



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

Issued by the Chief Inspector

Name of designated centre:	Newbrook Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Ballymahon Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	04 July 2023
Centre ID:	OSV-0005702
Fieldwork ID:	MON-0038873

About the designated centre

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

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

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

The aims of the centre as described in the statement of purpose is to provide a high standard of evidenced based care and to ensure that residents live in a comfortable, clean and safe environment that they can consider a "home away from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	116
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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
Tuesday 4 July 2023	19:00hrs to 21:20hrs	Lorraine Wall	Lead
Wednesday 5 July 2023	09:00hrs to 17:30hrs	Lorraine Wall	Lead
Tuesday 4 July 2023	19:00hrs to 21:20hrs	Ann Wallace	Support
Wednesday 5 July 2023	09:00hrs to 17:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, inspectors observed that while residents in the centre enjoyed a good quality of life and their rights were respected, some residents who exhibited responsive behaviours were not appropriately responded to and this had an impact on their quality of life within the centre. Responsive behaviours relate to how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.

This unannounced inspection was completed over two days and the first day of the inspection was carried out between 7pm and 9.20pm. The person in charge and the assistant director of nursing who at that point had finished their working day, returned to the designated centre to assist with the inspection when staff notified them that the inspection was in progress.

An introductory meeting was held with the staff nurse who was in charge for the evening, followed by a walkabout of the premises. This gave inspectors the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. During this time, inspectors observed a number of residents were being assisted to bed whilst other residents were watching television in the communal sitting rooms.

Newbrook Nursing Home provides respite care and long term care for both male and female adults with a range of dependencies and needs. The designated centre is registered to accommodate a maximum of 119 residents in single rooms and twin rooms all of which have en-suite facilities.

The centre is divided into two separate buildings, "Newbrook One" and "The Lodge". Each unit has a variety of communal rooms and secure outdoor areas. Each building has a secure courtyard garden. Some residents were observed to enjoy time outside in one of the courtyard gardens. The second courtyard was painted as a traditional shopping streetscape and was inviting to visit. There were a number of dining areas available in both units and each unit had a specially adapted table available to enable residents in comfort chairs and wheelchairs to eat their meals at a dining table. On the second day of the inspection, residents were seen to enjoy the activities facilitated by the activity coordinator in this sitting room, including music and story telling. The residents in the sitting room were also observed watching mass together on a live stream. Residents in the sitting room told the inspectors that they enjoyed the activities on offer.

Staff who were allocated to supervise residents in the sitting rooms on the first evening were observed chatting and interacting with the residents and supporting residents to spend their evening as they wished. Residents were relaxing watching television, reading and knitting before they went to bed. Some residents were enjoying music streamed from the television and told the inspectors that they loved

to sing along to the familiar tunes. There was a pleasant homely atmosphere and it was clear that residents were comfortable and relaxed.

Inspectors observed that staff were kind and empathetic in their interactions with residents, and residents were comfortable in their company. Residents told inspectors that they felt safe in the centre. Most residents who spoke with the inspectors said that they were well cared for, complimented the food they received and the staff caring for them, saying that the "staff are exceptional" and the "food is lovely".

Inspectors found that staff were working hard to provide care and support for the residents however, on the first evening of the inspection there were not sufficient staff available to provide safe care to residents who were displaying responsive behaviours. Additionally, some call bells were not answered promptly.

Whilst one of the inspectors was walking through the centre chatting with residents who had not retired to bed they witnessed an incident where a resident became distressed and showed high levels of responsive behaviours. A member of care staff attempted to calm the resident by offering them a hot drink but the resident refused and became increasingly agitated. The staff member walked away and continued to provide drinks for other residents and did not attend to the resident or seek support from other staff for the resident. One of the inspectors helped the resident to return to their bedroom and went to find a member of staff to attend to the resident who was becoming increasingly agitated and urgently needed help with their personal care. The assistant director of nursing sourced a member of staff to attend to the resident when this was brought to their attention.

