents signed their own contract of care.

There was a residents' guide available which was reviewed by the inspector and found to be frequently updated to reference any changes to keep residents informed. It contained all the information as required by the legislation. The information in this document also functioned to assist prospective residents to make a decision regarding choosing a placement and also informed current residents of the services available to them.

Residents had access to a hairdresser who attended the centre; a price list was displayed in the entrance lobby to advise residents of price range and enable them to make a choice about the service they required. The cost of other services and therapies were also displayed.

There were a number of notice boards located throughout the centre to advise on the activities scheduled, menu options and other information items that may be of interest to residents.

There was a plan in place to introduce a quarterly newsletter which was at an advanced stage and was being done with the input of residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge of the centre is Breda Casey. She was appointed in this role on 07 May 2013. She is a registered general nurse with Bord Altranais agus Cnáimhseachais na hÉireann. She has completed postgraduate diplomas in health studies and in palliative care nursing. She informed inspectors that she was due to commence a postgraduate

course in gerontological nursing. She has previously worked in the position of person in charge of a designated centre for older people for two years and has the required experience in caring for older persons.

The person in charge works in the centre on a full-time basis. There was evidence of positive developments made since she commenced in her role including improvements made to enhance the quality of life in terms of enhancing procedures to meet residents' socialisation needs in the centre. She demonstrated that she was engaged in the governance, operational management and administration of the centre on a consistent basis. However, improvement was required in aspects of clinical governance to ensure risk to residents of unmet nutritional needs or injury was identified and satisfactorily mitigated as discussed in outcome 2 of this report.

Residents knew the person in charge and the inspector observed residents consulting with her.

During this inspection the person in charge demonstrated that she had satisfactory knowledge of the Regulations, the Authority's Standards and her responsibilities as person in charge of the centre. The person in charge is supported in her role by a clinical nurse manager and a team of nursing staff, care assistants, catering, administrative and ancillary staff. The group clinical practice co-ordinator also attends the centre one day per week or more often to support development and implementation of new initiatives.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Administrative systems were established and documentation was accessible, information was easy to retrieve and was managed with appropriate attention to security of residents' personal information.

Records of restraint use did not adequately record alternative interventions tried instead of bedrails as required by Schedule 3, paragraph 4(g).

Records were maintained in respect to Schedules 4 and policy documentation to inform practice in the centre was maintained as required by Schedule 5 of the Legislation.

The directory of residents was reviewed by the inspectors and was found not to contain all information as required by Schedule 3 of the Legislation. Missing information included;

- a contact telephone number for a resident's next of kin
- details of the address residents were discharged to in some instances where discharge of residents was to another nursing home.

Staff records including records regarding volunteers were adequately maintained as required by Schedule 2 of the Legislation.

There was evidence of required insurance details as specified by regulation 22.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. The person in charge had not been absent from the centre for more than 28 days to date.

The deputy person in charge was working in the centre on the day of the inspection and was met by an inspector. She was knowledgeable about residents care and social needs.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that measures were in place to protect vulnerable residents from being harmed or suffering abuse. All staff had completed training on protection of vulnerable adults and those spoken with by the inspectors were familiar with the adult protection measures in place to ensure the safety of residents. Staff were aware of their duty to report any suspected or alleged instances of abuse. They identified the persons to whom they would report a suspicion or allegation of abuse appropriately. Residents told the inspector that they felt safe in the centre and that staff responded to meeting their needs for assistance promptly. Staff-resident interactions were observed by inspectors on the day of inspection and were found to be satisfactory.

Access to the centre was secure. There was a visitors' book at the entrance to the centre to record all persons entering and exiting the centre. Arrangements to ensure the visitor's book was completed by all persons accessing the centre was found to be adequate on this inspection. As part of actions taken following the last inspection, the visitor's book record was relocated inside the main entrance.

An inspector reviewed a sample of residents' money kept in safekeeping on their behalf in the centre. A record was maintained of all transactions which were double signed. Each resident's money and transaction record book were kept in individual files. A sample of balances of money was checked and found to be correct in each case. Residents or their families were provided with a receipt to evidence transactions and a statement of account was provided at regular intervals. The inspector confirmed that residents had access to their money whenever they required it. Residents also had access to a lockable facility in their bedroom for safekeeping of personal belongings if they wished to promote their autonomy and independence.

