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

**Issued by the Chief Inspector**

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Brookhaven Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Brookhaven Nursing Home Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Donoughmore, Ballyraggett, Kilkenny</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17 June 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000207</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0023118</td>
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About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometers from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff learning hub is located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 60 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Wednesday 17 June 2020</td>
<td>10:00hrs to 19:00hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
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<tr>
<td>Wednesday 17 June 2020</td>
<td>10:00hrs to 19:00hrs</td>
<td>Margo O'Neill</td>
<td>Support</td>
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What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to care and were found to be very kind and caring.

The inspectors spoke with the a large number of the residents present on the day of the inspection and met three different groups of visitors during the inspection who were visiting their relatives via window visits. Feedback was also received from a small number of residents and relatives via questionnaires issued to the centre by the office of the chief inspector for distribution to residents and relatives for completion.

The inspectors saw that the premises was set out in four wings, each was colour-coded to familiarise residents with the different wings and pictorial signage provided orientation to minimise confusion. One of the residents told an inspector that it was the residents idea to colour code the wings and management had facilitated their suggestion and everyone was delighted with the change. Each wing had a sitting room which were seen to be comfortable and nicely decorated, some with library effect wallpaper giving a homely feel. Rooms were decorated with nice items of furniture such as dressers with decorative chinaware and fire places to provide a homely relaxing atmosphere. Inspectors observed interesting items throughout these lounge areas, such as books, paintings, a vintage record player, piano and fish tank with goldfish, for residents to use and enjoy.

There were a number of inner courtyards that residents had free access to stroll or enjoy lounging in. Residents reported to inspectors that during the recent fine weather that they had spent time enjoying ice-cream and meals outdoors. Inspectors observed that there was comfortable and appropriate sitting areas, tables and parasols in these courtyards and raised planters with an array of blooming flowers that residents had planted. There was also bird feeders available for those residents who enjoyed bird watching. The doors were unlocked doors allowing residents very easy access to outdoor space. The inspectors saw staff also accompanying residents on walks around the outside of the building which seemed to be enjoyed by all. Communal space was seen to be plentiful with a large activity room, relaxation/aromatherapy room and two large dining rooms. The inspectors saw that there were several alcoves along corridors with window seating for people’s comfort and enjoyment. Other accommodation that added to the ambiance was the large oratory for quiet reflection and two rooms for families to visit in. Residents confirmed that they liked to use these areas.

Some residents told the inspectors that they chose the colour of their bedroom and bedroom door and the signage to be displayed on their door; some bedrooms were seen to be much personalised with memorabilia, soft furnishings and pictures from home. Some people had pictures of their local/county hurling team, others had nature scenes displayed on the outside of their bedroom doors. There were five twin
bedrooms in the centre, these were fitted with privacy curtains to ensure both residents’ right to privacy. A resident who occupied one of these twin bedrooms with another resident reported they loved their room and loved sharing with their ‘good friend’ the other resident.

Activities boards were displayed in each wing to ensure residents were aware of the day’s programme to enable them choose whether to attend or not. Two activity staff were employed in the centre one on each section of the centre. There were some activities such as art work taking place during the inspection and some one to one activities. Residents who were cocooning in their bedrooms told inspectors that they missed the larger group activities and were looking forward to getting back to group activities again. Inspectors observed residents in the centre’s activity rooms; some were observed painting and others watching television. One of the activity coordinators who spoke to inspectors outlined that later in the day there would be a small group activity to play a large floor based board game. Although the inspectors saw some residents up and about, walking on the corridors, in the courtyards and eating in day rooms, they also saw that a number of residents spent the most of the day in their bedroom many were observed watching television. The person in charge explained that due to the Covid Pandemic most of the residents had cocooned in their bedrooms and they were now beginning the process of encouraging residents to come back out to the day rooms and group activities. The inspectors saw that the two large dining rooms could easily facilitate social distancing due to the space available and the layout of the dining tables. However at the time of the inspection these were not in use and residents had their meals in their bedrooms or some had them in the smaller day or activity rooms. The person in charge assured inspectors that the dining rooms would be fully in use in the coming days. The inspectors did see the very good practice of staff asking residents what they would like for dinner just prior to the meal being served rather than hours in advance. Residents said this was great as if asked too far in advance they could have forgotten by the time the food arrived and often they might change their minds later in the morning.