Residents were given the opportunity to access television, radio and the newspaper. Many residents' bedrooms were personalised with photographs and personal belongings, including their photographs, artwork and ornaments. Residents in twin rooms had individual televisions, which facilitated individual residents to choose what they wanted to watch on television. Inspectors reviewed minutes of residents' meetings and found that there was evidence of consultation with residents about the day to day running of the centre.

Residents' visitors were made welcome and were seen by the inspectors coming and going throughout the day of the inspection.

A social activities programme was observed being carried out in the communal rooms on the second day of the inspection. Inspectors observed that the majority of residents took part in these activities and appeared to enjoy them. Residents who spent time in their bedrooms received one to one visits from the activity coordinators.

Although most of the residents who spoke with inspectors were complimentary of the food, some residents commented that dinner was served too early in the day. This was validated by the inspector's observations on the second day of the inspection when they observed some residents having dinner served at 11.55am. Furthermore the resident surveys that had been completed in February 2023 included feedback from some residents that the lunch time meal was served too

early.

While there were some improvements required in relation to the oversight of cleaning, for the most part, the general environment including residents' bedrooms, communal areas and toilets were clean.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this is a well-managed centre with a clear commitment to providing good standards of care and support for the residents. However, some improvements were required to ensure that all residents' voices were heard and their feedback was acted on in a timely manner. This requires a review by the provider of key areas such as the management of informal complaints, response to findings of residents' questionnaires and the oversight of staff practices in relation to those residents who display high levels of responsive behaviours.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on concerns that had been received in relation to the care and welfare of residents living in the designated centre. This inspection validated the concerns in relation to the care of residents who demonstrated high levels of responsive behaviours.

The provider is Newbrook Nursing Home Unlimited Company. There is a clear management structure in place in the centre. The person in charge is supported by the provider's senior management team, which attend the designated centre regularly. In house, they are supported by the assistant director of nursing and two clinical nurse managers. A manager is located in each of the units, Newbrook One and Newbrook Lodge, which are the two separate buildings in the centre. The clinical nurse manager role on Newbrook One was vacant at the time of the inspection; however, records showed that the provider was recruiting for the position. The post was being covered by a staff nurse who worked in a supernumerary capacity (over and above their usual duties) three days each week to ensure the clinical management tasks were being completed on the unit. The clinical nurse managers take delegated responsibilities for the oversight of care and support of residents on their units. There was evidence that the management team work well together, and there are clear lines of authority and accountability. A number of staff members and residents who spoke with the inspectors knew who

the senior managers are in the centre.

There are comprehensive management systems in place to oversee the quality and safety of care and services. Audits had been completed regularly and incidents and complaints had been reviewed by senior managers and the in-house management team. However, some improvements were required by the provider to ensure that where improvement actions had been identified by the management team that these are fed back to the relevant staff and followed up. Furthermore, residents' feedback through the provider's own annual questionnaires were not being reviewed and acted on in a timely manner.

On the first evening of the inspection, there were two nurses and three carers working until 9pm on each of the two units (10 in total). In addition, there was a twilight shift covered by an additional member of care staff on each unit who was working until 10pm. These members of staff were sitting with the residents in the lounge areas on each unit to provide support and supervision for those residents who remained in the lounge during the late evenings. Despite these arrangements, inspectors were not assured that overall staffing levels in the centre were adequate, taking into account the needs of the current residents and the layout of the designated centre.

Staff had good access to a range of training courses and mandatory training. Overall, during the inspection, staff demonstrated appropriate knowledge and skills in their roles and took responsibility for their work. However, inspectors observed that appropriate attitudes, knowledge and skills in relation to those residents who may exhibit responsive behaviours were not demonstrated during the inspection. Inspectors spoke with staff about the management of responsive behaviour and were not assured that potential antecedents and triggers to such behaviour were adequately understood. This meant that these residents were not receiving the most appropriate care and support to enhance their lives in the centre.

