



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

Issued by the Chief Inspector

Name of designated centre:	Newbrook Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Ballymahon Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	07 July 2020
Centre ID:	OSV-0005702
Fieldwork ID:	MON-0029906

About the designated centre

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

Newbrook Nursing Home is registered to accommodate 119 residents. It consists of two separate buildings, a single storey and a two story building known as Newbrook 1 and Newbrook Lodge respectively. It is located in a residential area, within a few minutes drive from the town of Mullingar. Both buildings are surrounded by spacious landscaped gardens and there are secure courtyard garden spaces attached to each building that residents can use safely. One of the courtyards was set out in a traditional shopping streetscape design to provide interest for residents. Residents are accommodated in single and double rooms.

The centre provides care to residents over the age of 18 who have care needs related to aging, dementia, intellectual disability, physical disability and acquired brain injury. Care is provided on a long and short term basis and residents who require periods of convalescence, palliative care or rehabilitation are accommodated.

The aims of the centre as described in the statement of purpose is to provide a high standard of evidenced based care and to ensure that residents live in a comfortable, clean and safe environment that they 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:	105
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2020	09:00hrs to 15:00hrs	Geraldine Jolley	Lead
Tuesday 7 July 2020	10:30hrs to 16:00hrs	Geraldine Jolley	Lead
Tuesday 7 July 2020	10:30hrs to 16:00hrs	Catherine Rose Connolly Gargan	Support
Wednesday 8 July 2020	09:00hrs to 15:00hrs	Catherine Rose Connolly Gargan	Support
Tuesday 7 July 2020	10:30hrs to 16:00hrs	Kennedy Ayaya	Support

What residents told us and what inspectors observed

Inspectors spoke with eight residents who described their lives in the centre and their experience of the COVID-19 pandemic. They said that they had been well informed about the virus, the visiting restrictions that had been put in place and the safety measures that were taken to protect them.

There had been a significant outbreak of COVID-19 in this centre during March, April and May. During the outbreak a total of 48 residents and 25 staff members tested positive for COVID-19. Sadly 12 residents passed away. The outbreak was declared over by public health on the 4 June 2020. Residents told inspectors that during the outbreak their care needs were met to a high standard and that staff worked very hard for many weeks to keep people well and to look after residents who were very ill. They were very pleased that so many had recovered from the virus but spoke with sorrow about those residents who had passed away.

The residents told inspectors that they found the periods of isolation in their bedrooms very difficult and now that they were free to move around more life was much better. Social activities had resumed and residents said this and being able to have meals together made their day-to-day life more normal and enjoyable. Some residents spoken with described the loneliness the pandemic had created for them but said that staff had visited their rooms frequently during the day to talk to them and had provided support and encouragement.

Residents told inspectors they were well informed about the COVID-19 virus, how it is transmitted, the test procedures and their results. Several residents said they had decided to wear masks as the wearing of masks had been recommended and they felt they were protecting themselves and other people.

Residents said that families had been able to visit in a restricted way by coming to windows and to the garden. They also said that technology that they had not known about had been a bonus and that staff had helped them operate tablets and applications such as WhatsApp to help them keep in touch. They also said that letters sent to families from the centre had been helpful as these kept them informed when they could not visit the centre. Residents were very appreciative of the varied measures put in place to keep them connected with their families.

Inspectors saw that residents were comfortable and content in their environment. Several residents walked in and out to the gardens during the day in the Newbrook 1 building. However access to the garden in Newbrook Lodge was restricted so residents did not have the same level of freedom to go in and out. The communal rooms and dining rooms had been organised to accommodate social distance and were in use throughout the day. Inspectors spoke with residents about what their daily lives were like in the centre taking into account the ongoing restrictions and infection control protocols that had to be observed. They said that staff kept them up to date on changes and they were aware that visiting had been temporarily

suspended at the time of the inspection due to a positive test result.

The feedback on the food served was very positive with three residents describing the chef and catering staff as being very approachable and willing to make snacks and dishes they particularly liked if they did not like anything on the menu. The daily food choices were described as good and varied and residents on specialist diets said that they were provided with meals that suited their needs. Residents were satisfied with the laundry service. The residents spoken with were aware of how to make a complaint to and said they would not hesitate to make a complaint if the need arose.

