Health Information and Quality Authority
Social Services Inspectorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Newbrook Nursing Home
Centre ID:	0074
Centre address:	Ballymahon Road Mullingar Co. Westmeath
Telephone number:	044-9342211
Email address:	adminnb1@newbrooknursing.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Newbrook Nursing Home Ltd.
Person authorised to act on behalf of the provider:	Phil Darcy
Person in charge:	Bridin Gettings
Date of inspection:	2 and 3 October 2012
Time inspection took place:	**Day 1 Start:** 11:00 hrs **Completion:** 18:20 hrs **Day 2 Start:** 09:05 hrs **Completion:** 14:50 hrs
Lead inspector:	Geraldine Jolley
Support inspector:	N/A
Purpose of this inspection visit:	☐ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☐ following an application to vary conditions ☐ following a notification ☐ following information received
Type of inspection	☐ **announced** ☒ **unannounced**

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 Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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 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 9 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	☒
Outcome 2: Contract for the Provision of Services	☐
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centre	☐
Outcome 5: Absence of the person in charge	☐
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☐
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☐
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☐
Outcome 15: Food and Nutrition	☐
Outcome 16: Residents' Rights, Dignity and Consultation	☐
Outcome 17: Residents' clothing and personal property and possessions	☐
Outcome 18: Suitable Staffing	☒

This monitoring inspection was unannounced and took place over two days. It was the sixth inspection conducted by the Authority. The inspector talked to residents, the nurse in charge and members of staff during the inspection. The delivery of care and documentation including care records, accident and incident reports, policies and procedures, complaints records and staff files were reviewed.

Overall, the inspector found that the provider, person in charge and staff team had worked hard to improve the quality and safety of care that residents received since the last inspection conducted in March and April 2012. At that time there had been significant concerns about staffing levels and skill mix, the availability of training for

staff and medication management practices and these concerns had led the inspectors to issue an immediate action letter requiring improvement in this areas. The provider and person in charge had responded promptly and had taken measures to address the areas of concern. Staffing levels during the day and night had been increased, a more wide ranging training programme had been provided for staff and better systems for supervising and reviewing practice had been put in place. These improvements had a positive impact according to staff who told the inspector that they had been able to review and update care records, introduce a new medication management system and ensure that staff were able to attend scheduled training.

The inspector reviewed a sample of care records and found that evidence based assessments were used to inform care plans and that these documents were updated within the required three month intervals. Care plans provided a good overview of residents care needs and areas such as communication problems and specialist care needs such as challenging behaviour were outlined in a manner that conveyed the extent of the difficulty and the actions staff should take to address the problem. Care practice was generally documented well in care records although the inspector found that the daily records maintained by nursing staff focused mainly on the medical and physical care provided and did not fully reflect the range of interventions carried out during the day to support residents well being and comfort. For example, there were few reflections on how residents had spent their day, the activities they had taken part in or if they had visitors or engaged in other social contacts. The inspector found that residents had access to general practitioner (GP) services and that allied health professionals were engaged to review and advise on treatment options where residents had specialist care needs.

The centre provides care to residents who have a wide range of care needs including mental health problems and dementia. Information provided to the inspector indicated that half the resident group had problems related to confusion or dementia and the majority of residents had complex medical problems with three or more active medical conditions in receipt of treatment. Seven residents were assessed as presenting with behaviour that was challenging which varied from being resistant to staff approaches when care was being delivered, agitation and severe anxiety. Almost 60% of residents were in the high to maximum dependency categories and 70% were over the age of 80.

The inspector found that there were assessments that outlined the extent of memory problems and cognitive difficulties. Staff conveyed good knowledge of where residents needed additional assistance because of this or because of challenging behaviour however care plans did not convey adequate details on the specialist care needs of residents with dementia. For example, there were few reflections on residents residual abilities, what memory capacity was still evident or if they recognised family, friends and staff. The training record indicated that while two staff had training in dementia care and other staff had attended short courses on aspects of dementia. The inspector concluded that due to the prevalence of dementia care needs that the centre needed to have more specialist expertise in this area to ensure that residents received high quality evidence based care and were enabled to maintain their maximum level of functioning.

The inspector observed staff providing care to residents in a respectful and positive manner. Interactions between residents and staff were relaxed with staff taking time to talk and chat to residents when providing personal care and when spending time with them in the communal areas. The inspector noted that there was a good level of observation for residents that were very frail.

Daily routines and care practices provided residents with opportunities to exercise control and choice over how they spent their time. The inspector found that residents' views had a high priority and two residents told the inspector that staff respected their choices by enabling them to get up when they wished and to have their meals in their rooms if they did not feel like going to the dining rooms. One resident told the inspector that staff had helped her prepare to go out with relatives when they visited from abroad. Residents could practice their religious beliefs, were enabled to see clergy and there was an oratory area where residents could spend time quietly and attend religious services. There was a varied menu and residents told inspectors there were choices for lunch and at evening meals.

