

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Centre address:	Ballymahon Road, Mullingar, Westmeath.
Telephone number:	044 939 7520
Email address:	adminnb2@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 May 2016 09:30 To: 25 May 2016 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. All actions from the last inspection of the centre in November 2014 were satisfactorily completed. Following refurbishment works, to create two additional bedrooms (one single and one twin bedroom) the provider applied to HIQA in March 2016 to increase the number of residents accommodated in the centre from 52 to 55 places. The inspectors found that the two rooms were fully fitted and met their stated purpose and the requirements of the Regulations and Standards. Inspectors confirmed that there was adequate communal accommodation and staffing resources to meet the needs of three additional residents.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance

was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents' accommodation in the centre was provided over two floors. Residents with dementia integrated with the other residents in the centre. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. Inspectors found the provider, management team and staff were committed to providing a quality service for residents with dementia. This commitment was clearly demonstrated in work done to date to optimize the physical and mental health and quality of life for residents with dementia living in the centre.

Inspectors met with residents and staff members during the inspection. They tracked the journey of four residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the relevant policies including those submitted prior to inspection.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and using methods of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live independent lives. Some improvements were required to ensure clarity around care plan interventions, including utilizing actions stated to de-escalate behaviour that challenges. Some 'end of life' care plans including information in advanced care directives did not consistently provide staff with up -to-date information regarding residents wishes.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There was a total of 51 residents in the centre on the day of this inspection; 25 residents had assessed maximum dependency needs, nine had high dependency needs and 12 residents had medium and five residents had assessed low dependency needs. 17 residents had a formal diagnosis of dementia and a further 13 residents had symptoms of dementia.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans were developed based on assessments of need and in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans, which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had a choice of GP. The documentation and residents spoken with confirmed timely access to GP care. Many residents were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents also had good access to allied healthcare professionals including physiotherapy on a weekly basis by a physiotherapist employed by the provider. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were also available to residents. There was evidence of promotion of residents' positive health and wellbeing with regular physiotherapy in optimising safe mobility and an annual influenza vaccination programme. Residents in the centre had access to mental health of later life and palliative care services.

Inspectors focused on the experience of residents with dementia. They tracked the

journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end-of-life care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge or senior nurse visited prospective residents in hospital or their home in the community prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the service provided before making a decision to live in the centre. This gave the resident and their family information about the centre and also ensured them the service could adequately meet the needs of the resident.

A copy of the Common Summary Assessments (CSARs), which details the assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme, were kept in some residents' files. This information was available for residents admitted from the hospital setting. Residents' files also held their hospital discharge documentation on their admission to the centre including a medical summary letter, multidisciplinary assessment details and a nursing assessment. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included in transfer documentation. The centre's practice development co-ordinator discussed her progress to date with developing a communication passport for each resident that would include details of preferences, dislikes and strategies to prevent or to support residents with behaviour that challenges.

Residents' documentation was managed by means of a computerised data management system that was password protected to ensure residents' personal information was secure. Residents had a comprehensive nursing assessment completed within 48 hours of admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive impairment and skin integrity. A care plan was developed to inform each resident's care needs. Although care plans contained appropriate information to guide care of residents, some improvements were required to ensure residents' care needs and the interventions to be taken by staff were clearly stated. Care plans were updated routinely on a four-monthly basis or to reflect residents' changing care needs. Care staff were facilitated with access to residents' care plans. Both nursing and care staff grades were involved in updating documentation regarding resident care delivery. This system was observed to promote an informed team approach to meeting residents' needs. Inspectors found that all staff spoken with were very knowledgeable regarding residents' likes, dislikes and needs. A pain assessment tool for residents who were non-verbal was in use. 'Key to me' and social/recreational assessment tools were also used to support residents and relatives where appropriate to provide information to inform their communication and activation needs. There was evidence that residents and family, where appropriate, participated in care plan review meetings.