Residents had access to telephones, IT communications and newspapers. There were arrangements in place to support residents’ to maintain contact with their relatives with regular video calls. One resident informed inspectors how delighted she was to have celebrated her recent birthday with her extended family using video call technology and said she would never forget it.

**Capacity and capability**

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were
required in the oversight of fire safety,

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre Covid free. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of Covid take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local Covid-19 management team had been established within the geographical area and the person in charge was involved in these meetings. There was a clear and comprehensive Covid-19 emergency plan and policy in place which the inspectors reviewed. The management team had a clear list of the relevant persons to contact in any emergency situation. The centre had been divided into two different areas and a specific isolation area had been established which was used for any suspected cases of the virus and for residents returning from the acute hospital who required 14 days isolation. Cautionary signage was seen throughout and social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application, as one component is the assessment of fitness of the provider entity. The centre was operated by Brookhaven Nursing Ltd who was the registered provider. There was a clearly defined management structure in place, the provider representative was in the centre on a regular basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by a Deputy Director of Care (DDoC), a Clinical Nurse Manager (CNM) and a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

The inspectors reviewed audits completed by the person in charge and staff in areas such as infection control, medication management, falls prevention, health and safety, care planning, wound care and end of life. There was evidence of actions taken as the result the audits to improve the quality of care for the residents. The person in charge and management team regularly received feedback from residents and relatives via the resident’s forum and during the Covid Pandemic the person in charge was recording one to one feedback from residents in the absence of larger group meetings. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2019. Areas of concern identified in the
last inspection had been addressed such as improvements in laundry practices and upgrading of cleaning regimes.

The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was suitable recruitment practices including the verification of written references and the on-going staff appraisal and supervision to ensure good quality care provision and improve practice and accountability. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the residents. The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents’ changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. The centres training hub facilitated staff to undertake online training in the centre.

**Registration Regulation 4: Application for registration or renewal of registration**

The application for renewal of registration was submitted to the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

**Regulation 14: Persons in charge**

The person in charge was an experienced nurse and manager who had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.
Judgment: Compliant

### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of two nurses on duty during the day and night and there was an additional nurse three days per week. The person in charge and deputy director of care were additional to the nursing compliment during the week and also provided some weekend cover in addition to the CNM to ensure senior cover. Nursing staff were supported by appropriate numbers of health care assistants catering and household staff. During the Covid pandemic staff remained in two separate teams minimising contact with staff from the other team therefore reducing their contact with staff and residents from different areas of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records indicated that all staff were up-to-date with their mandatory training requirements with the exception of fire training which was delayed due to Covid but has been rescheduled. Records indicated that staff had received recent training regarding infection control practices, donning and doffing of personal protective equipment and hand hygiene to ensure high standards in the centre during COVID-19.

Management supported and facilitated staff to attend training to support their professional development and to meet the needs of residents. For example; the centre’s two activity coordinators had commenced special training to develop skills to meet the activation needs of residents with advances cognitive impairment.

There was a robust recruitment and induction process in place for all new staff. The person in charge outlined their induction programme and that all staff had annual appraisals. There was appropriate arrangements to ensure that all staff were supervised and supported according to their role.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was in place and the sections reviewed contained...
the information required by Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

**Regulation 21: Records**

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

**Regulation 22: Insurance**

The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.
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<th>Regulation 24: Contract for the provision of services</th>
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Contracts for the provision of services were in place for residents. Contracts included type of accommodation provided whether single or twin bedroom accommodation. They identified the fees to be paid as well as additional fees to be charged; some of the additional fees required clarification such as charges for incontinence wear and what the activity fee included.

Judgment: Substantially compliant

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<th>Regulation 3: Statement of purpose</th>
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The statement of purpose was updated during the inspection. This contained a statement of the designated centre’s vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises and was found to meet the requirements of schedule 1.

Judgment: Compliant

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<th>Regulation 31: Notification of incidents</th>
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Records made available and examined by inspectors provided assurance that the person in charge submitted the required statutory notifications of incidents involving residents to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

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<th>Regulation 34: Complaints procedure</th>
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Residents and relatives who spoke to inspectors said they were happy to bring concerns or issues to staff members working in the centre. Many residents identified the person in charge as the person they would speak to and that when issues had
been raised that timely actions were taken to address concerns. Residents’ feedback was welcomed and used to improve the service as necessary. Inspectors observed information to inform residents and relatives regarding how to make a complaint and details for the Ombudsman, were on display in the main reception area.