There were aspects of the service that were found to need improvement. An inspection of the premises found that there were parts of the building particularly communal areas that felt cool despite additional radiators and more appropriate furniture was required in the church view sitting room to enable residents to sit in this room in comfort and safety. Paintwork in several areas needed to be refreshed as it was damaged. Other areas identified for improvement included an amendment of the medication procedure to reflect current arrangements for critical medications, more rigorous detail in the daily records maintained by nurses to ensure that these records provide an adequate nursing record of the persons health and condition and treatment given and the need to review incidents that resulted in injuries to residents such as skin tears to ensure that moving and handling techniques were appropriate and that care is provided in a manner that prevents adverse incidents.

The inspector reviewed progress on the action plan from the last inspection where 14 areas had been outlined for attention. There were six actions fully complete and eight partially complete actions are repeated in this report for further attention and reflect the areas for improvement outlined above.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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: Governance, Leadership 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 that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the statement of purpose and found that it described the services and facilities provided in the centre and that the information was in accordance with Schedule 1 of the Regulations.

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

Outstanding action 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:

The inspector did not review contracts of care during this inspection. The action plan response to the last inspection indicated that contracts of care were being updated.

The inspector has requested in the action plan of this report that the provider confirms that residents have been issued with revised contracts that outline the fees and any additional costs to be charged.

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge, Denise Hilton was on holiday and her deputy Bridin Gettings, the clinical nurse manager was on duty and in charge. She had taken up post on 01 August 2012 and was the nominated nurse to take responsibility for the centre in the absence of the person in charge. The appropriate notification had been sent to the Authority.

Bridin was able to give a good account of her responsibilities when in charge of the service. She is a qualified nurse in the area of learning disability and said that her experience included caring for older people with disabilities. She described the care needs of the resident group well and was familiar with the needs of residents who were vulnerable to falls, pressure area care problems and challenging behaviour. She said that she worked alongside nursing and care staff daily and was made aware of change in care needs as they arose.

Bridin provided information and documents to the inspector in a timely manner. She said that the staff team were well supported by the centre's administrator who helped with the organisation and maintenance of records required by legislation. She could describe the legal responsibilities of the person in charge in relation to notifications, the provision of adequate staff to meet the needs of the service and for the provision of education of education and training to equip staff for their roles. The inspector concluded that Bridin was competent to take charge of the service based on the documentation provided to the Authority, her skills and experience and the competence she displayed in her nursing role during the inspection.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

Outstanding action required from previous inspection:

Ensure that the range of policies, procedures and guidelines available in the centre have been updated to reflect the provisions of Schedule 5 of the Health Act (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009.

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Outstanding action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Staffing Records

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☐ Improvements required * ☒

The daily notes completed by nurses described progress in relation to physical health care needs well however the records did not reflect the generally good standard of assessment and care planning and did not give a clear picture of the range of care delivered over the 24 hour period. This is discussed further in outcome 11.

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

The inspector did not examine all the required records. The directory of residents, staff records, insurance documentation and risk management documents were reviewed. Procedures in relation to risk are discussed under outcome 7 of this report and staff recruitment is discussed under outcome 18.

The action in relation to the directory of residents was addressed. The directory was reviewed and found to contain all the required information. The date time and cause of death was recorded for residents who had died in the centre over the past three months.

The inspector reviewed the insurance documentation and found that it was valid until June 2013. The registration certificate was prominently displayed in the reception area.

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

Outstanding action required from previous inspection:

The provider was required to put in place a policy on and procedures for the prevention, detection and response to abuse.

Inspection findings

This action was complete.

The policy and procedure to guide staff on the prevention, detection and response to abuse had been updated in June 2012 and it included the measures to be taken should an allegation of abuse be made about any employee in the organisation including senior staff.

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. All staff had received training on identifying and responding to elder abuse and this was confirmed by the training record. The inspector found during discussions with staff that they were able to describe the prevention of elder abuse policy, explain the different categories of abuse and state what they would do if they suspected abuse. They were also aware of measures to prevent abuse and described being vigilant, having sufficient staff on duty and staff training as preventative factors.

There were five allegations of abuse notified to the Authority during 2012. Four of these occurred in January and February prior to the last inspection. There was one more recent incident reported in August. The inspector found that these matters had been investigated in accordance with the centre's policy. The investigations had been comprehensive and where areas were identified for improvement remedial action had been taken. The inspector noted that in three cases this had required staff to be retrained and supervised for a period of time.