There is a clear complaints policy and residents who spoke with the inspectors said that they feel able to make a complaint if they have any issues. A number of family members who spoke with the inspectors were aware of the complaints procedure. One relative who said they had raised an issue with a member of staff said it had been resolved immediately and they are satisfied with the outcome; however, this complaint had not been recorded as it had been made informally and resolved at the time. As such this information was not being collected and reviewed effectively so that informal complaints could be used to inform the quality improvements planned for the centre in 2023.

The Schedule 5 policies (operational policies for the centre) were in place; however, a significant number of these and other key policies had not been reviewed in the last three years, contrary to the regulations.

There were well-structured recruitment and selection procedures in place to ensure that appropriate staff were recruited to the centre. A review of a sample of staff files showed that all staff in the sample had Garda vetting in place before they commenced working in the centre. References from previous employers were

sought for all staff. As a result, the provider was taking all necessary steps to protect residents from the risk of abuse.

Overall, records were well organised and stored securely. Archived records are kept in a secure store in Newbrook Lodge unit. Nonetheless, the records for servicing of equipment were not available in the centre on the day of the inspection; however, these were submitted by the provider following the inspection and these were seen to be of a sufficient standard.

Regulation 14: Persons in charge

There is a person in charge who is a registered nurse and who meets the requirements of the regulations. The person in charge demonstrated a good understanding of the legislation and of their regulatory responsibilities. They work full time in the centre and have overall responsibility for the day to day care of residents and the management of staff working in the centre. The person in charge was knowledgeable about the residents living in the centre and was well known to staff and families.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that there were enough staff on duty after 6pm and until 10 pm to ensure that residents' needs were addressed promptly taking into account the size and layout of the designated centre. This was evidenced on the first evening of the inspection when inspectors found that;

- call bells were not answered promptly in New brook One unit.
- one resident who needed urgent help with personal care and who displayed responsive behaviours did not receive the care they needed promptly. The delay in not receiving appropriate and empathetic care did not uphold the privacy and dignity of this resident.
- there were 129 falls in the centre between December 2022 and July 2023,. A high number of these were un-witnessed and happened in the evenings or between 7am and 8am in the morning when staffing levels were at their lowest.

Judgment: Not compliant

Regulation 16: Training and staff development

Although staff had access to and had attended responsive behaviours training some staff did not demonstrate adequate knowledge and skills to support two residents who displayed high levels of responsive behaviours. As a result the residents did not receive the care and support they needed to manage their behaviours and to ensure that their physical care needs were met.

15 staff were overdue to attend fire drill training in 2023.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available in the centre which met the requirements of the regulations.

Judgment: Compliant

Regulation 21: Records

The records in the centre were kept in accordance with the requirements of Regulation 21.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance in place which was validated in their current insurance certificate. The insurance covered injury to residents and loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were not assured that where residents provided feedback that this was acted on in a timely manner. For example resident questionnaires that had been completed in January and February 2023 had not been reviewed by the

management team to identify key themes and areas that the residents identified as needed to be improved. Key themes such as the resident meal time experience and staff communication skills were raised in these questionnaires and had not been followed up four months later.

A review of audit findings showed that not all not compliant findings were followed up. For example;

- a safeguarding audit recorded that some staff members said they would be worried about reporting a colleague if they witnessed an incident of abuse. There was no record that this had been followed up by senior staff to ensure staff received further training and were confident to report any concerns or incidents they witnessed or were made to them by residents.
- medication management audits in March, April and May 2023 had identified that the medication rounds were taking from 08.30 to 11.45 to complete. There was no follow up of these findings to ensure residents received their morning medications as prescribed.
- checklists for terminal cleaning had not been completed and because the records had not been reviewed these omissions were not identified by senior staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up to date statement of purpose in place that included the information required in Schedule 3 of the regulations. The statement of purpose was available for residents and families at the reception area.

Judgment: Compliant

Regulation 30: Volunteers

There is a policy for volunteers working in the centre. The policy requires that their roles and responsibilities are set out clearly and that they have Gardai vetting in place.

