

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Northbrook Nursing Home |
| Centre ID: | 0076 |
| Centre address: | 26 Northbrook Road |
| | Ranelagh |
| | Dublin 6 |
| Telephone number: | 01 660 1216 |
| Email address: | northbrook@firstcare.ie |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered provider: | Firstcare Ireland Northbrook Ltd. |
| Person authorised to act on behalf of the provider: | Mervyn Smyth |
| Person in charge: | Esther Keating |
| Date of inspection: | 12 February 2013 |
| Time inspection took place: | Start: 09:00 hrs Completion: 17:30 hrs |
| Lead inspector: | Gary Kiernan |
| Support inspector(s): | N/A |
| Type of inspection | <input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced |
| Number of residents on the date of inspection: | 22 |
| Number of vacancies on the date of inspection: | 1 |

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

| | |
|--|-------------------------------------|
| Outcome 1: Statement of Purpose | <input checked="" type="checkbox"/> |
| Outcome 2: Contract for the Provision of Services | <input checked="" type="checkbox"/> |
| Outcome 3: Suitable Person in Charge | <input checked="" type="checkbox"/> |
| Outcome 4: Records and documentation to be kept at a designated centres | <input type="checkbox"/> |
| Outcome 5: Absence of the person in charge | <input type="checkbox"/> |
| Outcome 6: Safeguarding and Safety | <input checked="" type="checkbox"/> |
| Outcome 7: Health and Safety and Risk Management | <input checked="" type="checkbox"/> |
| Outcome 8: Medication Management | <input checked="" type="checkbox"/> |
| Outcome 9: Notification of Incidents | <input type="checkbox"/> |
| Outcome 10: Reviewing and improving the quality and safety of care | <input type="checkbox"/> |
| Outcome 11: Health and Social Care Needs | <input checked="" type="checkbox"/> |
| Outcome 12: Safe and Suitable Premises | <input type="checkbox"/> |
| Outcome 13: Complaints procedures | <input type="checkbox"/> |
| Outcome 14: End of Life Care | <input checked="" type="checkbox"/> |
| Outcome 15: Food and Nutrition | <input type="checkbox"/> |
| Outcome 16: Residents' Rights, Dignity and Consultation | <input checked="" type="checkbox"/> |
| Outcome 17: Residents' clothing and personal property and possessions | <input type="checkbox"/> |
| Outcome 18: Suitable Staffing | <input checked="" type="checkbox"/> |

This monitoring inspection was unannounced and took place over one day. As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Residents' healthcare needs appeared to be met. However, some improvement was required in the management of nutrition and improvements were also required in the area of medication management.

While procedures were in place to promote the health and safety of residents and staff, not all areas of risk in the centre had been risk assessed in accordance with the centre's risk management policy.

The inspector found a good level of staffing and skill mix. Staff had attended all mandatory training and a broad range of additional training was also provided on an ongoing basis. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The person in charge had maintained good links with outside organisations and good community links were maintained.

Procedures were in place to ensure all staff were trained in the detection and prevention of elder abuse and to ensure residents were protected from harm.

These issues are further discussed in the body of the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1
There is a written statement of purpose that accurately describes the service 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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Inspection findings

The statement of purpose had been drafted in line with the requirements of the Regulations. It had been reviewed and updated in January 2013 to reflect recent changes in the management structure. The inspector read the statement of purpose which set out the facilities provided and the intended aims, objectives and ethos of the centre.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Inspection findings

Contracts of care were not in line with the Regulations and required some improvement.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The contracts stated the monthly fee and described the services which were covered by the monthly fee and which the resident could expect to receive. The contracts also described those services which incurred additional fees. However, these additional fees were not included in the contracts.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a strong knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated good organisational skills. She was very knowledgeable about the residents in her care and their individual care needs. Residents, relatives and staff spoke highly of the person in charge and the inspector noted she was a strong presence in the centre.

She was supported in her role by a clinical nurse manager (CNM) who deputised in the absence of the person in charge. The person in charge held a diploma in gerontology and had maintained her professional development through attending short courses such as wound care, catheterisation and medication management. Since the previous inspection she had completed a diploma course in dementia studies and was also in the process of completing a certificate course in leadership and management.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed.

A policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and all staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures and their responsibilities as described in the policy. All residents spoken to said that they felt safe and secure in the centre. The training records showed that all staff received training on identifying and responding to elder abuse.