An up-to-date complaints policy and procedure was in place to inform staff of the management of all concerns and issues raised by residents and their representatives. There was a complaints log maintained in the centre and records were maintained as required by the regulations. All complaints received were addressed and resulted in prompt corrective actions. Arrangements were in place for residents to access advocacy services as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as set out by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. All policies were reviewed and updated at intervals not exceeding three years. Inspectors were satisfied that these policies and procedures had been adopted and implemented throughout the centre.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated along with one to one consultations where resident’s preferences were ascertained and facilitated. Residents’ needs were being met through good access to healthcare services and opportunities for social engagement. Improvements were required with the oversight of fire safety, use of restraint and medication management

Inspectors were satisfied that residents’ health care needs were met to a good standard. Care plans viewed were person centered and were sufficiently detailed to deliver care. Residents were screened for nutritional risk on admission and reviewed
regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. There were detailed care plans in place in relation to the assessment and supports for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint required review to ensure it is used as a last resort in line with national policy. Residents were safeguarded against abuse or harm by the systems in place in the centre. Residents finances were robustly managed and lockable storage space was available to store valuables.

Medication management policies were in place and up to date. Improvements were seen in the use and monitoring of medication fridges since the previous inspection. However improvements were required in the safe storage of creams and other prescription items to be in line with best practice guidelines. The administration of crushed medications required review to ensure they were administered only in accordance with the written directions of the prescriber.

Residents’ activation needs were informed through the pre-admission assessment and a ‘Key to Me’ assessment for each individual resident. Activation and social care plans reviewed by inspectors were found to be person-centred and provided good detail to inform and direct staff regarding residents preferences. There were two activity coordinators working in the centre, Monday to Saturday. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of small group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice. Further group activities were planned and inspectors observed that there was ample communal and dining space available to facilitate social distancing.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. There were a number of systems in place for the maintenance of the fire detection and alarm system and emergency lighting. Residents had collective Personal Emergency Evacuation Plans (PEEPs) in place and these were updated to include individual PEEPS also following the inspection. These clearly identified the different evacuation methods applicable to individual residents for day and night time evacuations in the case of a fire. Fire training was completed annually by all staff some delays were experienced because of Covid but all staff were scheduled to attend in the next number of weeks. Following a full review of the fire systems it was seen that automatic door closures were fitted to all bedroom doors in the newer part of the centre and to all corridor compartment doors. Fire compartments were found to be small the largest contained four beds. All bedroom doors were wide enough for full bed evacuations. Minimum staffing levels were six staff at night. Fire drills had been undertaken on a regular basis but the drill records lacked detail on the specific scenario tested, the number of residents evacuated and did not always identify learning to inform future drills. Drills had taken place with night time staffing levels however, the person in charge confirmed they had not simulated a drill of a full compartment. A fire drill report was subsequently submitted by the person in charge following the inspection. Evacuation time for one simulated night time scenario demonstrated a full evacuation of the centre's largest compartment. This drill indicated that 4
residents and a visitor were safely evacuated in 3 minutes and 05 seconds. A
detailed report was submitted including all the learning and the person in charge
assured the inspectors that these would take place on a regular basis so that all
staff are competent and familiar with the evacuation needs of residents and a full
compartmental evacuation. The local fire service in conjunction with the
management team had completed a pre incident fire planning assessment of the
centre which included the layout of the centre, location of fire exits and fire fighting
equipment etc, this is updated on a regular basis to ensure fire fighters are familiar
with the premises in case of fire. Some improvements were required in fire
procedures and training so that staff were aware of the requirement to ensure all
bedroom doors were closed in the case of fire to prevent smoke inhalation. There
was also a requirement to ensure procedures to be followed in the case of fire
clearly identified fire compartments.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the Covid-
19 pandemic the centre was generally closed to visitors except in exceptional and
compassionate circumstances for end of life. Window visits had been facilitated and
the person in charge described the plans to reopen to visitors next week with
appointments, the provision of PPE, supervised visits and a dedicated visiting area
which the inspectors observed with a separate entrance so visitors did not have to
enter the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that there was plenty of space to store personal possessions in
the bedrooms and all bedrooms contained locked storage space if the resident
wished to avail of it. Laundry was completed on site and residents told inspectors
that clothing was returned in a good condition, occasionally items went missing but
that they usually turned up as all clothing is marked with residents name. The
inspector spoke to the laundry staff member who took pride in her role and was
aware of all infection control procedures required.

Judgment: Compliant

Regulation 17: Premises
The premises and external gardens were suitable for the centers stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Residents had easy access to safe enclosed courtyard gardens.