Staff provided end-of-life care to residents with the support of their medical practitioner and community palliative care services. Palliative care services were supporting two residents with pain management on the day of inspection. The inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents, they did not consistently provide evidence of involvement of residents in advanced directives. In addition, there was evidence of two residents who

had drawn up living wills. However, staff were unaware of the contents of both. This finding did not provide assurances that residents wishes could be carried out should they be unable to express them. Some 'end of life' care plans required updating to ensure residents wishes were up to date. The provider refurbished a room on the first floor to provide an oratory for residents. Many residents spoken with by inspectors expressed their satisfaction with this action and were observed by inspectors to use the new oratory for silent prayer and reflection. Single rooms were available for end of life care and relatives were accommodated in the centre's family room. Staff outlined how religious and cultural practices were facilitated within the centre including a daily mass three days per-week. Inspectors noted that staff were trained to administer subcutaneous fluids to treat dehydration and percutaneous endoscopic gastrostomy (PEG) tube replacement in order to avoid unnecessary hospital admissions.

The Health Information and Quality Authority (HIQA) was notified of seven residents with incidents of pressure-related skin ulcers since 01 May 2015, two of the skin ulcers were present on admission. Inspectors tracked wound care for two residents and found their wounds had either healed or were healing. Comprehensive processes were in place to ensure pressure related skin damage to residents at risk was prevented. Residents at risk of developing pressure related skin ulcers had risk assessments completed with care plans. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. There were no residents with grade 2 pressure ulcers at the time of this inspection.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required, were appropriately maintained. Inspectors saw that a choice of hot meals were offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight-reducing, diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids, received the correct diets. There were three dining areas provided, each decorated to create a contrasting ambience. Mealtimes in the dining rooms were social occasions with one dining area mirroring a restaurant-style with attractive table settings and menus. The other two dining rooms were used mainly by residents with assistive wheelchairs and need for assistance with eating. Staff sat with residents and provided encouragement or assistance to them with their meal. One resident was provided with 1:1 support and assistance with eating their meal which inspectors were told took up to forty-five minutes to complete.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. The centre's physiotherapist was involved in assessment and treatment plan development for residents who fell or were at increased risk of falling. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate risk of further falls. The inspectors

also observed that comprehensive root-cause investigations were carried out for sustained an injury requiring follow-up treatment in hospital. There was evidence of learning identified from investigations of falls and was implemented in practice.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for the residents who were case tracked. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Each resident was provided with a secure medication storage box by their bedside. This gave residents a sense of control over their medications. Residents commented positively on this arrangement. The person in charge advised the inspector that this medication storage arrangement positively impacted on residents' safety with significantly reduced incidence of adverse medication incidents. Residents had access to the pharmacist of their choice and the pharmacist completed four-monthly medication reviews and was available to meet with residents or advise staff if required. Medication reviews were noted to be comprehensive.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were measures in place to ensure residents were safeguarded and protected from harm or abuse. The centre had a policy for the prevention and protection of residents from abuse. Staff training records indicated that the majority of staff had completed training on the prevention, detection and response to abuse, with further training scheduled to ensure all staff members had attended this training. Inspectors spoke to staff, who were found to be knowledgeable about how to identify, report and respond to abuse. Staff confirmed that there were no barriers to raising issues of concern and were clear on their responsibility to report.

There was a policy and procedure in place for the use of restraint. Overall, a restraint-free environment was found to be promoted in the centre. A restraint risk register was in place in the centre, in addition to documented assessments and reviews of residents using restraint. A number of residents were using bed rails in the centre, but there was evidence that alternatives such as low-low beds and foam floor mats had been trialled prior to bed rails being implemented. Frequent safety checks were carried out on residents while bed rails were in place, and these were recorded. Inspectors were informed that a number of half-length bed rails had been purchased for residents, to

meet their wishes/needs for an enabler whilst ensuring their unrestricted freedom to move in and out of bed.