The inspector reviewed the systems in place for safe guarding residents' money. The majority of residents managed their own finances. The centre was responsible for safekeeping money and valuables for a small number of residents. A locked, safe was provided for this purpose and it was accessible to the person in charge and the administrator. Documentation was in place to monitor and record all transactions. The inspector checked a number of the balances and found them to be in order.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Procedures were in place to promote the health and safety of residents. However, some improvements were required to ensure that all hazards were identified and controlled.

The inspector saw that a health and safety statement had been developed for the centre and was displayed. There was a risk register in place which covered both clinical and environmental risks and this register had been kept under review. The person in charge had received training in health and safety. She was carrying out risk assessments and was updating the risk register as new hazards were identified. However, the inspector noted that some areas of risk, such as the use of the stair lift and the risk of needle-stick injury had not been assessed and had not been included in the risk register.

A new risk management policy had been developed for centre and was dated December 2012. The inspector noted that the policy addressed the risks identified in the Regulations such as self harm and violence.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. The inspector saw that there was a low rate of falls and where they did occur the person in charge was reviewing and signing off on these records. The person in charge was also conducting a monthly health and safety audit. The inspector read the records of the monthly health and safety meetings which were held following these audits and saw that analysis and trending of accidents and incidents was carried out.

The centre had an emergency plan in place which was comprehensive and provided information to guide staff on the procedures to follow in the event of an emergency. It had been recently updated and provided information on alternative accommodation.

The inspector reviewed the fire safety procedures and found that there were good systems in place. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. There was also a documented, in-house, daily check of all escape routes. An up-to-date record of each individual resident's assistance requirements in the event of an evacuation was maintained. There was a training matrix in place which the person in charge said she used to ensure that staff attended annual fire safety training. The inspector saw that all staff had attended training in fire prevention and response. All staff spoken to were able to describe the correct procedure to follow in the event of the fire alarm going off. An external fire safety consultant was providing fire safety training to a number of staff on the day of inspection.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The provider and person in charge had put in place adequate controls to monitor all visitors to the building. A visitors' book was maintained and completed daily. Access and egress from the building was controlled by means of a door with a key code panel. CCTV cameras were used to monitor the entrance to the building and internal hallways. A large sign was displayed to inform all that these cameras were in operation.

The inspector saw that staff had up-to-date training in moving and handling. Residents' moving and handling requirements were risk assessed and nursing and care staff had access to a manual handling instruction chart for each resident which was displayed in a discrete location in the residents' bedrooms.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that policies and processes were in place for the safe management of medication. However, some improvements were required to ensure all residents' medications were routinely reviewed by the general practitioner (GP).

The inspector reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing GP. Where a medication was intended to be crushed the GP indicated this beside each individual medication. In some instances the nursing staff were transcribing medication on to the prescription sheet. However, the inspector noted that not all transcribed medications were consistently accompanied by a second witnessing signature in accordance with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) medication guidelines.

There was a system in place to ensure resident's medications were reviewed on a three monthly basis by the GP in consultation with the pharmacist and nursing staff. However, the inspector noted that this system was not consistently followed in a number of cases. In one case medication was not reviewed in over five months. Medication management practices were the subject of monthly audits carried out by the person in charge. Regular audits were also carried out by the pharmacy. The results of recent audits showed a high level of compliance with the centre's policy on medication management.

The inspector observed and discussed medication management practices with the nurse on duty. Each medication administered was recorded and signed and the nurse was knowledgeable with regard to the procedure to follow if a resident refused prescribed medications. Records showed that nursing staff received regular training in medication management. A comprehensive policy was in place which guided staff on all aspects of medication management including the administration of "as required" (PRN) medication.

A locked medication fridge was provided and the temperature was monitored and recorded daily. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The inspector noted that a small number of medication errors were recorded. These incidents were recorded in detail and the GP was informed where appropriate. Follow-up action was taken and there was documented evidence of prompt learning and review for all nursing staff following these incidents.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

There were no medications that required strict control measures (MDAs) at the time of inspection. The inspector noted that the nursing staff were knowledgeable about how to handle these medications should a resident require them. In accordance with professional guidelines there was a register of controlled medications which was to be filled out at the time of administration and change of each shift. A locked, secure cabinet was also available for the storage of controlled medications should they be prescribed for a resident.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

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

Inspection findings

The inspector found that residents' healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, some ongoing improvements were required in the management of nutrition.

Residents had good access to GP services and out-of-hours medical cover was provided. A broad range of other services was available on referral including speech and language therapy (SALT), dietetic services and psychiatry of old age. Chiropody, optical and dental services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

In general a good standard of care planning was observed. The inspector noted that person-centred care plans had been developed and reflected the assessed individual needs of the residents. The inspector reviewed a sample of residents' files. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for residents. Risk assessments, which included falls, nutrition, skin integrity and continence were comprehensively completed and were subject to regular review. The previous inspection found that there was inadequate resident and/or next of kin involvement in the development of care plans. However, the inspector found that this matter had now been addressed and the involvement of residents and relatives in the care planning process was clearly documented.