Residents' finances were found to be managed appropriately. The centre managed small amounts of money for approximately half the resident group. There was a separate account for each resident's money, all expenditure was identified and a summary account was sent to relatives each month. There were specific arrangements for residents who were Wards of Court. The inspector was told that their affairs were managed by administrative staff at the organisation's head office. Staff could describe the procedure to follow if a resident who was a Ward of Court needed to access money.

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

Outstanding actions required from previous inspection:

The risk management policy did not include the identification and assessment of all risks throughout the designated centre and the precautions in place to control the risks identified. The provider was required to:

- put in place written operational policies and procedures relating to the health and safety and food safety, of residents, staff and visitors
- Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Inspection findings

This action was partially complete.

The safety statement and associated risk assessments which were not centre specific when examined during the last inspection were found to reflect more accurately the present safety arrangements and risk assessments for the centre.

A risk register format was used to identify risks and hazards and control measures to modify or eliminate the risk were described. Among the areas identified were risks during the operation of equipment, infection control hazards and interior and exterior premises risks. The management of infection had been an area identified for improvement in the immediate action letter issued by inspectors in March 2012. The inspector found that the improvements made to address the deficits found during the March inspection had been sustained. The measures in place to control the spread of infection included the provision of adequate supplies of personal protective equipment, training for staff in best practice standards, appropriate vigilance so that soap dispensers and alcohol gels were replenished regularly and the availability of policies and procedures on the more regularly encountered infections such as norovirus, influenza, clostridium difficile (c diff) and Methicillin resistant Staphylococcus Aureus (MRSA). There were two residents with MRSA infection. The inspector noted that staff providing care to residents who had infections were diligent about hand washing. Household staff could to describe the safety arrangements that underpinned their work. They said that they were informed by nurses when residents had infectious illness and could describe good infection control practice such as using personal protective equipment, disposing of it after individual use and ensuring high levels of cleanliness.

The environment was noted to be clean and there were appropriate arrangements for the management of household and clinical waste.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. There was an arrangement in place for rehearsing a missing person drill and the most recent drill had taken place on 20 August 2012. This was described by staff as helpful in guiding their actions in such a situation. Personal profiles had been completed for all residents. These were noted to describe residents dependency needs and use of any equipment. Residents at risk if they left the building were known to staff who told the inspector they were vigilant about knowing their whereabouts. There was a visitor's record in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was strategically located by the reception desk and system was noted to work well with persons entering and leaving the building stopping to sign in and out. The centre was further protected by key codes on doors and closed circuit television cameras at entrance and exit points and on hallways.

There were arrangements in place for recording and investigating incidents and accidents. An accident record outlining all falls and injuries sustained by residents was maintained. There was a system to ensure learning for all staff from accidents according to the clinical nurse manager who said that incidents were used to identify residents at particular risk and measures that could protect them. The inspector

reviewed the notifications that had been sent to the Authority. In the last 3 months there had been 10 notifications. Two related to pressure area problems, one was a scratch type injury, two outlined venous ulcers, three described falls where no injury was evident and two related to skin tears one that had been sustained during a moving and handling manoeuvre and another during an episode of challenging behaviour. While these episodes were documented well with good details of the events and treatment provided the inspector was concerned about the events that resulted in skin tears and in the development of pressure area problems. One pressure area wound arose following the move of a resident from one room to another. Staff later established that the specialist mattress that had been in use had not been moved to the new room. This error could have been a contributory factor and was a learning situation for staff to avoid future incidents. One skin tear arose during a transfer from a wheelchair and while the resident was identified as having very fragile skin the inspector concluded that both these incidents conveyed that staff needed ongoing supervision and guidance while undertaking their duties to ensure that avoidable errors that caused harm to residents did not occur. The inspector noted that while some residents were identified as vulnerable to falls and measures were in place to control this risk that this aspect of risk management was not included in the risk register.

The inspector found that there were systems in place to ensure that fire safety arrangements provided appropriate safeguards for staff, residents and visitors. There were smoke detectors located in bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector viewed contracts for the servicing of fire alarms and fire fighting equipment. These were serviced on a contract basis. There were recorded weekly checks of the fire alert system and emergency lighting. Fire alert equipment was serviced on a contract basis and this was last noted to have been done on 30 June 2012. The fire extinguishers were serviced annually and were last serviced on 1 November 2011. Fire doors and fire exits were checked every day to ensure that they were unobstructed and operational. These checks were recorded. When walking around the building the inspector observed that fire exits were clear and unobstructed.

The inspector viewed records of fire drills and fire training which took place on an announced and unannounced basis. Fire drills were noted to have taken place every month from April to June with over 14 staff attending each time. A record describing staff response and actions taken was completed. A fire drill undertaken in August had included the evacuation of some residents using wheelchairs and evacuation sheets. The exercise had been completed in five minutes and confirmed that staff knew the fire procedures according to the record. Unplanned activations of the fire alarm and the responses of staff were also recorded.