There was a policy dated 29 August 2014 to inform management of challenging behaviour exhibited by residents. The inspectors were informed that six residents experienced challenging behaviour. The inspectors found that these residents each had a care plan in place to inform their care in relation to same. The person in charge told inspectors that residents with dementia were facilitated to rest in bed in the afternoon between their lunch and tea time meals in order to improve their mental well-being and reduce episodes of behaviours that challenge. However, inspectors found that this approach did not benefit all residents, and some residents experienced poor outcomes in relation to their socialisation and participation in life in the centre. For example, a

resident remained in their room with their curtains closed at all times. A number of residents with documented episodes of challenging did not have documented tailored programmes of care that clearly identified behaviour triggers and de-escalation techniques.

There was a restraint policy dated 01 August 2014 to inform restraint use in the centre. A number of residents had full-length bed rails in place which posed limitations of their free access out of bed which was not adequately managed as required by the National restraint guidelines and regulation 7(3). Records of restraint use did not reference adequate procedures taken in relation to alternative interventions tried to manage the behaviour. In addition assurances was not provided to confirm where restraint was used, it was in terms of least restrictive measures for the minimum time possible. One resident had one to one supervision procedures in place during day -time hours which inspectors were told was for protective reasons due to lack of safety awareness. The inspectors found that this procedure required further review and assessment to ensure that limitations placed on this resident's freedom were managed and informed by best practice procedures. Staff had attended training on restraint management.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

A safety statement was in place, was reviewed annually and dated 31 July 2014. The inspectors reviewed the risk management policy which contained the required information and policies as stated in regulation 26 (1). A risk management strategy document dated 15 August 2014 referenced areas of risk in the centre with concomitant actions to be taken to mitigate/control level of risk identified. The document was centre specific and controls were implemented to mitigate risks identified. There was evidence of learning from incidents that had occurred in the centre, for example, the potential for vulnerable residents to access the stairs unaccompanied. Controls in place to manage this potential risk were observed by inspectors to be comprehensive without limiting residents freedom to move around the centre. There were no unidentified risks found on this inspection.

The inspector reviewed the fire safety arrangements and associated documentation in the centre. There was appropriate signage displayed throughout the building to guide staff, residents and visitors to the nearest exits and to inform them of the action to take

should a fire situation be detected or the fire alarm activated. Fire risk assessments had been completed for each resident taking individual resident life habits into account, for example smoking, lighting candles. Smoking was not permitted in any area outside the designated smoking room. Residents who liked to light candles were provided with battery powered candle lights. The individual evacuation needs of residents had been assessed and were kept in their bedroom accommodation. In addition, an up to date summary of residents' evacuation risk assessment records were kept with the documentation referencing fire safety management for ease of reference in the event of an emergency and to assist the emergency services if necessary.

Procedures for fire detection and prevention were in place. Specific fire protection and prevention duties were assigned to individual staff members. Smoke detectors were located in bedrooms and communal areas. Records were available which showed that daily inspections of fire exits were carried out to ensure they were clear of obstruction. All evacuation routes were observed by the inspectors to be free of obstruction on the day of inspection. Fire evacuation was informed by a policy document titled 'Responding to emergencies including evacuations' dated 26 August 2014. The inspector reviewed the record of fire evacuation drills which referenced day and night-time simulated procedures to facilitate participation by all staff and to also ensure staffing levels were adequate to safely evacuate residents in the event of an emergency in the centre. Details of the process were found to be inadequate on the last inspection of the centre on 19 March 2014. This finding was satisfactorily addressed and the required information was found to be in place on this inspection.