The staff team were valued for their good humour, patience and dedication to ensuring residents were content and had the medical and psychological support they needed. There was good emphasis on person centred care with several residents describing the specific arrangements made to meet their needs. The inspectors saw that social activity was taking place in several areas. Events such as birthdays were celebrated and photographs and video calls were made to families so that they were included in these occasions. A "Fun" activity week was being planned to provide residents with much needed diversion and entertainment and several residents said they were looking forward to the events that were arranged. Residents' spiritual and religious wishes were met as clergy from both the Church of Ireland and the Roman Catholic religions visited the centre when requested throughout the pandemic. Mass was celebrated weekly by a local priest in the centre's oratory and this was relayed to residents' rooms in accordance with their wishes.

Capacity and capability

The centre is managed by Newbrook Nursing Home Unlimited Company. The governance structure of the centre includes three directors one of whom is the registered provider representative. One of the other directors was the person in charge at the time of the pandemic who is now on a period of statutory leave. She had a full time presence in the centre throughout this time which ensured that there was consistent oversight of the operation of the centre. Other departments that comprise the structure include human resources, information technology and an education and standards department. There is also a practice development coordinator who supports the person in charge. The centre has an appropriately qualified and experienced Person in Charge (PIC) who is supported by an assistant director of nursing and four clinical nurse managers (CNMs). Two CNMs are allocated to each of the two buildings that make up the designated centre.

This inspection was carried out following an outbreak of COVID-19 where a large number of residents and staff contracted the virus. The outbreak started on 23 March 2020 and was declared over on 4 June 2020. The management team told inspectors that the support and guidance from the public health staff in CHO area

8 had been invaluable and the inspectors saw that there was ongoing dialogue and support from this team provided to staff in relation to queries about isolation and the admission of residents. Staffing levels were revised and shortfalls due to staff isolating had been filled by part-time staff working full time, recruitment of new staff and the four clinical nurse managers, the person in charge(pic) and assistant director of nursing all working in direct care to ensure residents were appropriately cared during the outbreak. There were 33 staff off duty for varied periods due to the virus, the need for isolation or due to car responsibilities. Isolation areas were organised in both buildings and these areas had separate staff allocations throughout the outbreak.

The inspectors found that the centre was appropriately resourced and effectively managed. There was a clear governance structure and the person in charge had regular support from the provider representative and from the practice development manager. A review of the rosters found that staffing levels were allocated to meet the needs of residents and the delivery of person centred care. Staffing levels reflected the information described in the statement of purpose. The nursing and care staff team are supported by a physiotherapist- two days a week, a team of six activity staff, a music therapist, housekeeping, catering and maintenance staff. Staff described the outbreak as challenging and overwhelming at times but said they were well supported by the management team and by support services put in place by the provider. These included the services of an occupational health company, a private health insurance company and access to psychology services provided by the Health Service Executive (HSE).

The inspectors found that staff were very well informed about the symptoms of COVID-19 including the less well recognised symptoms and were knowledgeable about isolation procedures and the latest infection control protocols as outlined in the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. There was a well organised system in place to monitor residents' and staff and detect symptoms related to COVID-19. There was also a good tracking system where the time-lines of testing, test results, infection and outcome were clearly recorded. The total number of residents and staff who had tested positive for COVID-19, and how many had recovered could be tracked.

The inspectors found the following structures had contributed positively to how the provider and the staff team had managed the outbreak:

- The interaction between the provider and the testing system coordinated by the public health team for CHO area 8 of the Health Service Executive (HSE). Early in the pandemic nurses in the centre were trained to take swabs. This meant that the provider could ensure that swabs were submitted for analysis before noon and test results were then available in the afternoon or evening of the same day. This was a positive outcome for residents as they were isolated for the shortest time possible and it also reduced the use of PPE.
- The management team that comprised of the PIC, the assistant director of

nursing and clinical nurse managers were involved in direct care throughout the outbreak and this was regarded positively by staff who told inspectors that a good team spirit had been fostered and everyone worked together in a coordinated way to ensure residents had the highest possible standards of care.