The training record verified that all staff were trained in the moving and handling of residents. Assistive equipment including specialist beds and wheelchairs was noted to have been serviced on 14 February 2012. Maintenance staff were employed to address day to day repairs and general upkeep of the building and grounds.

The inspector found during the inspection of the premises that the uneven flooring in the oratory area needed repair or replacement as it was a trip hazard. A wheelchair was noted to have damaged footplates.

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

Outstanding action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies in accordance with current regulations, guidelines and legislation in relation to prescribing and administration of warfarin in the centre and ensure staff are familiar with such procedures and policies.

Inspection findings

This action was partially met.

The revised arrangements for medication management which were in progress at the time of the last inspection had been put in place. Each resident now has their own medication supply in its original packaging stored in a locked cabinet in their rooms. Nurses dispensed medication and signed the medication administration chart in each room. The inspector was told by nurses that they liked the new system as they felt it reduced the margin for error and contributed to their efforts to promote person centred care. The inspector observed nurses during the medication rounds and found that medication was administered in accordance with good practice standards and professional guidelines. Medication was supplied by a local pharmacist who was active in the centre and provided guidance and training for staff on aspects of medication management and related care topics.

There was a policy and procedure that outlined the arrangements for the management and administration of medication. This included the policy on the management of "as required" PRN medication and the arrangements for the disposal of medication. New arrangements had been put in place to ensure the procedures for the administration of critical medication such as warfarin were in accordance with good practice. There had been a problem obtaining blood tests and results in a timely manner so that the appropriate warfarin dose could be prescribed. To address this nursing staff now obtained the blood samples and sent them to the clinic with the residents' warfarin record. This is updated by the doctor and collected by nursing staff so that prescriptions can be processed in a timely manner. All changes are notified to the resident's doctor. Nurses reported that the new system was working well and had rectified the problems.

Controlled drugs were secured in a locked cabinet. The inspector viewed the controlled drugs register and the arrangements in place for the checking and storage of this medication with one of the nurses. Controlled drugs were checked by two nurses at the change of each shift to ensure all drugs were accounted for. The

quantity of the preparations checked was in accordance with the controlled drug register.

Medication was reviewed consistently every three months as required by some doctors. Others reviewed medication when there was a medical event or a change in residents' health. The clinical nurse manager and nurses said they were working towards having a more constant and comprehensive review process. Medication prescribed on an "as required" basis did not have the maximum dose to be administered over a 24 hour period identified in all the medication administration records examined.

There was a process for audit of the medication administration system. Errors were reported and highlighted for remedial action. An error recorded during September described where a resident had been prescribed a medication when she attended her doctor outside the centre but a prescription for ongoing use had not been issued and staff were unaware that this medication should have continued until they explored the residents' requests for this medication.

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 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Outstanding actions required from previous inspection:

The provider was required to establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Develop a process where audits carried out are analysed as a means of reviewing the quality of life and safety of care provided for residents in the centre at appropriate intervals.

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Inspection findings

This action was partially complete.

The inspector found that there were systems in place to review aspects of the quality and safety of care and quality of life of residents but a report as described in Regulation 35, Review of Quality and Safety of care and Quality of Life had not yet been compiled. A range of audits and reviews had been completed on aspects of the service that included medication management, the premises, fire safety, the provision of information to residents and hygiene standards. These were conducted by the person in charge and by the organisation's quality manager. There was evidence that remedial action was taken where deficits were identified. For example, where hygiene standards needed to be improved this had been brought to the attention of household staff. The introduction of good practice initiatives such as undertaking competency assessments for staff nurses had been identified for action by the person in charge in the medication audit conducted in September 2012.

Residents were consulted about the services provided at Newbrook Nursing Home and were enabled to relay their experiences of the service through questionnaires and through the monthly meetings with residents. The resident group was called the "Golden Years club" and was facilitated by the activity coordinator. These meetings gave residents an opportunity to talk about the service as they experienced it and to bring forward suggestions for improvement. The inspector was told that discussions on topics such as activities, food and general matters were discussed.

The inspector noted that questionnaires issued to residents reflected good communication practice where people were vulnerable and could have sensory or motor skill problems. The documents had been produced in a clear format, in large print with plenty of space to write their responses. Feedback from residents indicated that while many did not know they had a care plan they felt they had freedom of choice about aspects of their lives such as where to have meals and when to get up. Some residents described being unable to participate in activities and she was addressing this by introducing more one to one social time based on individual needs and by reviewing the activity schedule. Residents said that they found the call bells very useful and also said the food provided was good.