A policy for managing behaviour that challenges was in place in the centre. Records showed that most staff had been trained in responsive behaviours, with outstanding staff scheduled to attend training in a number of weeks. There was evidence that behavioural assessments were carried out and inspectors viewed behavioural intervention plans for residents. However, de-escalation strategies, informed by behavioural intervention plans, were not always clearly implemented. For example, identified de-escalation procedures for one resident with behaviours that challenge were not fully utilised by staff.

There was a system in place to manage residents' finances and property securely and transparently. Inspectors were informed that while finances were held centrally, residents could choose to securely store money in their room if they wished. Inspectors viewed records of residents' finances and found them to be well maintained. All transactions were co-signed by two members of staff and receipts were held for these transactions. Inspectors checked a sample of residents' finances and found their balances to be accurate and in line with records.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents with dementia were consulted with and supported to participate in the organisation of the centre. Overall residents' privacy and dignity was respected and residents were supported to make choices about their day-to-day lives. There were opportunities for most of the residents to participate in activities that suited their interests and capabilities. Residents' privacy, dignity and overall quality of life in the centre was maintained to a good standard.

Residents had access to Independent advocacy services. Residents' participated in regular resident forum meetings, the most recent meeting was held on 04 April 2016. The meetings were minuted and referenced active discussion about life in the centre and areas for review were identified by the participants. There was also evidence that improvements were made in response to issues raised. Some residents with dementia attended these meetings. A quarterly newsletter was produced in the centre to keep residents up to date with events in the centre and also featured photographs of

residents enjoying events from the last quarter. A word search and quiz was also included for residents.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia in the centre before undertaking any care task and they were consulted about how they wished to spend their day and about care issues. Residents spoken with expressed their satisfaction with opportunities provided for religious practices, the choice of sitting rooms, freedom to move around the communal areas. Some residents had spent their working lives as members of religious communities and church clergy. The provider, person in charge and staff team recognised the importance these residents placed on meeting their daily religious obligations and ensured they were facilitated to meet them. Arrangements were also in place to ensure residents had opportunity to exercise their right to vote. While activity co-ordination staff were employed in the centre, addressing the social needs of residents was also integral to the role of healthcare assistants. The centre had access to a wheelchair accessible bus one day per week and residents' wishes were prioritised when planning excursion venues. Residents' wishes and preferences also informed their daily routine. There were no restrictions on visitors and there were a number of areas in the centre on both floors, where residents could meet visitors in private. Residents had access to a kitchenette where they could enjoy refreshments with their relatives.

There was a variety of activities available to residents in the centre, organised by the activity staff. The activity schedule was prominently displayed on both floors and included the location and times for each activity so residents could exercise choice regarding the activity that interested them. Activities facilitated included music, quiz games, arts and crafts, exercise, doll therapy, pet therapy and a sensory activation programme. Inspectors also saw that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. Residents with severe dementia were supported by staff as a small group in a quieter room in the centre, decorated in a more traditional style with memorabilia familiar to these residents. Rummage boxes and activity equipment was available in this area that suited small group or one to one occupation. However, inspectors noted that improvement was required to ensure each resident with dementia were facilitated and supported to participate in activities that suited their capabilities and interests. For example, a sensory programme was convened in the main sitting room but was not attended by or facilitated for the group of residents in the quieter sitting room. While there was an extensive and varied activity schedule provided for all residents in the centre, a schedule of activities that focused on residents with dementia would have a positive impact on their quality of life. Although the number of residents with severe dementia was small, approximately 60% of residents had a formal diagnosis of dementia or had symptoms indicative of onset of dementia. This finding was discussed at feedback of inspection findings with the provider, person in charge and members of the management team.