There was a process in place to record incident and accidents to residents and others. There was a monthly review of all resident incidents including falls. Each resident who fell was referred to the centre's physiotherapist for more specialist assessment and exercise programmes where required. The inspectors reviewed the incidents of serious injury to residents from 01 January 2014 up to the time of inspection. There were fourteen incidents of serious injury to residents, three of which sustained fractured limbs post fall, four residents sustained skin tears one of which was caused by a bed rail from the period 30 September to 08 of November 2014 and four residents developed pressure related skin injuries since 25 May 2014. The inspector observed that although a process of root-cause analysis was used to review incidents of skin tears, they continued to occur. One resident developed a pressure related wound and sustained two skin tears in the period from 4 August to 08 November 2014. Further review of the investigation process evidenced that actions taken were reactionary in response to single events and was not addressed proactively. This resident had evidence of unintentional weight loss at the time of these incidents. This finding evidenced an absence of comprehensive application of learning from investigation to ensure resident safety and prevent recurrence. These recurring adverse incidents to residents were not identified as part of the centre's monitoring processes and this finding is discussed further in outcome 2 of this report. Further information was required from the Authority post inspection which identified improvements required following internal investigation and which the person in charge reported were being actioned. Moving and handling procedures were observed during the day of inspection and were found to be completed safely. All staff had attended mandatory training in moving and handling and use of assistive equipment. The physiotherapist was involved in assessing the type/size of equipment to be used for individual residents which was outlined in their moving and handling risk assessments.

Information was available to guide staff on the management and prevention of infection including influenza, norovirus, Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C-Diff). Most residents had availed of seasonal influenza vaccination. Cleaning staff could describe the procedures they followed when cleaning and dealing with infectious material. The person in charge confirmed that there was one resident with communicable infection in the centre on the day of inspection. Staff used personal protective equipment (PPE) and carried out hand hygiene appropriately. Staff had attended infection prevention and control training as evidenced by the staff training records to support their practice.

There was a missing person policy in place dated 01 April 2014 which included procedures to guide staff should a resident be reported missing. A missing person profile was completed with a copy of a recent photograph to assist the emergency services in locating residents at risk quickly should the procedures in place fail to prevent vulnerable residents leaving the centre unaccompanied.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

There was a comprehensive medication management policy available to inform practice. An inspector attended a medication round and carried out a review of a sample of medication prescription and administration records belonging to residents in the centre and found both areas were satisfactorily completed in line with legislative requirements and professional standards. Discontinued medications were signed and dated by the residents' GP. On this inspection, some residents with swallowing deficits were receiving medications in crushed format. Prescription of individual medications to be administered in crushed format was completed on the sample of residents' prescription reviewed. There was a reference guide available to advise staff of medications that could not be administered together in crushed format.

A pharmacist attended the centre and was available to residents to inform and advise them on the actions of their medication treatments. The minutes of residents' meeting referenced where the pharmacist was facilitated to present medical conditions and treatments of interest to residents. Residents spoken with confirmed they knew the pharmacist.

Each resident's medication was stored in their room in a secure cabinet. The inspector

was told that this arrangement contributed positively to safer medication administration procedures in the centre.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents that occurred in the centre was maintained. All incidents recorded in the accident and incident record that required notification by the legislation were notified.

While quarterly notifications were forwarded, they did not include details of any occasion where restraint was used for residents. The inspectors observed that full length bedrails were used for some residents.

Notification was made regarding 10 residents who were at risk of falls, and used motion alarms to alert staff of increased risks..

One resident's assessed lack of safety awareness was being managed with one to one supervision procedures. This was not included on the quarterly notification to the Authority of restraint use.

The inspectors were told that there was no chemical restraints administered on an 'as required' PRN frequency.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

On the day of inspection there were twenty five (50%) of residents had maximum dependency needs, eight had high dependency needs and nineteen had medium and low dependency needs. Two residents were in hospital, one of whom was fully recovered and was expected back on the day following inspection to the centre. Many residents were noted to have a range of complex healthcare issues and the majority had more than one medical condition. The centre also accommodated residents with dementia care needs, convalescence/respite needs and palliative care needs.

There was evidence that residents had good access to allied health professionals, GP and specialist services including psychiatry of older age services. Each residents' needs were assessed with a corresponding care plan in place to meet deficits in needs identified. There was evidence of review by a dietician who attended the centre promptly in response to referral of residents. Each resident had evidence of nutritional assessment using an accredited tool with a nutritional care plan developed for residents identified as being 'at risk'. However, inspectors were not satisfied that residents' nutritional needs were adequately met on the day of inspection. Care interventions in place did not ensure residents with nutritional needs mitigated risk of unintentional weight loss This finding is discussed further in outcome 15: Food and Nutrition in this report.