- A dedicated multidisciplinary COVID-19 staff team was established in the centre and included the person in charge, senior nurses, pharmacist, local general practitioners, public health specialists and the palliative care team. This meant that residents' medical care was coordinated and that updates on the procedures to follow was shared expediently between professionals.
- Communication with families was made a priority and the administrator and a senior carer who knew family members well were allocated time to keep in regular touch with families to keep them updated.
- The services of an occupational health company was made available to staff who were assessed and advised regarding returning to work
- Psychological support was made available to staff including the services of a HSE psychologist.
- Staff who lived together were offered separate accommodation to reduce the risk of infection transfer.
- Spiritual care and support was readily accessible and available to residents when needed.
- Training on infection control and on hand hygiene was updated for staff and was also provided to residents. The inspectors found residents were very well informed about infection control procedures that included hand washing and social distancing and many said they were going to wear face masks as it had been recommended as helping restrict the spread of the virus.

A review of the outbreak and its management had been completed when the outbreak was declared over. This described the measures that had been taken to inform staff and residents about the pandemic when this was declared. The review outlined the restrictions on visits and the arrangements in place to keep residents in touch with families, how staff were deployed, how changes in residents' health was managed and the communication with the local public health team and statutory bodies. The review did not highlight actions taken that had worked well, the factors that contributed to staff feeling they were in control and supported or what could be done differently if there was a further outbreak and it did not set out a pathway to help staff manage future outbreaks. The provider told inspectors that this would be revised to ensure a comprehensive review was completed to inform preparedness of the service for further COVID-19 outbreaks.

There were 105 residents accommodated in the centre on the days of the inspection. A number of residents were isolated due to being close contacts of a staff member who had tested positive for COVID-19 during the serial testing that was underway for staff in residential settings.

Inspectors reviewed notifications submitted to the Chief Inspector by the person in charge and found that relevant matters had been reported and that all notifications related to the COVID-19 virus had been supplied and updated

appropriately.

The inspectors found that the provider had systems in place that ensured the service had capacity and resources to meet the demands of untoward events and outbreaks of infection.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre had been received by Chief Inspector. All the requested information had been supplied and was being assessed.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. She was familiar with her responsibilities and with the care needs of residents. She provided all requested information to the inspectors promptly.

Judgment: Compliant

Regulation 15: Staffing

The staffing model as set out in the rosters reflected the staffing described in the centre's Statement of Purpose (SOP) and ensured that the needs of the residents were met effectively in the context of the size and layout of the centre which is spread over two buildings. Each building has its own dedicated staff team and only the person in charge (PIC) and her deputy have a presence in both buildings to ensure that the risk of infection transfer is limited.

There are two clinical nurse managers in each building to support the PIC and assistant director of nursing. The management of staffing during the outbreak reflected the recommendations set out in the Health Protection Surveillance Centre Guidelines and the need for isolation areas when there are positive cases of COVID-19. There was dedicated nursing, cleaning and care assistant staff allocated to designated (COVID-19 positive and COVID-19 negative) areas during the outbreak. The staff team was depleted by staff having to isolate due to positive test results and other staff isolating due to vulnerabilities or care responsibilities. Staff shortfalls were managed by:

- part-time staff taking on full time roles
- students who worked part-time on nursing and medical courses working full-time
- staff in management roles that normally were supernumerary or with some supernumerary hours that included the person in charge, her deputy and clinical nurse managers all working to provide direct care to residents
- recruitment of staff continued and the normal expected turnover of staff reduced considerably during this time according to information relayed by the provider
- annual leave was suspended.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records in the centre and found that all staff had received training in infection prevention and control. Staff had attended training in the management of a COVID-19 outbreak and had participated in training sessions on putting on and taking off Personal Protective Equipment (PPE) and how to dispose of it safely.

The inspectors also saw that staff had training in fire safety, moving and handling and adult protection. There were some staff who required refresher or updated training which had been delayed by the pandemic and these staff were identified as a priority for the relevant training courses that had now resumed. The inspectors saw that fire safety training had taken place in the Newbrook Lodge building the day before the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained all the required details relevant to residents.

Judgment: Compliant

Regulation 21: Records

The records presented to inspectors that included staff rotas, care records, food and

activity records were up to date, well maintained and stored securely.