Some good practice was noted in the area of nutritional management. However, improvement was needed to ensure that the centre's policy on nutrition was adhered to. Resident's weights were monitored monthly and monthly nutritional risk assessments were also carried out. The person in charge had a system in place to monitor any resident who was identified as being at risk of poor nutrition. However, the inspector reviewed the records of one resident who had lost a significant amount of weight and found that weekly weight monitoring was not initiated and advice from the dietician had not been sought in accordance with the centre's policy. There was conflicting information in the care plan regarding the resident's ability to swallow. A decision had been taken to modify the consistency of this resident's food but there was no evidence that professional advice had been sought to guide this decision. As a result the resident's care plan lacked clear detail on how to address this matter. The inspector noted that the resident was being reviewed by the GP in relation to weight loss and further medical investigations were planned. The nurse on duty described how she assisted and encouraged the resident at each mealtime in order to maximise nutritional intake. The inspector observed the resident being sensitively assisted during the main meal.

The inspector found evidence of good practice in relation to the management of behaviours that challenged. The person in charge stated that a small number of residents sometimes exhibited these behaviours. There was a policy on managing behaviour that challenged which provided guidance to staff. The records showed that staff had received training in this area and staff were very knowledgeable about caring for these residents. The inspector saw staff using de-escalation techniques

and diversionary techniques such as singing to sensitively meet the needs of the residents. A calm and content atmosphere was evident on the day of inspection. Staff also explained how they brought a number of residents for regular walks in order to improve their sense of well being. Behaviour monitoring charts were in use and this information was used to inform the care planning process. There was good access to psychiatry of old age services for those residents who required this.

Good practice in relation to falls management was noted. Falls assessments were in place for all residents and were regularly reviewed. The inspector saw that following a fall, a falls diary was completed and the care plan was updated. Neurological observations were carried in the event of any un-witnessed fall or possible injury to the head. The inspector read the care plans of residents who had fallen and observed that they were detailed and person centred. Residents at a high risk of falls had been provided with a range of interventions to reduce this risk of injury and these included low beds, suitable foot wear and bed alarms where appropriate.

The previous inspection found that improvements were required in the area of wound management. This area had been addressed. The inspector read a care plan of a resident who had a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wound. Records showed that the wound was being managed in accordance with this plan. The person in charge stated that she could access the services of a tissue viability nurse (TVN). The inspector saw that this advice had been sought and recommendations were followed. Training had also been provided to staff in this area.

Approximately 50% of residents were using bedrails. Risk assessments were carried out and there was recorded evidence of resident and multi-disciplinary consultation in the decision to use bedrails. Alternatives were also considered and this was clearly documented. A small number of residents were also using specialised chairs and this restraint assessment process, including consultation had also been carried out in order to determine their suitability for the residents. There was a policy in place to guide practice in this area and the inspector noted that it was in the process of being reviewed and updated.

Residents were seen enjoying various activities during the inspection. An activity coordinator was employed and she was assisted by other staff members to provide a range of interesting things for residents to do. Activities included singing, exercise classes, pet therapy and Sonas (a therapeutic technique for residents with communication difficulties). Social assessments were carried out with all residents and care plans for social interaction had been drawn up. Residents stated they were satisfied with the range of activities available. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A range of one-on-one activities were provided for residents who did not wish to participate in the group setting.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 14

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence of good practice in this area. There was a comprehensive policy on end-of-life care which was centre-specific. One resident was receiving end-of-life care at the time of inspection. The inspector saw that this resident had been referred for palliative management and the person in charge stated that the provider had strong links with the local hospice service. There was a care plan in place and evidence of consultation with the GP and next of kin. The care plan outlined the spiritual needs of the resident. The person in charge had consulted with the family and other residents in order to provide this resident with more privacy at this time.

The records showed that a number of staff had received training in this area. The person in charge stated that residents at this stage of life had regular access to a priest or other religious ministers as required. The person in charge stated that relatives who wished to stay over-night were facilitated in one of the lounge areas.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that resident's privacy and dignity was respected and residents were consulted in the operation of the centre.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents could attend weekly mass in the centre every Thursday and the person in charge also organised additional masses during Christmas and Easter. Eucharistic ministers also visited. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs and ministers from other faiths also visited the centre.

Strong links were maintained with the local community. Children from a local nursery school visited regularly. Transition year students and third level students also attended the centre. The person in charge also encouraged neighbours to visit and members of a neighbouring religious order were frequent visitors.