There were no volunteers working in the centre at the time of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors were not assured that all staff were aware of what constituted a complaint. Furthermore informal complaints were not reported and recorded by staff. As a result there was no assurance that issues raised in informal complaints were communicated to the relevant staff and addressed to the complainant's satisfaction.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place however a number of these policies had not been reviewed in the last three years as required by the regulation.

Judgment: Not compliant

Quality and safety

Overall, residents were provided with a high standard of nursing and medical care, however, inspectors found that residents who exhibited responsive behaviours were not adequately supported in the centre and this had an impact on their quality of life.

Each resident had a suite of clinical and environmental assessments completed. Assessments such as skin integrity management, nutritional care, psychological and social wellbeing assessments, had been completed and reviewed in line with regulatory requirements. Care plans were detailed for the most part and guided care interventions for nursing and care staff. However, inspectors found that the behavioural support care plans for residents who displayed responsive behaviours did not contain sufficient detail to guide staff on care delivery and some responsive behaviours observed on inspection had not been identified in the resident's care plans. In addition, inspectors observed that one resident who exhibited responsive behaviours was not receiving the appropriate intervention to reduce their distress, in line with their assessed needs.

While residents had good access to their general practitioner (GP) and other allied healthcare professionals such as physiotherapy and chiropody, inspectors were not assured that the provider had taken adequate steps to ensure that each resident who required a speech and language assessment had been supported to do so in a

timely manner.

The provider had ensured that residents who had communication difficulties could communicate freely with the use of specialist communication requirements. Inspectors reviewed the residents guide which was found to be informative and met the requirements of the regulations.

The person in charge had ensured that each resident had appropriate choice at meal times. Inspectors observed residents being asked for their order just prior to dinner on the second day of the inspection. Pictorial menus were available and there were menus on the wall of the dining room indicating times that meals would be served.

Residents were observed meeting with their visitors and there were no restrictions on visiting in the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Inspectors reviewed residents surveys and found that some residents had raised concerns regarding missing laundry. Inspectors observed items of laundry in a linen closet on the day of the inspection with no owner identified.

Although the premises was clean and comfortable for the most part and the provider had made some improvements to the centre following the last inspection, further improvements were required to bring the centre into compliance with Regulation 17. For example, some areas of the centre required repainting.

While inspectors observed some good infection control practices in use, some improvements were required in this area to ensure that residents were protected from the risk of contracting a healthcare associated infection. This is detailed under Regulation 27: Infection Control

A review of safeguarding investigations and care plans found that the provider had ensured that all measures to protect residents from abuse were being implemented.

Measures were in place to ensure residents were protected from risk of fire and the provider had completed the actions outlined in their compliance plan following the last inspection.

Regulation 10: Communication difficulties

The provider had ensured that all residents who had communication difficulties could communicate freely. This was evidenced by:

- Pictorial menus were available for residents in the dining room
- A communication board had been sought and is in use with a non-verbal resident

- A translation board tablet is available which is used to help with translation for non English speaking residents.

Judgment: Compliant

Regulation 11: Visits

Visits were observed to be taking place throughout both days on the inspection. residents could meet with their visitors in private in their bedrooms or in one of the visitor's rooms. Infection prevention and control procedures for visitors to the centre were managed in line with national guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had not ensured that residents retained control over their clothes. This was evidenced by:

- Five bags of clean clothes were stored in a linen room and it was not clear which residents owned the clothes.
- A review of residents surveys found that some residents'/representatives reported that the resident's clothes went missing after being sent to the laundry.

Judgment: Not compliant

Regulation 17: Premises

The provider had addressed actions as outlined in their compliance plan following the previous inspection. Some areas of the premises still required improvement:

- The cabinets under the sinks in some resident's bedrooms required replacing as the paint was worn and chipped.
- The walls in some bedrooms and corridors required repainting.
- The indoor courtyard did not have any seating area for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The lunch time meal was served from 12 midday and on the second day of the inspection a resident was being served their lunch before 12 o'clock. Some residents reported that this was too early and too close to their breakfast time and that they were not ready to eat their main meal so early in the day.