Staff records contained all the required schedule 2 documents and all staff had an appropriate Garda vetting disclosure.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the centre had sufficient resources to ensure the effective delivery of care and to provide residents with a good quality of life that met their needs and wishes. The staff available during the day and night was appropriate to provide effective health and social care and ensured appropriate infection prevention and control standards could be maintained as required under Regulation 23(a). The allocation of nursing, care, activity and ancillary staff ensured the safety and well being of residents could be sustained in a consistent manner during an emergency. There was a low turnover of staff and additional staff had been recruited during the outbreak to ensure that staff who were students and would be returning to college in September could be replaced seamlessly.

The management systems for monitoring infection prevention and control, hygiene standards, staffing allocations, clinical oversight and fire safety were well established and ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c).

The inspectors were informed by staff that the period of the outbreak was very challenging and created a lot of anxiety. Staff said that they benefited from good leadership and knowing what was expected from them. They said that the person in charge, senior nurses and carers worked together every day and nurses provided guidance and support when situations required clinical judgement and nursing expertise. Staff said they valued the additional supports from the occupational health service and psychology arranged by the provider to support them if needed to talk about their experiences.

The inspectors found there was good oversight of the outbreak at a local level and together with public health input this ensured that it was managed in accordance with public health guidelines. The inspectors found that instructions in relation to infection prevention and control, relating to the segregation of staff and residents, based on test results and symptoms were followed. Inspectors observed that staff were adhering to guidance on hand hygiene, the wearing of face masks and Personal Protective Equipment (PPE) when attending to residents.

This centre has a history of good compliance with regulations and good practice standards. Each building that comprises the designated centre had been registered as separate designated centres until 2018 when they were amalgamated into one designated centre. A restrictive practice thematic inspection was completed in June 2019 and the findings of the inspection conveyed that the governance

structures supported staff to deliver high quality care and that management and staff were familiar with the definition of restrictive practice and were working well to achieve the underlying principles of working to reduce and/or eliminate any restrictive practices. Where restrictive practices were operating records showed that they were the least restrictive and for the shortest duration.

There was a range of audits completed on varied aspects of the service that included clinical care matters and the environment. Residents' satisfaction surveys were also completed. Areas for improvement were identified for action. For example wear and tear on paintwork and in bedrooms was being addressed and a painting schedule was in place. A review of the COVID-19 outbreak was found to need further work as it did not highlight all the actions taken that had been effective in managing the outbreak or what could be done differently to guide and inform staff in the management of a further outbreak. It also lacked statistical information on how many residents and staff had tested positive, the consequences of the virus and the process of recovery. Inspectors were informed by the provider that this would be revised to ensure a comprehensive review was completed to inform preparedness of the service for any further COVID-19 outbreaks.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was complete accurate and contained the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were supplied to the Chief Inspector. Additional information was supplied if further details were requested by the inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors found that the system for managing complaints met the requirements of regulation 34: Complaints procedures. The record of three complaints were reviewed. There was information recorded that conveyed

that complaints were dealt with promptly and that appropriate actions were taken to resolve the issues raised. A relative told inspectors that any matters raised with staff are addressed immediately.

Judgment: Compliant

Quality and safety

The views expressed by residents about their care during the COVID-19 outbreak and the nursing documentation of the 10 residents reviewed some of whom had tested positive for COVID-19 provided confirmation that a high standard of nursing and medical care was provided to the residents. The inspectors found that the quality and safety of care provided to residents on the day of inspection was of a good standard and was enhanced by the multidisciplinary working arrangements between staff in the centre, primary care and specialist services. The centre employs a physiotherapist two days a week to assess residents and to undertake therapeutic activity with them. During the outbreak in the centre, the inspectors found that GPs were contacted by staff and provided advice by telephone or through visits and palliative care staff advised on medicines to be administered at end of life to ensure that residents had appropriate pain relief and their comfort needs were met. Arrangements were made for relatives or friends to be with residents at end of life with appropriate precautions in place.

There were designated areas organised in each building to facilitate separation of residents who had tested positive for COVID-19 and required isolation and residents who did not have the virus. A dedicated staff team was allocated to care for residents in each area and no cross over of staff was permitted to limit the risk of infection transfer.