The person in charge stated that residents did not currently wish to take part in a residents' committee. In lieu of this she had organised biannual resident and relative meetings. The inspector saw that minutes were recorded for these meetings. The person in charge stated that she met with residents and relatives informally on a daily basis in order to ascertain their feedback. Relatives also stated that there was good communication between staff and families. The person in charge stated she was organising for an advocacy service to visit the centre. The inspector saw that the person in charge had signed an agreement with an external agency representing older persons in order to establish this service.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found evidence of good practice in relation to staffing and recruitment. The above action from the previous inspection related to written agreements and Garda Síochána vetting for volunteers. The inspector reviewed the documentation in place for volunteers and found that the requirements of the Regulations were being met.

The staffing levels and skill mix were adequate to meet the needs of the residents on the day of inspection. One nurse and three healthcare assistants were providing care to 22 residents on the day of inspection. Since the previous inspection an additional nurse had been rostered in order to provide additional nursing cover on Saturday and Sunday when the person in charge was not present. Twenty-four hour nursing care was provided. Staff and relatives stated there were adequate numbers of staff on duty and the inspector noted that call bells were promptly answered.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. There were plans in place to provide intensive, four-day, dementia training to all clinical and non clinical staff in the centre. Some staff members had already commenced this training. The records showed that a wide range of training had been provided since the last inspection and this included wound care, palliative management, behaviours that challenge and cardio pulmonary resuscitation (CPR) training.

Closing the visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, person in charge and staff during the inspection.

Report compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

14 February 2013

Action Plan

Provider's response to inspection report *

| | |
|---------------------|-------------------------|
| Centre Name: | Northbrook Nursing Home |
| Centre ID: | 0076 |
| Date of inspection: | 12 February 2013 |
| Date of response: | 01.03.13 |

Requirements

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

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

Contracts of care did not detail the fees to be charged to residents.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 1: Information

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

| Standard 7: Contract/Statement of Terms and Conditions | |
|---|------------|
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Contracts will be amended to reflect the billable extras. | 01/04/2013 |

Theme: Safe care and support

Outcome 7: Health and safety and risk management

| <p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Risk assessments were not completed for some areas of risk in the centre.</p> | |
|---|------------|
| <p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p> | |
| <p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: FirstCare has a comprehensive Risk Management Policy which includes a Needlestick Injury Policy and Standard Operational Procedures relating to same. FirstCare acknowledges that a risk assessments pertaining to the chair lift was not in place and will rectify that situation. We have appointed an independent assessor within FirstCare to work with the Home Manager on the re- assessment of all risks in the Home from a fresh perspective. | 30/04/2014 |

Outcome 8: Medication management

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

Practice in relation to transcribed medication required improvement.

All residents' medication where not subject to timely review by the GP.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines

Standard 14: Medication Management

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

Timescale:

Provider's response:

The Medication Management policy has recently been reviewed and updated and implementation was in process at the time of inspection. All nursing staff have now received training on the changes contained in the policies and procedures. The Home Manager has conducted an audit of the 3 monthly medication reviews and all residents are up to date. We will ensure best practice continues by putting a process of monthly audit in place which will follow on from this initial audit that was conducted.

Completed

Outcome 11: Health and social care needs

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

The management of nutrition required improvement.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Facilitate all appropriate healthcare and support each resident on an individual basis to achieve and enjoy the best possible health.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Regulation 9: Health Care
 Regulation 25: Medical Records
 Standard 3: Consent
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan
 Standard 13: Healthcare
 Standard 15: Medication Monitoring and Review
 Standard 17: Autonomy and Independence

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

Provider's response:

As identified by the Inspector FirstCare has a policy on Nutrition and we acknowledge that for the resident in question we were not compliant with our policy. The care plan has been updated to reflect the particular needs of the resident and all appropriate actions have been taken. The careplan was devised in liaison with the resident and their relative. A dietician assessment has been planned. Retraining of staff on the FirstCare policy has taken place and additional inhouse nutrition training planned.

End of March 2013

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| Any comments the provider may wish to make¹: |
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Provider's response:

We would like to thank the inspector for the respectful manner afforded to the residents, families, staff and management in Northbrook House throughout the inspection. We would also like to take this opportunity to sincerely thank all the residents and families who took part in the inspection on the day. We are pleased with the finding of the inspection and will continue to strive to ensure the consistent delivery of high standards of holistic care to our residents. Finally, we wish to acknowledge the contribution of all the staff to the inspection process.

Provider's name: Mervyn Smith

Date: 01.03.13

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