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

Outstanding actions required from previous inspection:

The provider was required to facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health in relation to the GP service.

Restraint documentation in relation to monitoring, review and assessment of restraint required review.

Inspection findings

The person in charge and provider had made arrangements for residents to have access to nursing, medical and allied health care professionals. Residents had detailed assessments based on evidence-based practice tools and had care plans in place which were updated to meet their changing needs. There was documentation in use to determine dependency levels, nutritional care, memory problems, the risk of developing pressure sores, vulnerability to falls, social care needs and their choices and preferences.

The clinical nurse manager provided a detailed account of how care was provided to residents who had wound care problems and the information supplied was in accordance with good practice guidance. There were two pressure area problems and two venous ulcers receiving attention. There were evidence based assessments in place that described vulnerability to pressure area problems such as nutritional risk, weight loss and medical factors. These assessments were noted to be reviewed at the required three month intervals and more frequently when residents' needs changed. Advice and guidance was sought from a dietician and tissue viability specialist nurse. The inspector noted that in one instance a resident was reviewed by the dietician at monthly intervals and that fluctuations in weight were highlighted for attention. Instructions for enriching the diet were being followed by staff who described dietary intake in the daily records. Wound care plans were in place with comments on the response to treatment documented following dressing changes. The inspector noted that while 15 staff had training in pressure area care and one nurse had a background in theatre care none of the staff had training in wound care. In view of the prevalence of wounds the inspector formed the view that training in wound care management should be made a priority for some nursing staff.

The clinical nurse manager told the inspector that all residents' weights were monitored routinely and that dietary and fluid intake was monitored when residents were vulnerable. A formal nutritional risk assessment – the Malnutrition Universal Screening Tool (MUST) was completed for all residents and was available in care records. Where the assessment identified a risk, the resident was highlighted for more intensive supervision including referral to the dietician. The inspector found that referrals had been made expediently and that advice provided was recorded, adhered to by staff and response to the treatment plan was recorded in the daily notes. In one instance a resident's emotional health impacted on her capacity to eat and this was identified as a factor by nurses so that it could be addressed as part of her treatment plan.

Records provided confirmation that advice and treatment from professionals such as physiotherapists and occupational therapists was available. The physiotherapist was available two days each week and reviewed residents and provided treatment plans. The occupational therapist assessed residents who needed specialist equipment and the inspector saw that their assessments and recommendations were recorded and followed up by nurses and carers. Behaviour that challenged was documented well and residents had been reviewed by the mental health team when required. The community mental health nurse reviewed residents referred to the service regularly and was in the centre during the inspection undertaking some of these reviews. Medication prescribed for mental health problems was reviewed by doctors and by the psychiatrist.

There was a policy on restraint management to guide staff practice and the inspector noted that there were ongoing efforts to reduce restraint use. During September the number of bed rails in use had been reduced from 12 to 10. Nursing staff and other professional staff such as the physiotherapist completed assessments to determine the need for restraint use and the least restrictive options were considered first. The use of low beds to protect residents at risk of falls was the preferred choice and beds of this type were gradually being introduced where required. Other restraints included wander alerts to protect three residents at risk if they left the building and two sensor alarms that were used at night to prevent falls. The person in charge had completed the Train the Trainer course in restraint management. Nineteen staff had attended this training in April and four had attended in May.

While practice in relation to restraint was generally good the inspector noted that some improvements were needed to ensure that restraint use was in accordance with good practice guidance. While all bed rails were in use to protect residents from falls according to staff there were some records that gave no indicator as to why a restraint measure was in use. This is not in accordance with best practice standards as restraint should only be used in the resident's best interest and the use of restraint should be based on a consensus professional judgement that this is the most appropriate option available when alternatives to protect the resident have proved unsuccessful. The inspector concluded that further work was needed to ensure that restraint interventions were only used when there was an identified need and when other interventions had failed to provide adequate levels of protection. The roll out of training should continue to ensure all nursing and care staff have up to date information to guide their practice when restraint measures are in use. The

inspector noted from the training record that just half of the staff group had training on restraint practice.

The daily notes completed by nurses described progress in relation to physical health care needs well however the records did not reflect the generally good standard of assessment and care planning and did not give a clear picture of the range of care delivered over the 24 hour period. For example, there were few reflections on how residents had spent their day, the activities they had taken part in or if they had visitors or engaged in other social contacts. The inspector found that there were good assessments of memory problems for residents with dementia however the daily care provided to address their specialist needs and behaviours was not documented. Assessments did not outline residents remaining abilities or their capacity to engage with others. For example, there was little information available to indicate if residents recognised family, friends or staff or if they were orientated to their environment all factors that would indicate good dementia care practice and would inform staff contacts with residents. The activity coordinator and three care staff had training in the sonas activity approach which is relevant to dementia care however these activities were time limited and confined to three days each week. There had been some training in dementia care provided for staff. The inspector noted that three staff had attended training and twenty four had attended an information session in September. The inspector concluded there was a need for the staff team to develop more specialist expertise to enable them to provide high quality dementia care particularly as 50% of residents were identified as having dementia care needs.