Staff were trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Several nurses had been trained to take swabs and there was a supply in the centre so that any resident with symptoms could have a test expediently. Resident and staff observations including temperature checks were recorded daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Residents told inspectors that staff were friendly, good humoured and very professional in their approach. Nursing documentation reviewed conveyed that residents needs had been assessed using a range of validated tools that provided a comprehensive picture of their care needs. Care plans reflected the assessment information. The sample of care plans reviewed provided good assurances that a high standard of evidenced based nursing care was provided to residents. The inspectors found that care plans were regularly reviewed and updated and that residents and relatives were involved and their contributions were recorded. Care

plans were person centred and provided good guidance for staff on the actions they were required to take to meet residents' health needs and personal choices.

Residents had opportunities to participate in meaningful varied activities that were appropriate to their interests and several residents said they enjoyed the activities that included painting ornaments that were displayed in the garden and discussions. There was a full time activities coordinator and five activity staff employed to facilitate social care activity.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to care for residents in an informed respectful way that ensured their dignity was respected. They could describe how to report suspicions or abuse incidents and how to protect residents from harm.

The two buildings that make up the centre are a modern design and were generally well maintained. There were some areas where decoration and refurbishment was needed to be renewed and work on this was underway. Both buildings are spacious, have good levels of natural light and were visibly clean on the day of inspection. There was a variety of communal rooms and sitting rooms, dining rooms and recreation rooms were organised to facilitate social distance. There was a lift provided in Newbrook Lodge that enabled residents to independently access both floors. Signage was provided on doors and in corridors to assist residents in finding their way around the centre.

Visits to residents had recently been facilitated in line with Guidance on visitations to residential care facilities.

The inspectors saw that the fire safety instructions and floor plans were on display however, some fire safety measures required improvement as all doors did not have magnetic door closures and there was no information in either personal evacuation plans or in the fire procedures to advise staff to close doors to prevent the spread of fire or smoke. The provider representative told inspectors art feedback that the magnetic closures in use were excessively strong and that alternatives were being sourced.

Regulation 11: Visits

The provider had restricted visitors into the centre from 06 March 2020 with exceptions made to facilitate visits on compassionate grounds such as when residents were at end of life or where a resident became distressed at not seeing their loved ones. The provider had introduced a system of scheduled window visits following the restriction to ensure that residents could see their family in a controlled and safe way. Residents were also kept in contact with their families with regular telephone calls and use of live video applications including SKYPE organised by the centre's Information technology department. Staff also supported

residents to keep in contact by sending regular letters and photographs to their families. Families were encouraged to contact the centre for updates on residents. The provider and person in charge had formalised arrangements to ensure families were kept up to date on all residents and were informed promptly of any changes in residents' wellbeing by allocating staff to contact families on a regular basis.

Scheduled visits to the centre had commenced on 15 June in line with Health Protection and Surveillance Centre (HPSC) guidance. Visits were taking place in the Newbrook Lodge building during this inspection. Residents were supported to meet with a designated family member, while socially distancing and both wearing face coverings. Some residents continued to avail of scheduled window visits so they could see their grandchildren and other members of their family who were not nominated as visitors to meet with them inside the centre.

Visiting was restricted in the other building as a staff member had tested positive for COVID-19 and 11 residents were regarded as close contacts. Window visits were taking place here. The arrangements for residents to maintain contact with their families during and following the COVID-19 outbreak were appropriate and reflected the guidance issued. Residents said they were delighted to be able to see family and friends again and said that staff had made great efforts to ensure they had remained in regular contact.

Judgment: Compliant

Regulation 13: End of life

Each resident had an end-of-life care plan in place which had been recently reviewed following the COVID-19 outbreak to ensure residents had opportunity to review their wishes and update them. Residents' end-of-life care plans described their wishes in relation to their physical, psychological and spiritual care. This information also included residents' specific preferences regarding where they wished to be cared for at end-of-life and arrangements for their funeral and final resting place.

Some residents' care documentation recorded advanced care directives. These records provided assurances that residents or their families, as appropriate were involved in their advanced care decisions. Palliative care services were available remotely to advise residents' GPs and staff in the centre on managing and supporting residents' end-of-life symptoms that included pain relief and and comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain relief and symptom management. Nursing staff told inspectors they had excellent support from staff on the local palliative care team.