A landscaped green area in front of the centre was available to residents. It had seating, a traditional telephone kiosk, shrubbery, flowers and small trees located along meandering safe paths. A bird feeding station was also in place so residents could watch birds feeding. However, this area was not secure and was unsuitable for independent access by some residents with dementia. A secure garden was provided to the back of

the centre overlooking the canal. However, access to this area was not available without the assistance of staff as the door was secured by an electronic code key lock. This was discussed with the provider who indicated that this would be reviewed as a priority. The provider and staff demonstrated resourcefulness and imaginative creativity with work done in making the centre comfortable for residents with dementia through art work, homely furnishings and the use of old memorabilia.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in a sitting room and a dining room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. Inspectors' observations concluded that while there was good evidence of positive connective care with individual residents, the experience for some residents with severe dementia was task orientated or neutral care. However, task orientated interactions were generally of a good quality and referenced episodes of care provision. The observations of neutral care interactions were only observed for residents with severe dementia who were not facilitated to participate in or experience staff interaction through suitable activation during the 30 minute observation periods.

Inspectors saw that staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. All residents were accommodated in single or twin bedrooms with en suite facilities. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom, bathroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies to effectively communicate with residents who have dementia.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a policy and procedure in place in the centre for the management of complaints, which was found to reflect practice. A copy of the procedure was displayed prominently within the centre and was accessible to residents. There was a nominated

person to deal with complaints and to maintain records of these complaints. An independent person was nominated to manage appeals, and details about the appeals process were also displayed.

Inspectors spoke with staff about the complaints procedure, and found that they were knowledgeable regarding the process. They could describe how they would assist a resident to make a complaint, and what action to take if they received a complaint. Residents spoken with were aware of who they could make a complaint to.

The centre's complaints log was viewed by inspectors. All complaints received since the beginning of this year had been closed out. The log indicated that the Person in Charge recorded details of complaints, the outcome of complaints and whether the complainants were satisfied with the outcome of their complaints. Any learning from complaints, if appropriate, was also recorded and implemented.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Staff were seen to be supportive of residents and responsive to their needs. Inspectors found that the levels and skill mix of staff on the day of the inspection were sufficient to meet the assessed needs of the residents, which was confirmed by the staff roster. While the roster confirmed that a nurse was on duty at all times, inspectors were informed that nursing levels at night had been recently reduced to one nurse. However, the provider has recruited seven new nurses undergoing induction training at the time of inspection and due to start working within the next month. This will return staffing levels to those stated in the centre's Statement of Purpose.

There was a comprehensive policy in place for recruitment of staff and volunteers. Inspectors examined a sample of staff files and found that they contained all the documentation required by Schedule 2 of the Regulations. Records of An Bord Altranais professional identification numbers (PIN) for all registered nursing staff were held at the centre. Volunteers had Garda Síochána vetting, and their roles and responsibilities had been set out in writing by the provider. Inspectors found that both staff and volunteers received supervision appropriate to their roles, and staff appraisals were being carried out. Frequent staff meetings were held in the centre, and records of these including minutes were provided to the inspectors.

The centre had a full time practice development co-ordinator, as well as a dedicated trainer that worked across all designated centres within the group. Inspectors were satisfied that education and training was available to staff to enable them to provide care that reflected up-to-date, evidence-based practice. Training records indicated that most staff had received mandatory training in fire safety, moving and handling practices and the prevention, detection and management of abuse. However some staff were due for refresher training in fire safety and the prevention, detection and management of abuse. The person in charge informed inspectors that training in both of these areas was scheduled for early June, and that staff requiring this training would be attending. Staff spoken with on the day of the inspection were knowledgeable regarding fire safety, evacuation procedures and moving and handling practices.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The design and layout of Newbrook Lodge Nursing Home, where residents with dementia are integrated with the other residents met its stated purpose to a high standard. The centre is a purpose built two-story premises located on the same site as Newbrook Nursing Home. Residents are accommodated on both floors, serviced by a spacious lift, a main stairs and fire exit stairs. The lift was programmed with a delayed closure to facilitate residents with reduced mobility to access the lift comfortably and safely. The interior accommodation provided a spacious and comfortable environment for residents with dementia. A reception area was located on the ground floor and a large foyer area was located immediately above on the first floor. Residents' accommodation pivots out into wide corridors from these central areas on both floors. A large sitting room/recreational room and a seated area was located in the foyer on the first floor. A sitting room and three dining areas were located on the ground floor. A small oratory was available to residents on the first floor. Residents were accommodated in spacious single and twin bedrooms with en suite facilities. Additional wheelchair accessible toilets were available close to communal dining and sitting rooms.