The inspector found that social care needs were assessed using the Pool Activity Level (PAL) and there were references to personal choices and interests in relation to activities in the care plans reviewed. There was a program of activities in place which was facilitated daily by the activity coordinator and two care staff. They had good knowledge of residents' backgrounds and had completed a document "A key to me" for all residents that described their early lives, work, interests and hobbies. The activity program included reading newspapers, discussions, poetry reading, indoor bowls and sonas sessions for residents who had dementia care problems. There were fish tanks in some communal areas and bird feeders outside windows which had been introduced to provide interest for residents. These were proving quite successful in prompting conversation and initiating activity according to the activity coordinator. She was in the process of acquiring exercise equipment such as indoor bowls and hoped to acquire funding from the "Go for Life" initiative to assist with the purchase of this equipment. A schedule of visits to residents who spend time in their rooms or who spend long periods in bed had been established and she was working hard to ensure that this was consistently maintained so that all residents had access to social activity. There was access to safe secure outdoor spaces and these areas had been cultivated with shrubs and raised beds to provide interest for residents.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Outstanding actions required from previous inspection:

The provider was required to:

- ensure the premises are of sound construction and kept in a good state of repair externally and internally
- keep all parts of the designated centre clean and suitably decorated
- maintain the equipment for use by residents or people who work at the designated centre in good working order.

Inspection findings

This action was partially met.

The centre is a purpose-built, one-storey building and is approached by a tarmac driveway. The site also accommodates Newbrook Lodge Nursing Home which is owned and managed by the same provider organisation. There is parking to the front and side of the building and a traffic management system was in place to reduce traffic speed. The external areas were noted to be in good condition.

Internally the premises were found to be clean and generally well maintained. There was a cleaning schedule in place and staff undertaking cleaning duties were observed to be thorough in their approach to cleaning residents' rooms and communal areas. Infection control guidelines were in place and were being followed by staff. Inspectors observed staff working safely and in line with best practice standards for health and safety. Trolleys were kept to one side of the hallways to enable residents and other staff to get past easily. There were two sluice rooms which were appropriately equipped with wash hand basins and storage areas for bedpans. One had a bed pan washer. There were systems in place for the repair and maintenance of the building and equipment.

There was assistive equipment such as call bells in place. Residents were familiar with the system and told the inspector it was easy to use and that staff responded to calls for assistance promptly. Hallways had handrails on both sides to assist people with mobility problems. The inspector observed residents moving freely around the building and using the varied communal areas.

The inspector found that furnishings and equipment used by residents was in a good state of repair.

The inspector identified a number of matters that required attention. These included:

- there were some areas that felt cool even with additional heaters in place. These included the activity room and the "Gate View" sitting room. Staff were aware of this deficit and said that it was due to damaged window seals which had been highlighted for remedial action

- the sitting area known as “Church View” did not have comfortable or appropriate seating for residents who might wish to sit here. There were a number of upright chairs in this room that did not provide appropriate support for residents. The inspector was told that this area was not regularly used as a sitting area and was mainly used for activities however it is in close proximity to the oratory and residents may wish to spend time here

- there were areas where tiles needed repair or replacement particularly room 22 bathroom

- the seal behind the sink in room 55 bathroom was damaged and some paintwork was damaged and redecoration was needed

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 13
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Outstanding action required from previous inspection:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Inspection findings

This action was complete.

There was a complaints procedure on display. Complaints were recorded and the inspector reviewed the record to establish how complaints were managed. There was a good outline of the matters that had prompted complaints. These included poor reception on televisions, lost items of laundry, doors banging and residents wandering in to other resident's rooms. The inspector found that the actions taken to investigate and resolve complaints were recorded and that for recent complaints there was a commentary that described if the complainant was satisfied with the way the complaint had been managed.

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

Outstanding actions required from previous inspection:

Put in place practices that facilitate and encourage each resident to communicate.

Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Inspection findings

This action was complete.

The inspector saw several examples that demonstrated that residents were facilitated and encouraged to communicate. This included good practice observed during activity sessions where a carer took time to include residents who had high levels of frailty in the poetry reading session and helped them recall poems that were familiar to them from school days. She also took time to tell residents what day it was and what activity was about to take place. There were also specific activity sessions such as sonas targeted towards residents with dementia where personal acknowledgement, sensory and music prompts were used to help their recollections and memory recall. Magazines and books including books in large print were available. Notices and information to inform residents was displayed in large print. Residents confirmed that they were treated with respect and dignity and said that they felt valued. They described staff as interested in their well being and keen to assist them. The clinical nurse manager said that she saw residents most days and encouraged them to share their views or issues of concern. The inspector observed that interactions between staff and residents were friendly and positive. During the day, residents were able to move around the centre freely and visitors were welcomed throughout the day at times that suited residents.