Residents families were kept informed of residents' conditions and facilitated with opportunities to be with residents when they became very ill including during the

COVID-19 outbreak in the centre. Staff confirmed that where family members had not been able to be with residents in their last days and hours they had ensured that staff were with them and that no one died alone. Where family members were abroad, friends were with residents during their last hours.

Judgment: Compliant

Regulation 17: Premises

The centre provided a good environment for residents. There were several communal areas in both buildings where residents could spend time together while observing social distancing criteria. Sitting areas were comfortably furnished and there was a variety of chairs available to ensure all residents had appropriate seating that met their needs. Dining rooms and other communal areas had been reorganised to enable residents to sit together and socialise safely at meal times as staff had found that residents ate better and enjoyed their meals more when able to socialise. The isolation arrangements that had to be observed during the outbreak had resulted in some residents feeling a "bit low" and uninterested in food even when they were well. The centre was in generally good condition and areas where paintwork was damaged were being refreshed with painting observed to be in progress.

The centre is surrounded by a open large garden area that has been well cultivated with flowers and shrubs. There are secure gardens and courtyard areas attached to both buildings. The inspectors saw that many residents used the outdoor areas independently.

There were some areas that the inspectors noted required attention:

- access to the garden area and the oratory in Newbrook Lodge was controlled by a keypad which restricted access for residents able to use these areas independently
- the carpet in the church in Newbrook 1 was uneven and showed signs of wear and tear.
- the fabric on the sofa chair in the lobby area on the first floor of Newbrook Lodge was ripped and required repair
- the sluice in Newbrook 1 (near the Gateway View area) had wooden shelving that could not be cleaned effectively and sluice on the upper floor in Newbrook Lodge is small making appropriate storage for bedpans/urinals difficult.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a health and safety policy and a risk register that conveyed that risks were identified, monitored and that measures were put in place to reduce hazards identified.

The inspectors observed medicine storage trolleys were stored on corridors in Newbrook Lodge. This arrangement had been put in place during the COVID-19 outbreak for accessibility and to reduce travel through the centre. In order to mitigate any risks with this arrangement, the provider told inspectors that the trolleys would be moved back to their original storage location in the large clinical room with immediate effect.

Judgment: Compliant

Regulation 27: Infection control

On the days of inspection the inspectors observed that infection control precautions met good practice guidelines and were rigorously followed by staff. There was a plentiful supply of PPE available and items were appropriately used by staff. Signage was in place throughout both buildings advising of COVID-19 precautions. Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. The storage area for clinical waste was secure.

A weekly Infection prevention and control hub had been set up in each building by the group staff training officer. This time was used to refresh staff on all procedures and assess staff competence on infection control measures so that good standards were maintained.

Both premises were well organised, were airy, uncluttered and visibly clean. There was a flat mop system in place for floor cleaning and cleaning equipment was colour coded to prevent cross infection. A deep clean of all areas including carpets had been completed as part of the terminal cleaning procedures when the COVID-19 outbreak was declared over.

The inspectors saw the following measures were in place to ensure good infection control practice was followed:

- Hand hygiene units were located at close intervals along hallways for ready accessibility.
- Staff were observed to complete hand hygiene routines appropriately
- Disposable masks were placed at various points throughout the centre and were available to residents if they wished to use them. The inspectors spoke to some residents who said they felt safer wearing a mask when out walking around the centre and they welcomed their availability.
- Reusable masks were being made and donated by local community group

and these were also available in the reception areas in both centres to take free of charge.

- Chairs in the sitting rooms and dining rooms were arranged to facilitate social distancing
- Staff prompted residents regarding hand hygiene, cough and respiratory etiquette
- Laundry management reflected best practice, there was a separate entrance for used laundry and an exit through which clean laundry was dispatched to resident areas. Washing machines were checked regularly to ensure wash cycles were at appropriate temperatures and greater than 60 degrees where laundry required washing at a high temperature.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors found that fire safety training had resumed and that two fire drills had taken place in May and June. Fire drills with night time staffing levels had been completed. There were daily checks of fire exits and weekly checks of the fire alarm panels and emergency lights. Maintenance staff had resumed servicing equipment and the fire alarm had been serviced on 01 July 2020.