Judgment: Substantially compliant

Regulation 20: Information for residents

A comprehensive residents' guide was available to review and included all the requirements of regulation 20.

Judgment: Compliant

Regulation 27: Infection control

A number of infection prevention and control measures had been implemented since the last inspection however improvement was required in some areas:

- On the first day of the inspection, there was a malodour in a residents' communal bathroom which had not been addressed by staff. Although this had been identified as an ongoing issue caused by a resident's known responsive behaviours, there was no contingency to manage this and to ensure that the communal bathroom was clean and that there were no odours.
- One of the sluice rooms did not have a drying rack to store items when they had been cleaned.
- Some door frames and skirting boards were damaged and chipped which hindered effective cleaning.
- The sinks in some of the sluices were not clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had implemented the actions as outlined in their compliance plan

following the last inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure each resident's health and social care needs were identified and were sufficiently detailed to guide care delivery. This was evidenced by:

- Some behavioural care plans did not correlate with the information in the resident's holistic care plan.
- Some residents' assessed need for a communication aid was not recorded in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

While residents had good access to most allied health care professionals, inspectors were not assured that there had been sufficient follow up in relation to referrals to speech and language therapy for one resident who required specialist assessment and review and who was still waiting to be seen.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspectors reviewed a sample of behavioural care plans and were not assured that responsive behaviours were being appropriately managed to ensure residents received appropriate support in a timely manner:

- Some behavioural care plans did not sufficiently detail antecedents and strategies on how to appropriately to support and manage the resident's responsive behaviour.
- A number of behavioural care plans were not written in a person centred way and negatively focused on resident's behaviours. This negative approach was also evident in how some staff communicated with each other in relation to some residents who demonstrated responsive behaviours.

- Some staff did not demonstrate appropriate knowledge and skills to respond to a responsive behaviour that inspectors observed on the first day of the inspection.

Judgment: Not compliant

Regulation 8: Protection

The provider had taken all reasonable measures to ensure that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents rights were upheld. Residents had access to newspaper, television and radio. Residents had sufficient facilities for occupation and recreation.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newbrook Nursing Home OSV-0005702

Inspection ID: MON-0038873

Date of inspection: 07/07/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Staffing levels in Newbrook have been reviewed by DON and the levels and skill mix (Senior Nurse, Senior Care assistant) adjusted on the allocation to meet the needs of Residents. This is reviewed daily by DON/ADON/CNM.</p> <p>The Resident with ongoing responsive behavior as part of the condition has a new Responsive behavior care plan to guide staff in dealing with specific triggers, Responses, and consequences. A senior care assistant is allocated to this resident during the evening to best meet this resident’s individual care needs with one-to-one supervision when required to uphold this residents privacy and dignity being mindful of other residents in the nursing home.</p> <p>The DON/CNM will review Falls weekly with the Physiotherapist as part of the Restrictive Practice multidisciplinary team meeting and the root cause analysis of these falls are discussed and actioned accordingly. The monthly Falls audit also forms part of this meeting.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Responsive behavior training is ongoing, and feedback has been given to the trainers to incorporate enhanced real scenarios to further educate and support staff in these types of behaviors. The Nursing Home will have a Restrictive Practice Hub for all staff for the remainder of the year.</p>	

Fire drills are planned and ongoing to ensure that all staff have two drills per year. Fire training continues as a yearly mandatory training for all staff.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The findings of the residents' questionnaires have been reviewed by DON and discussed at the residents' meetings. The DON is reviewing all key themes and is meeting with residents to hear feedback and plan quality improvements to the overall service. The Chef will attend the residents' meetings for the remainder of the year and will continue to receive all feedback from residents.

Audit findings are reviewed by DON, safeguarding training is up to date for 2023, a new internal Safeguarding trainer is now delivering onsite training and is also there to support staff daily.

The CNM is supervising the Medication Round and the audits are ongoing. The audits are showing a reduction in the time and that all residents are receiving medication in a timely manner.