Residents' privacy and dignity was respected. Inspectors observed staff knocking on doors and waiting for permission to enter. Doors to bedroom areas were closed when care was in progress. The inspector noted that a complaint by a resident in relation to another residents wandering behaviour had been sensitively dealt with by placing a notice on the door that deterred the wandering behaviour.

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

Outstanding actions required from previous inspection:

The provider was required to:

- put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person
- ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre
- provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice
- supervise all staff members on an appropriate basis pertinent to their role.

Inspection findings

This action was partially complete.

Three staff records were reviewed to assess compliance with the action outlined. The inspector found that all the required Schedule 2 documentation was available. The records were noted to be well organised and information was readily accessible.

The inspector was satisfied that the numbers and skill mix of staff available during the inspection days were appropriate to meet residents' needs during the day and night. The staff available reflected the regular duty rota.

The proposed reduction in staff that was due to take effect the following week was a cause of concern as there was no information to indicate that the change was based on a review of dependency levels or residents care needs. The plan was to reduce a carer on each shift including night duty. The clinical nurse manager said that the staff reduction on night duty had been mitigated by the provision of a carer for an evening/ early night shift. This had been regarded as necessary due to the number of residents who could present with challenging behaviour, residents with dementia who sometimes became restless and the general workload associated with assisting residents and completing records during the evening period.

The inspector viewed staff training records which indicated all staff had received the required statutory training in the safe moving and handling of residents, fire safety and elder abuse. There was a comprehensive programme of training underway that included topics such as the management of nutrition and dysphagia, infection control, care planning, continence management, falls prevention, person centred care and resuscitation procedures. The service provided care to residents who had dementia care needs and there was a lack of specialist expertise to plan and deliver evidence based dementia care. The inspector concluded that such expertise should be available to ensure the delivery of quality evidence-based care.

The inspector found indicators that staff needed supervision to ensure that care practice was safe and these indicators included the need to supervise moving and handling manoeuvres to prevent injury to residents, to ensure pressure area care was appropriate to prevent pressure area problems arising and also to ensure that residents with dementia care needs were appropriately assessed and received high quality evidence based care. It is a requirement of this report that the new staffing levels are reviewed in the context of residents needs and that confirmation that the new arrangements can appropriate meet residents needs is provided the inspector. The clinical nurse manager said that her working hours are additional to the qualified nurse hours and this enables her to provide support and supervision to staff.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the clinical nurse manager and administrator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

Geraldine Jolley
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

19 October 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report *

Centre Name:	Newbrook Nursing Home
Centre ID:	0074
Date of inspection:	2 and 3 October 2012
Date of response:	31 October 2012

Requirements

These requirements set out the actions that are mandatory to meet the requirements of the Health Act 2007, 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 identify the fees to be charged in each case in relation to funding provided by the Nursing Home Support Scheme and the contribution to be paid by the resident.

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.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services 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: This action was completed prior to the inspection.	Completed

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: The daily records maintained by nursing staff did not reflect the assessment and care planning process and did not convey the range of care provided throughout the day.	
Action required: Maintain an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with any relevant professional guidelines.	
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Training has been scheduled for the staff nurses for the 6 November 2012. This will help the nurses to maintain the daily nursing records in a manner which reflects what is happening in the daily lives of the individual residents.	Completed on 6 November 2012

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: The risk management procedures in place did not include the identification and assessment of all risks throughout the designated centre. Vulnerability to falls and some environmental risks such as unsafe floor covering and damaged footplates on wheelchairs had not been identified in the risk register.
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks accidental injury to residents or staff.
Action required: Provide safe floor covering in the oratory area.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The risk register has been reviewed and updated to reflect additional identified risks and the control measures in place to mitigate those risks. The risk register will be updated as required and reviewed at clinical and monthly management meetings. The floor covering in the oratory will be re-laid so that it no longer poses a trip hazard.	 Completed 30 November 2012

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Medication was not always reviewed at three month intervals as required. Medication prescribed on an "as required" basis did not have the maximum dose to be administered in a 24 hour period identified on medication administration charts.
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: Every three months the CNM and Pharmacist review all of the prescriptions and highlight any changes that could be made. The GP is then contacted by the CNM and the proposed changes discussed. The CNM and the Pharmacist have a further consultation. The Pharmacist then prints out the prescription. In some cases the GP attends the Centre and signs the prescription. In other cases the prescriptions are brought by the CNM to the GP's surgery for signing. In all cases the GP reviews the prescriptions in collaboration with the CNM.	Completed

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

The provider is failing to comply with a regulatory requirement in the following respect: A report based on reviews of the quality of care and quality of life of residents was not available.