Residents with difficulty swallowing were supported by an assessment from a speech and language therapist where required to determine appropriate food texture and consistency to meet their needs. A physiotherapist is employed by the group to assess and support residents with mobility needs. There was evidence of physiotherapy involvement in resident falls management including post-fall reassessments, moving and handling including hoist sling assessment, rehabilitation and promotion of mobility and restraint/enabler assessment. The physiotherapist participated in falls investigation including root-cause analysis of resident falls resulting in injury. There was also evidence that residents had access to occupational therapy specialist services. Some residents had assistive chairs and supports which they were individually assessed for.

All residents had a documented care plan completed to inform their care needs. The inspector reviewed a sample of care plans and found that contained comprehensive person-centred information informing care interventions to meet residents care needs. Improvement required as referenced in an action plan following the last inspection in March 2014 was satisfactorily completed to ensure pertinent information regarding care needs was easily accessible in care plans. Progress notes completed on a daily basis were more informative and were satisfactorily linked to care plans since the last inspection in March 2013. There was evidence that assessments, care plans and medical conditions were reviewed on a four monthly basis and more frequently where necessary. Residents spoken with were aware of their care plans which was adequately documented.

Since the last inspection, an activity co-ordinator has been employed on a full-time basis in the centre and together with a member of care staff facilitate recreational activities

for residents five days each week. Since the last inspection, the main venue for facilitation of communal activities was moved to a the communal room on the first floor to encourage residents who remained in their rooms to attend same with some success. The inspectors observed that a number of residents stayed in their rooms during the day. The activity co-ordinator discussed how these residents recreational needs were met with the inspectors on the day of inspection with tailored programmes that focused on their interests throughout the day. These programmes involved input from carers which ensured frequent purposeful interactions mitigating incidence of residents spending long periods unoccupied alone. The inspectors observed where residents' participation in activities was evaluated and documented in terms of positive outcomes for them.

There was evidence of adequate documented communication regarding residents who were transferred to the care of the acute services and on their readmission to the centre. All relevant documented information about residents care and treatments including medical test results were maintained as required. There was a policy document to advise staff on the temporary absence and discharge of residents.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Newbrook Lodge Nursing Home is located is a purpose built two story premises located on the same site as Newbrook Nursing Home. Residents are accommodated on two floors serviced by a large lift, a main stairs and fire exit stairs. The design and layout of the centre was found to meet its stated purpose in terms of accommodation and facilities provided. interior provides a spacious and comfortable environment for residents with a variety of communal areas. The reception is located on the ground floor. A variety of communal sitting and dining accommodation is provided on both floors.

Toilet facilities were observed to be within close proximity to communal areas. In recent times, circulating corridors were individually named and painted in a variety of colours

with handrails painted in contrasting colours to enhance orientation and safety for residents with dementia care needs. This action afforded residents greater autonomy and increased independence. Accommodation for residents included 42 single and 9 twin occupancy bedrooms. The floor space in residents' bedrooms varied however, each met size, privacy and dignity requirements as outlined in the Authority's Standards and legislation. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin.

Environmental temperatures were monitored throughout and the inspector found temperatures to be maintained at levels in line with the standards. Hot water temperatures were thermostatically controlled and monitored so as not to exceed 43 degrees centigrade at the point of contact by residents.

A securely fenced garden overlooking the canal was available to residents including vulnerable residents who wished to go there. Paths and seating were in place for the convenience and comfort of users. Residents were viewed on the day of inspection taking short walks around the centre.