The DON will review the terminal cleaning checklist and action accordingly. This will be discussed at the Household staff meetings.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The DON attended Complaints training on 06/07/2023 with Skillet.

All staff have been made aware at team meetings of the Complaints Policy and procedure and encouraged to record all informal complaints as good practice. All Feedback is used as learning at Team meetings for quality improvement of the service.

Complaints are reviewed every six months in line with our Complaints Policy.

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The following Schedule 5 policies have been updated and the remainder are in progress for 2023 as per policy Timetable. The policies require updating to reflect changes in legislation and Advocacy/Human rights.</p> <ul style="list-style-type: none"> • Communication structure in Nursing Home 27.06.23 • Complaints Policy 28.03.223 • Responsive Behavior 27.06.23 • Restrictive Practice 26.06.23 • End of Life Care 01.04.23 • Fire 29.08.23 • Safeguarding 25.02.23 • Medication Policy 28.06.23 • Admission/Transfer/Discharge policy 22.08.23 • Food and Nutrition 28.06.23 • Infection 07.07.23 • Risk Management Policy 28.08.2023 • Management of Communication of Residents’ Needs. 08/09/23 <p>Additional Policies released.</p> <ul style="list-style-type: none"> • Activities Policy 03.02.2023 • Enteral Feeding 10.05.2023 • CCTV 25.08.2023 • Minibus Policy 25.08.2023 	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The DON has reviewed the current laundry system and the nursing home has a new labelling machine with extra staff allocated to label residents’ clothes to ensure a robust laundry system in the management of all residents personal belongings.</p> <p>All comments in relation to residents’ clothing received via questionnaires and feedback will be reviewed and dealt with as a priority by DON.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The DON and maintenance will audit and review all residents' cabinets and a refurbishment plan will be implemented to repair /replace any damaged Sink cabinets.</p> <p>The painting schedule for the remainder of 2023 will address all bedroom and corridor painting refurbishment.</p> <p>The nursing Home has new Garden Furniture, this was ordered and paid for in June 2023 and delivered on site mid July 2023.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The residents' mealtimes have been reviewed by the DON and following meeting with the Chef it has been agreed that the Breakfast will be served between 08:00 and 08:30. The lunchtime meal will be served after 12:15. This will be monitored and reviewed in the next three months. Residents will be consulted and feedback will be considered for any further improvements.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The malodour in the communal bathroom has been addressed by staff and a new automated Aircare dispenser which provides an effective odour neutralizing and fragrance system designed for healthcare. The household staff have increased the checks to this communal bathroom to ensure it is clean and fit for purpose for all residents.</p> <p>An extra drying rack has been ordered for this sluice room.</p>	

A maintenance review of door frames and skirting boards will serve as part of the refurbishment plan for the remainder of 2023.

The household staff have included sluice rooms in the cleaning schedule.

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:

The nursing staff will review all residents care plans as the named nurse with the guidance of the CNM and ensure all care plans are individualized and reflect the person centred and guide staff in the care.

All nurses will be guided to signpost in the holistic care plan to additional care plans such as behavioural care plans.

The care plans will continue to be subject to monthly care plan audits by the DON/ADON. Care plan training is being scheduled for nurses for 2023.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The DON has contacted the Speech and Language Service and has been assured that this service is available for all residents in the nursing home. The DON will contact this service directly going forward.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The CNM will support the nurses to further develop all behavioural care plans to reflect triggers/responses and consequences. The care plans will be reviewed to reflect a

positive person-centred approach to the plan of care for each resident.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	01/09/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/09/2023
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	01/11/2023

	ensure that staff have access to appropriate training.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/12/2023
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	01/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/09/2023
Regulation	The registered	Substantially	Yellow	01/09/2023

34(6)(a)	provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Compliant		
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	01/09/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/11/2023
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	01/09/2023

	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.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	20/11/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	01/09/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Not Compliant	Orange	01/11/2023

	respond to and manage behaviour that is challenging.			
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