



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

Issued by the Chief Inspector

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Greenmast Limited
Address of centre:	Heathfield View, Cappagh Road, Finglas West, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	25 April 2024
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0042881

About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	81
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 April 2024	08:25hrs to 16:35hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Clearbrook Nursing Home in Finglas West, Dublin 11. During this inspection, the inspector spent time observing and speaking to residents, visitors and staff. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. Visitors spoken with were very complimentary of the quality of care that their family members received.

Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a tour of the designated centre with the person in charge. The centre can provide accommodation for a maximum of 90 residents in single occupancy en-suite rooms set out over two floors. Each floor has two units. Overall the centre was observed to be tidy and well-maintained with corridors, bedrooms, communal rooms and bathrooms cleaned to a good standard.

Residents appeared to be well-cared for and were neatly dressed according to their preferences. From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers.

The inspector viewed a number of residents' bedrooms and found them to be bright and homely spaces which were tastefully furnished. Many bedrooms were personalised with possessions and photographs from the resident's home. Each floor has a variety of small and large communal areas for use, including dining facilities and sitting rooms. These communal areas were seen to be clean, bright, comfortable and tastefully decorated, and suited to the purpose of their use. Previous inspections, had found that communal areas had been removed from residents' use and re purposed as a laundry. This inspection found that the provider was currently undertaking a number of approved changes to optimise the communal space available to residents, as set out in condition 4 of their registration.

There was an enclosed garden outside for residents to use. This was easily accessible through an unlocked door on the ground floor communal rooms. Residents on the first floor could freely access the lift to go down to the ground floor to access the garden. Residents who required support to access the garden were seen to be supported by staff. This space was well-maintained and had a suitable ground surface to enable residents who use wheelchairs or mobility aids to access and utilise the space. There was appropriate outdoor furniture. There was also a bowling area for residents to use as an activity in good weather.

Residents were observed participating in group exercise activity on the day of inspection and were noticeably enjoying the social activity. The hairdresser was also

present on the day of inspection and many residents were observed to avail of this service.

The inspector observed that dinnertime in the centre's dining rooms was a relaxed and social occasion for residents. The dining rooms were an appropriate size to facilitate all residents to dine at the same time. Residents who chose to eat meals in their rooms were facilitated to do so. Pictorial and written menus were displayed on large notice boards in the dining rooms. The inspector saw that there was sufficient staff available to provide support to residents who required support at meal times. The inspector observed that staff sat with residents and provided discreet, resident centred care and support.

The inspector spoke with many residents, over the day of inspection, all of whom were positive and complimentary about the staff. One resident told the inspector they had been living in the centre for a number of years and that it was 'just great here.' Another resident told the inspector how they love the company and social interaction living in the centre and how it was a great change from the loneliness of living alone.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, some gaps around documentation were identified that required improvements. The registered provider had also failed to recognise a recent unexpected death as a notifiable event and had not reported them under the regulatory notification requirements.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clear governance and management structure in place in the centre. The person in charge was supported in their role by a general manager, assistant director of nursing and clinical nurse managers. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. The registered provider is Greenmast Limited. The registered provider had recently submitted an application to vary condition 4 to afford the provider additional time to complete the works to restore and refurbish the

communal areas for the residents by 31st August 2024, which was granted by the chief inspector.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the eighty one residents during the day and night. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed.

While an annual review was available and had been completed in line with the national standards, it did not meaningfully inform a quality improvement plan in respect of the centre. The registered provider had self-assessed themselves as meeting each standard. There was no evidence of consultation with residents and no future planning arrangements.

A review of contracts in place overall met the criteria of Regulation 24: Contract for provision of services. However, residents who were in receipt of additional funding for additional care services did not have this reflected in the services to be provided in their contract of care.

On a review of daily records, for recently deceased residents, the inspector found that one death which required emergency treatment had not been reported as an unexpected death, as set out under schedule 4 paragraph 7(1) of the regulations. The death had been reported under the quarterly notifications, for expected deaths, as set out in the regulations. However the inspector found that the events around the death indicated that the death had not been expected

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application applying for the variation of the centre's condition 4 of registration had been received by the Chief Inspector prior to the inspection and was granted.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to prepare the annual review in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts for the provision of services did not detail the services to be provided to residents in receipt of additional funding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of an unexpected death.

Judgment: Not compliant

Quality and safety

The inspector found that residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life within Clearbrook Nursing Home. Staff working in the centre were committed to providing quality care to residents and the inspector observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to care planning.

A selection of care plans were reviewed on the day of inspection. A pre-assessment was carried out prior to admission to the designated centre and a comprehensive assessment was carried out within 48 hours of admission to the centre. Care plans were generally individualised and many clearly reflected the health and social needs of the residents. However, the inspector found that a number of residents in receipt of additional funding for additional care needs did not have a correlating care plan to reflect how these care needs and services would be provided.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint use within the centre and, where it was in use, it was used in line with national policy.

The inspector found that residents had timely access to medical, health and social care professionals, including the provision of an on-site physiotherapist. Residents who required transfer to hospital had all relevant documents, including the national transfer document sent with them. The national transfer document included information on their past medical history, list of current medications and emergency contact numbers. Any changes to care were reflected in the residents care plan, on return to the centre. Transfer documents were saved in the residents file. A review of recent discharges showed that all discharges were carried out safely, and where appropriate the registered provider had ensured that relevant home supports were in place.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Residents were supported to exercise their civil, political and religious rights. There were minutes of residents meetings reviewed by the inspector, where it was evident residents were consulted with regarding the designated centre.

Pharmacy services were provided by an external contractor who supplied a digital system of medication administration and provided support and services around pharmaceutical training, policies and medication audits. Fridge storage for medication had a record of daily temperature recordings.

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes and staff ensured residents' independence at meal times was promoted. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The registered provider had failed to ensure all care plans were reflective of the resident's current care needs. For example, residents in receipt of additional funding to provide additional care did not have a care plan in place to reflect these needs and how relevant care was to be provided for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through survey and regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0042881

Date of inspection: 25/04/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Completed resident surveys and resident meeting minute findings will be reflected in the annual review going forward.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Any residents who receive top-up funding from the HSE will have the details to be provided under existing signed service level agreements with the HSE reflected in their contract of care with Clearbrook Nursing Home. The fact this funding will continue to be incurred by the HSE rather than the resident will also be noted within relevant updated contracts of care.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

An NF01 was submitted on the date of inspection. This will be used as an opportunity for learning to ensure all notifications of incidents noted under regulation 31 continue to be submitted within the designated time periods.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Relevant resident care plans will be updated to reflect the ongoing actions that will continue to be delivered to relevant residents as part of HSE service level agreements and updated contracts of care.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	28/02/2025
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	15/05/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	15/05/2024

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/05/2024