The inspectors found however that some fire safety measures created risk and did not protect residents, staff or visitors. Some fire doors did not have magnetic door closures which meant they had to be closed manually and this was not described in the fire procedure. The provider representative said that more suitable door closures were being sourced as the current closures were excessively strong and made doors difficult to close which caused damage to walls and skirting boards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed prior to and following admission. Reviews of care were completed at four month intervals or when care needs changed. All residents had a person-centred care plan that clearly described their preferences and wishes regarding the care and supports they needed from staff to meet their individual needs.

An additional generic care plan that outlined the increased clinical monitoring and care needs of residents who contracted COVID-19 infection had been added to care records. This care plan was still in place in two of the ten residents' records examined by inspectors. Inspectors were given assurances that

these two residents' care plans would be reviewed without delay.

Staff used a variety of accredited assessment tools to assess residents' needs and developed a person-centred care plan in consultation with residents or with their relatives on their behalf if this was not possible. The records confirmed that residents or their relatives were consulted when reviews were completed and when changes were made to their care plans. The information in the ten care plans examined by the inspectors was person-centred and clearly described the interventions staff must complete to meet resident's needs and choices. The details provided in care plans conveyed that staff spent time talking with residents about how they liked to spend their day and their usual routines. The way care preferences and health needs were described provided assurances that residents were involved in developing their care plans. For example, residents' personal washing and skincare care routines were clearly outlined to guide staff practice.

Residents were closely monitored for changes in their health and wellbeing or any indication of infection. Wounds and any irregularities on residents' skin was comprehensively documented. Some residents experienced weight loss as a result of their COVID-19 infection and one resident had a grade two pressure related ulcer at the time of this inspection. Two other residents had diabetic ulcers. These residents' care records showed that early and appropriate interventions had been put in place to prevent deterioration. The provider's tissue viability nursing specialist and a dietician had assessed residents remotely and on site. Their recommended treatment plans were documented in residents' care plans and were implemented with good outcomes for residents. The inspectors saw that all wounds were responding to treatment. Residents' risk of developing pressure related skin injuries were assessed and pressure prevention measures were put in place. The type of pressure relieving mattress, skincare routines and positioning schedules were documented in residents' care plans. The inspectors noted that residents who experienced unintentional weight loss were being closely monitored and were progressively gaining weight. There was considerable input required from staff to prompt some residents to eat as some experienced loss of appetite and had a lack of interest in food. Staff were observed to offer drinks and snacks regularly and activity staff were also observed prompting resident to drink during activity sessions.

The chef met with all residents on admission and met regularly with residents experiencing unintentional weight loss to ensure that the food that they preferred was being cooked for them to stimulate their appetites. In a discussion with inspectors it was evident that diets were tailored to each residents' choices and care needs.

A record of each resident's wellbeing, treatments and care provided was recorded by nursing staff during the day and at night.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP) of their choice. During the COVID-19 outbreak in the centre, GP visits to the centre were reduced. GPs were contacted remotely by staff and they then made a decision whether instructions could be given remotely to staff or there was an urgent need for them to attend the centre to review residents. This arrangement ensured there were no delays to residents receiving appropriate interventions or treatment. The inspectors were told that the multidisciplinary working arrangements established between primary care services, staff in the centre, palliative care services and the public health team meant that information was shared and that everyone was aware of critical care situations and contributed their professional expertise to guide staff and ensure the best outcomes for residents. At the time of this inspection all residents' GPs had commenced visits to the centre again. The inspectors found that all residents' routine medical reviews were completed.

Residents had access to community psychiatry of older age, palliative care and tissue viability nursing services. Health and social care professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician supported residents' care as needed. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff. A chiropody service was available and several residents had had their feet treated which they said had been a welcome intervention and had improved their foot comfort.

Residents were supported to attend out-patient appointments as appropriate and guidance from the public health team had been provided to staff about the precautions to follow when residents attended appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre accommodated a number of residents with responsive behaviours that were related to their health conditions, dementia care needs or mental health problems. The inspectors saw that behaviour incidents were recorded and that staff supported residents appropriately and in ways that reflected good knowledge of their changing behaviour patterns and interventions that were known to have a positive impact on the behaviour.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Residents told inspectors that they felt safe in the centre. One resident told inspectors that they had trust in staff to keep them safe. All interactions observed by the inspectors between staff and residents were respectful, courteous and meaningful.