Inspectors observed that there was suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among others. The door closure mechanism was delayed on the lift to empower persons with reduced mobility to safely mobilise between floors. Equipment service records were up to date and there was adequate equipment storage facilities provided. Windows on the first floor had partial opening restrictors and the main stairs had stair gates fitted to mitigate fall prevented to vulnerable residents or others.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The centre has a complaints policy and procedure in place which was prominently displayed in communal areas of the centre. The person in charge is the nominated person to deal with all complaints. The person in charge confirmed that there were no active complaints currently under investigation. The complaint log was reviewed by inspectors. There were thirteen complaints documented. Each contained details of the

investigation process. The satisfaction of the complainant with the outcome was ascertained in each case. A complainant expressed dissatisfaction with the outcome of internal investigation dated 08 October 2014, however, the details did not reference whether this complainant was informed of the appeals process.

As an outcome of an action completed following the last inspection in March 2014, a tracking check-list was implemented to ensure the process was followed in a timely way.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the policy available to staff to inform residents' end of life end care. The policy informs staff on procedures for last offices, property of the deceased and post mortem procedures. The inspectors were informed by the person in charge that there were no residents in receipt of end of life or palliative care services on the days of inspection. Palliative care services were available and attended residents in the centre as required. Most staff had attended training on end of life care.

The centre provides accommodation and refreshments for relatives of residents at the end stage of their lives to facilitate residents to have their families with them at this time.

A review of a sample of residents' care plans evidenced that their end of life wishes were discussed and documented. Members of the local clergy from various faiths attended residents as requested to provide pastoral and spiritual support at the end stage of their lives. The centre did not have an oratory however a large oratory in the adjacent Newbrook Nursing Home was available to residents in the centre.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served,

and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy document available to support staff in all aspects of residents' nutritional and hydration care including percutaneous endoscopic gastrostomy (PEG) feeding and subcutaneous fluid administration procedures. Residents' weights were monitored monthly and those identified as at risk of unintentional weight loss or gain had evidence of review and monitoring by the dietetic service. A dietician was contracted by the provider as required.

However, inspectors were not satisfied that residents nutritional needs were adequately met based on a review of a six monthly tracking record of residents weights titled 'resident weight audit' made available to and reviewed by inspectors. This record evidenced that 23 (44%) of residents had documented unintentional weight loss in the period from April to Sept 2014. Eight of whom has lost 5kg or greater with one resident documented as losing 13kgs. There were seven residents with body weights of between 33.35 and 43.60kgs. At the inspection findings feedback meeting, the inspectors required that a full review was urgently undertaken the person in charge to ensure residents' nutritional needs were adequately met. A response was forwarded to the Authority on 09 December 2014 which referenced review with details of actions implemented to enhance nutritional care and monitoring of the seven residents with lowest body weights as referenced above. The documentation forwarded also referenced review of and implementation of enhanced catering arrangements and intake measurement in specific terms to enable accurate determination of nutritional values of individual resident intakes.

There was also evidence that one of the seven residents referenced had developed pressure related skin breakdown and skin tears. There was evidence that these residents were referred and seen by a dietician as appropriate, who had prescribed supplements for each in addition to fortification of their food. However, many of these residents with significant weight loss were refusing to take oral nutrition. The review undertaken post inspection referenced actions implemented to enhance the nutritional value of foods which were offered in small quantities with increased frequency with positive outcomes for these residents.

An inspector spoke with the chef who had copies of the recommendations made by speech and language and dietetic therapy services which were referenced during cooking and meal preparation. There was evidence that the nutritional value of food was increased as recommended at kitchen level at mealtimes. Since the inspection, the person in charge advised the Authority that fortified snacks were offered frequently with improvements in documentation made to record intake with increased accuracy. Care

plans were in place to inform care of residents with nutrition and hydration needs.

There was satisfactory evidence that residents were provided with adequate fluid intake to meet their needs on the days of inspection. Staff were observed to engage in monitoring and encouraging residents to take fluids which was monitored.

Residents were offered a varied diet that provided them with choice of a hot dish at each mealtime. Most residents attended the very spacious dining room to eat their meals. The inspector observed mealtimes and saw that those who required assistance received same in a dignified and discrete way by one of six/seven members of staff who were assigned to ensure residents were appropriately assisted if necessary. Many residents were observed chatting with each other using mealtimes as a social occasion. The menu was clearly displayed and was also placed on the dining tables for residents' convenience and information. The kitchen service was available until 19:00hrs each day.