The centre provides accommodation for residents in 42 single and nine twin occupancy bedrooms. The floor space in residents' bedrooms met size, privacy and dignity requirements as outlined in HIQA's Standards and the legislation. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin. The provider made an application to HIQA prior to this inspection for addition of one single and one twin bedroom to the overall accommodation provided

for residents. The inspectors also reviewed these bedrooms in respect of this application and confirmed they were fit for purpose. The two bedrooms were fully fitted with lighting, heating and bedroom furniture consisting of beds, lockers, spacious wardrobes, a comfortable chair, bed tables, call bells and televisions. Reading lights were also fitted and in working order. A smoke and heat detection unit was fitted in each bedroom. Support rails fitted in the en suites were in a contrasting colour to the walls and shower/sanitary equipment.

The inspectors saw that the centre was built to a high standard and provided a high quality environment for residents with dementia residing in this area. The spacious and bright layout and design of communal accommodation provided residents with choice and promoted their independence. Some residents were provided with motorised wheelchairs. A variety of seated areas were provided at intervals along the corridors. Circulating corridors were fitted with wall-lights and were individually named and painted in a variety of colours to assist residents with accessing the centre. The use of colour and natural light was optimised to support the quality of life of residents with dementia. For example, floor to ceiling windows were fitted in communal rooms and bedrooms windows optimised natural light and view including of the canal, carpet floor covering on corridors was a neutral colour and bold patterns were avoided to promote ease of access. Handrails were fitted on either side of the corridors and were painted in contrasting colours to walls to enhance orientation and safety for residents with dementia. A contrasting colour in the wood around doors assisted residents with identifying key areas such as toilets and bedrooms. Signage and clocks throughout promoted orientation. These actions optimised residents' independence. The centre was decorated and fitted with domestic style furnishings and memorabilia in communal rooms and along corridors to support the comfort of residents with dementia. Residents were supported to personalise their bedrooms to a high standard. Many residents displayed their photographs, pictures, books and other personal items.

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

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

Inspectors observed that there was suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment was also available with adequate storage facilities. Windows on the first floor had partial opening restrictors and the main stairs had stair gates fitted to mitigate risk of fall to vulnerable residents or others.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Newbrook Lodge Nursing Home
Centre ID:	OSV-0000680
Date of inspection:	25/05/2016
Date of response:	30/06/2016

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Although care plans contained appropriate information to guide care of residents, some improvements were required to ensure residents' care needs and the interventions to be taken by staff were clearly stated.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A full review of all care plans is underway and they are being updated as required.

Proposed Timescale: 31/07/2016

Theme:

Safe care and support

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

Some 'end of life' care plans did not consistently provide evidence of involvement of residents in advanced directives.

Some 'end of life' care plans required updating to ensure residents wishes were up to date.

2. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

A full review of all care plans are underway and they are being updated as required.

Proposed Timescale: 31/07/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Ensure that identified de-escalation procedures for residents with behaviour that challenges are implemented by staff.

3. Action Required:

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

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

All staff have been made aware of the de-escalation procedures for individual residents who present behaviour that is challenging.

Proposed Timescale: 30/06/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Inspectors noted that improvement was required to ensure each resident with dementia were facilitated and supported to participate in activities that suited their capabilities and interests.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Improvements are being undertaken to the secure garden which will enable us to better meet the needs of our residents with dementia.

Proposed Timescale: 30/09/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Ensure that all staff have completed mandatory training, as outlined in the Regulations.

5. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Fire training and elder abuse training has been provided to all staff.

Proposed Timescale: 30/06/2016