The person in charge had reported a safeguarding matter related to a resident to the Chief Inspector. This did not involve staff in the centre but to arrangements in the community. The matter had been referred to the local social work team and the inspectors found that actions were being taken to ensure an appropriate safe outcome.

The provider was agent for the finances of six residents. The arrangements in place met with Department of Social Protection guidelines. The inspector reviewed the way finances were managed and saw that all transactions were recorded on the computer system, balances were checked monthly and statements were sent to residents and families.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were assured from their discussions with eight residents, the person in charge and a review of residents' records that residents and their families were kept informed of the situation in the centre during the recent COVID-19 outbreak. Residents confirmed that they were told about the COVID-19 test procedure and the results. Residents who tested positive for COVID-19 were reassured and the associated changes to how their care was delivered and the infection prevention and control procedures that had to be followed were explained to them. Residents were aware of the rationale for the ongoing measures put in place to keep them safe including social distancing in the communal areas, hand hygiene measures, respiratory etiquette and increased monitoring of their vital signs. Residents told inspectors that these measures reassured them greatly and felt their safety was a priority for staff. One resident commented that he trusted the staff to keep them safe.

A residents' committee meeting was held on 19 June 2020 but was only attended by a small number of residents and focused on planning a fun activity week for 13 - 17 July 2020. The difficult time experienced by residents including the deaths of other residents due to COVID-19 was acknowledged. Plans were provisionally mentioned for a memorial service to remember deceased residents later in the year.

Residents in both buildings were seen by inspectors to be out and about in the gardens around the centre and spending time relaxing and enjoying activities in the

communal rooms. There was a happy atmosphere with positive engagement observed between staff and residents. Conversations were taking place about the local news, visits from families, the weather and plans for the activities during the upcoming fun week. These planned activities included a bake-off competition, an art competition to be judged by the residents, a lip sync competition and a fancy dress competition among others. During the COVID-19 outbreak, residents' group activities had ceased and residents cocooned in their bedrooms. A small number of residents with high supervision needs were cared for in communal areas and were provided with suitable activities. This arrangement ensured their continuous supervision needs and social care needs were met in a way that enhanced their quality of life. Residents' records confirmed that the social care needs of residents were met when they were confined to their bedrooms during the COVID-19 outbreak. While a small number of residents continued to prefer to spend their time in their bedrooms, a suitable and meaningful activity programme was developed for them. Most residents preferred to be out and around the centre participating in the resumed group activities, taking short walks to maintain their muscle strength and meeting with their visitors and other residents. Two residents was seen by inspectors taking their daily walk around the gardens. The return of the weekly visits of the music therapist employed by the provider was welcomed by residents. During the COVID-19 outbreak the music therapist provided a therapy session from the centre's oratory which was televised by webcam to each resident's television in their bedrooms. A local photographer visited the centre when it was possible to do so and took portrait photographs of residents which many said was a highlight at a difficult time as they were such a personal momento for them to keep or to send to their families.

Residents' privacy was respected by staff and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities.

Residents' relatives who spoke with the inspectors confirmed that they were kept informed regarding the COVID-19 outbreak in the centre and the measures put in place to care for residents and keep them safe. A help-line had been set up by the provider to provide a point of contact for families which many had found helpful.

Residents were enabled to practice their religious faiths remotely during the COVID-19 outbreak. Access to religious clergy was maintained throughout the period of the outbreak and visits by religious clergy from the different faiths took place in response to residents' requests. Although, the centre's hairdresser was not visiting residents were able to have their hair done as a staff member who is a trained hairdresser took on this role.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newbrook Nursing Home OSV-0005702

Inspection ID: MON-0029906

Date of inspection: 08/07/2020

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An upgraded keypad is being installed which will allow unrestricted daytime access to the garden area. The keypad on the Oratory door in Newbrook Lodge is being removed.</p> <p>The carpet in the church in Newbrook is being replaced.</p> <p>The sofa chair has been removed and replaced with easy clean armchairs.</p> <p>The wooden shelving has now been removed and is being replaced with suitable metal shelving. The storage arrangements in the Sluice Room in Newbrook Lodge is being reviewed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door closers will be installed on all fire doors.</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	15/09/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/09/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	15/09/2020

	procedure to be followed in the case of fire.			
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