Residents spoken with told the inspectors that they enjoyed the food provided to them in the centre. Staff training was in place to inform staff on use of the nutrition assessment tool in assessing and monitoring procedures, food fortification and fluid thickening procedures used. The training records evidenced that most staff had attended food hygiene training in 2014.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and diverse needs. There were policies available to inform meeting residents' communication needs and guidelines on communication and care of residents living with dementia. A consent and advocacy was also available. The information in the policies was arranged in algorithm format and the inspector observed the information was comprehensive and informative. The Inspector also observed that residents had a variety of local and national newspapers available to them and some were observed reading them. Residents' confirmed that they had regular visitors and could choose where they would like to meet

them.

There was a residents' communication board where items of interest to the residents were displayed.

Residents were facilitated to attend a residents' meetings forum chaired by the activity coordinator which was minuted. There was evidence of action taken in response to issues raised by residents at this forum. For example residents requested to have a choice in the colour of their rooms which was facilitated for some residents. One resident was provided with bookshelving units along one wall of his bedroom to store his books which he expressed satisfaction with to inspectors. The inspector observed that residents' views were valued and they were empowered and encouraged to influence decisions regarding the running of the centre.

There were many examples where residents were encouraged and facilitated to maintain their independence, for example residents who were assessed as able were facilitated to go outside the centre. Some residents went to the local library and did their own shopping. A wheelchair accessible bus was available on a weekly basis to transport residents out of the centre one day each week.

Residents' privacy and dignity needs were observed to be met on the days of inspection. The layout and design of the facilities provided ensured residents were able to carry out personal care activities in private as described in the centres statement of purpose document. Bedrooms windows in view of the canal had privacy curtains fitted.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents had adequate space to store their clothes and personal belongings and could retain control over their personal possessions and clothing. There was a policy to inform management of residents' personal property and possessions which was up to date. A record of each resident's property was completed.

Residents clothing was laundered in a purpose built laundry on-site outside the centre premises. Linen collection skips were available that appropriately segregated used linen

in line with the national policy. Residents spoken with told the inspector that their clothing was managed to their satisfaction. Some residents reported that some items of clothing went missing on occasions which was resolved to their satisfaction. These incidents were recorded in the complaints log as required.

The inspector observed that clothing worn by residents and stored in a sample of wardrobes reviewed were in good condition and were clean. Items of residents clothing viewed by the inspector had the residents identification on them. Residents had access to a locked facility in their bedrooms for secure storage of personal possessions.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspectors found that the numbers of staff and skill mix was appropriate to meet the needs of residents on the day of inspection. There was evidence to support on-going review of staffing levels/skill mix was undertaken in response to the changing needs of residents in the centre. Two staff nurses were on duty at all times and the person in charge and clinical nurse manager worked in the centre Monday to Friday each week. Since the last inspection in March 2014, an additional carer was rostered to work from 17:00hrs to 21:00hrs to increase supervision and support for residents as they retired to bed. Nine carers were rostered during the morning reducing to seven in the afternoon. One carer was involved in one to one supervision of a resident during the day. There are two nurses and two carers on duty for the duration of each night.

The inspectors reviewed a sample of staff files and found that all documentation required by the Legislation was present in each case.

Members of the staff team spoken with were found to be committed to meeting the needs of residents and ensuring they had a good quality of life. Staff were

knowledgeable regarding residents' needs and preferences. There was a comprehensive staff training and development programme. Staff had completed mandatory training and refresher training for 2014. There was arrangements to ensure staff were supported and supervised according to their role in their daily work caring for residents in the centre. The person in charge completed appraisal for each staff member. The group practice support co-ordinator provided consistent clinical developmental support to the person in charge and other staff members.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Date of inspection:	12/11/2014
Date of response:	30 April 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Findings in relation to nutrition and inadequate application of learning from investigation of adverse incidents involving residents provided evidence that management systems in place were not effective in ensuring the quality and safety of care for residents was adequately managed and monitored.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Our system of audits and review of quality of care has been changed. Monthly Audits are conducted and findings are then discussed between the PIC and CNM and all care is reviewed based on the audit findings.