Action required: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.
Reference: Health Act, 2007 Regulation 35:Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A report will be prepared on the quality of care by the Practice Development Officer.	31 January 2013

Outcome 11: Health and social care needs

The provider and person in charge is failing to comply with a regulatory requirement in the following respect: The use of restraint interventions were not always supported by an identified need and the information available did not indicate that restraints were in place when other interventions had failed to provide adequate levels of protection. The roll out of training on restraint needed to continue as the training record indicated that just half of the staff group had training on restraint practice.
Action required: Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.
Action required: Provide a high standard of evidence based nursing practice and ensure that restraint measures are only put in place following assessment of residents' dependency and that the least restrictive options are tried before measures such as bedrails are put in place.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All documentation in relation to the use of restraints have been reviewed by the Multidisciplinary team and amended/updated as required. On the day of the inspection old documentation was still on file in with new documentation. Current risk assessment & consent documentation does not allow for Next of Kin or relatives to consent for restraint use. The decision to use restraints / enablers is that of the resident and / or Multidisciplinary Team	Completed

Outcome 12: Safe and suitable premises

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

There were a number of premises matters that required attention. These included:

- some parts of the building felt cool even with additional heaters in place. These included the activity room and the "Gate View" sitting room. Staff were aware of this deficit and said that it was due to damaged window seals which had been highlighted for remedial action
- the sitting area known as "Church View" did not have comfortable or appropriate seating for residents who might wish to sit here
- there were areas where tiles needed repair or replacement particularly room 22 bathroom
- the seal behind the sink and some paintwork was damaged in room 55 bathroom.

Action required:

Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

Action required:

Make suitable adaptations, and provide such support, equipment and facilities for residents, as may be required.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Significant work is in progress on the heating system which will remedy the current situation regarding the heating. The window seals have been replaced. A schedule of painting and decorating has been in place for a number of months. However to expedite the work an additional maintenance man was hired in recent weeks and works two days per week on site. The Church View Room is not a sitting area. It is used for staff meetings and sonas sessions. When sonas sessions take place appropriate seating is arranged and meets each resident's requirements. Residents use three other sitting rooms; "Gate View", "Sunshine" and "Canal View".	15 November 2012 31 January 2013 Completed

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect: Staffing levels were being reduced across all shifts and this change was scheduled to start the week following the inspection. There was no information to convey that the reduction reflected residents care needs or that the change had been risk assessed in the context of care needs and dependency levels.
Action required: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The staff levels have been reviewed by the Director of Nursing and are based upon the assessed needs of the residents. The ratio of care staff to residents is 1 to 4.5 in the morning, 1 to 5.6 in the afternoon / early evening and 2 nurses and 2 carers at night. The CNM is not included in the calculation of the direct care hours. In addition there is an activities person who works 09:30 to 17:30 seven days per week. The dependency levels of the residents are continually assessed and staff levels are discussed and reviewed at monthly management meetings.	Completed

The person in charge is failing to comply with a regulatory requirement in the following respect:
The inspector found indicators that staff needed supervision to ensure that care practice was safe and these included supervision of moving and handling manoeuvres to prevent injury to residents, to prevent pressure area problems arising and to ensure that residents with dementia care needs were appropriately assessed and received high quality evidence-based care.
Action required: Supervise all staff members on an appropriate basis pertinent to their role.
Action required: Provide staff members with access to education and training including dementia care training and wound care training to enable them to provide care in accordance with contemporary evidence-based practice.
Reference: Health Act, 2007 Regulation 17: Training and Development Standard 24: Training and Supervision

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

Provider's response: The following steps have been taken in relation to the supervision of staff: 1) The Director of Nursing spends some of her working week observing care practices. 2) The CNM is "on the floor" supervising care staff and offering guidance to them. 3) The senior carers supervise and offer support to the carers. 4) The staff nurses carry out supervision of care practices by the carers. 5) There are ongoing staff appraisals. The CNM and a staff nurse have undertaken wound care training. We have access to a tissue viability nurse who provides support and guidance to the nurses. Dementia training sessions have been scheduled for all staff members commencing in Early December 2012 and completing in January 2013.	Completed Complete by January 2013

Any comments the provider may wish to make:

Provider's response:

I would like to thank the Inspector for the professional, courteous and unobtrusive manner in which she conducted her inspection.

Provider's name: Phil Darcy on behalf of Newbrook Nursing Home Ltd
Date: 9 November 2012