Proposed Timescale: 30/04/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The directory of residents was reviewed by the inspectors and was found not to contain all information as required by paragraph 3 of Schedule 3 of the Legislation. Missing information included;

- a contact telephone number for a resident's next of kin
- details of the address residents were discharged to in some instances where discharge of residents was to another nursing home.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The Directory of Residents has been reviewed and any missing information inserted.

Proposed Timescale: 30/04/2015

Theme:

Governance, Leadership and Management

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

Records of restraint use did not adequately record alternative interventions tried instead of bedrails as required by Schedule 3, paragraph 4(g).

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

PIC has discussed this with CNM and nursing staff to ensure documentation is reflective of care practices implemented. This is now identified in the residents care plans. There is work in progress throughout our nursing home group in relation to restrictive devices and the review of associated documentation currently in use.

Proposed Timescale: 30/04/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all residents with documented episodes of challenging had documented tailored behavioural support programmes of care that clearly identified behaviour triggers and de-escalation techniques.

Behavioural support interventions informing care of some residents did not result in positive outcomes for them in terms of their socialisation and participation in life in the centre.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The Resident on one to one supervision had this procedure implemented as a companionship measure to support positive behaviour outcomes. Also it is designed to limit any physical risks to the Resident of walking too fast or into any objects. This measure supports the Resident's psychological and emotional well being as the Resident herself directs the movement of the supporting healthcare assistant. This also ensures full inclusion into the life of the Nursing Home.

The Resident in her room with the curtains closed has full mental capacity and has chosen to live in this manner. We have respected the Resident's privacy and dignity by carrying out her wishes. This is documented in her care plan and there is awareness amongst staff to make regular visits to the Resident.

Care plans of residents that exhibit instances of challenging behaviour have now being reviewed so that they contain clearly identifiable behaviour triggers and the de-escalation techniques to be followed.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

A number of residents had full-length bedrails in place which posed limitations of their free access out of bed which was not adequately managed in line with the national restraint management policy and guidelines.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We have reviewed our assessments and documentation in relation to current restrictive devices in place checking that the least restrictive measures are used.

Proposed Timescale: 30/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was inadequate evidence that learning from investigation of accidents/incidents to residents was effectively implemented in practice as informed by the centre's risk management policy.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

We will continue to monitor all adverse incidents to improve learning outcomes and help to prevent major reoccurrences of adverse incidents. Our system of audits and review of quality of care has been changed. Monthly Audits are conducted and findings are then discussed between the PIC and CNM and all care is reviewed based on the audit findings.

Proposed Timescale: 30/04/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Quarterly notifications forwarded to the Authority did not include details of any occasion where restraint was used for residents.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The use of full length bed rails will be notified to the Authority were they are deemed by the Director of Nursing to be a restraint based upon each individual assessment.

The Resident on one to one supervision had this procedure implemented as a companionship measure to support positive behaviour outcomes. Also it is designed to limit any physical risks to the Resident of walking too fast or into any objects. This measure supports the Resident's psychological and emotional well being as the Resident herself directs the movement of the supporting healthcare assistant. This also ensures full inclusion into the life of the Nursing Home. This has not been assessed by the Director of Nursing as being a restraint.

Proposed Timescale: 30/04/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care interventions in place did not ensure residents with nutritional needs did not experience unintentional weight loss

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Our system of audits and review of quality of care has been changed. Monthly Audits of all Residents weights are conducted and findings are then discussed between the PIC and CNM and all care is reviewed based on the audit findings.

Proposed Timescale: 30/04/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Documented complaint details did not reference whether one complainant was informed of the appeals process.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints flowchart on display at various locations around the Centre indicates clearly the appeals procedure to be followed in the event that a complainant is unhappy with the outcome of their complaint.

In future all unsatisfied complainants will be reminded of the appeals process.

Proposed Timescale: 30/04/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

A number of residents had evidence of unintentional weight loss which was not adequately addressed.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Our system of audits and review of quality of care has been changed. Monthly Audits of all Residents weights are conducted and findings are then discussed between the PIC and CNM and all care is reviewed based on the audit findings.

Proposed Timescale: 30/04/2015