The inspectors observed that there were a number of residents armchairs/comfort chairs in different areas of the centre including day rooms and bedrooms that were torn or stained that required repair or replacement. There was also a torn plinth used by chiropodist in the activity room that required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Choice was seen to be offered to residents at meal time and residents gave positive feedback about their meals. The inspector observed, lunch, tea and snack times and saw positive engagement between residents, and staff and appropriate assistance was offered to residents.

The chef was articulate regarding all aspects of food and nutrition and had good quality initiatives in place to ensure residents were happy with their meals. He attended residents meetings and walked around at meal times to get people’s feedback and change the menu accordingly.

Judgment: Compliant

Regulation 26: Risk management

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register maintained that was reviewed and updated regularly. Records of the analysis and trending of incidents that occurred in the centre, corrective actions implemented and learning identified were made available to inspectors. This information was used by the management team to provide an ongoing safe service for residents.

Judgment: Compliant

Regulation 27: Infection control

All staff have access to personal protective equipment and there was up to date
guidance on the use of these available. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel was observed to be available throughout and the inspectors were asked to use on entering the centre along with a temperature check and check on health status. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE and were confident staff were trained and knowlegable in the correct use of same.

The centre had been divided into two sides with separate staff teams, separate staff entrances and male and female changing areas were made available on each side. An Covid isolation wing was also available where residents who returned from the acute hospital or new admissions would remain for 14 days self isolation before returning to the main centre.

The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The management team had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials.

Special precautions were in place for infected laundry including the use of alginate bags and clinical waste procedures were seen to be robust. The laundry had been updated to ensure there was clear separation of clean and dirty linen. A separate entrance and exit was available to ensure no cross contamination of clean clothing.

All residents and staff members had been swab-tested as a precaution in the previous month and swab results were back where all were negative. Temperature checks were in place for staff and residents twice daily.

Up to date information from professional organisations and from the Health Information and Quality Authority was seen to be available to the staff team. The management team held regular meetings with staff and frequent refreshers on the use of PPE and on environmental management were made available.

Judgment: Compliant

Regulation 28: Fire precautions

The centre's fire alarm was sounded every Friday to ensure it was operational at all times. Fire fighting equipment was located throughout the centre and there were records of annual inspection and servicing of this equipment. Quarterly and annual servicing of emergency fire equipment by a suitably qualified competent person was also available.

Following on from the section on fire safety under the capacity and capability
section of the report the following issues were identified by inspectors that required addressing.

- Doors on communal rooms and in bedrooms in the newer part of the centre were fitted with self closure devices that ensured these door closed in the event of the fire alarm sounding. This ensured any fire or smoke was contained within these rooms. The inspectors observed that most residents' bedroom doors were open during the inspection as a number of residents continued to cocoon in their rooms. There was no arrangement in place in the original part of the centre to ensure residents' bedroom doors would be closed in the event of a fire in the centre. Some residents who spoke with the inspector said they liked to have their door open. Staff who spoke with the inspector regarding the actions they would take in the event of a fire did were clear regarding the procedure that was in place in the centre when evacuating residents but did not speak about closing residents' bedroom doors and this arrangement was not documented as part of the emergency fire procedures in the centre.

- Maps identifying the nearest fire exit were on display throughout the centre, however; fire maps that provided detailed fire compartment boundaries to aid staff identify the closest point of safe refuge during horizontal evacuation were not available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Records relating to medication management were well-maintained. However medications that required administration in an altered format such as crushed medication were not individually prescribed as such. This could lead to errors if some medication that cannot be crushed are administered in a format that was not signed by the prescriber. Some medications such as prescription creams and excess supply of prescription nutritional drinks were seen in residents bedrooms on their lockers and cupboards. These were stored and managed in line with relevant legislation and guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive, extremely personalised and very person-centered. They were regularly reviewed and updated following assessments and
recommendations by allied health professionals. Care plans were sufficiently detailed
to guide staff in the provision of person-centred care and had been updated to
reflect changes required in relation to cocooning and social distancing.

Care plans in end of life care had been updated based on resident's expressed
wishes and there were clear pathways in place for treatment escalation.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met.
There was evidence of good access to medical staff with regular medical reviews in
residents files. Access to allied health was evidenced by regular reviews by the
physiotherapist, dietician, speech and language, chiropody and tissue viability as
required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were
responded to in a very dignified and person-centred way by the staff using effective
de-escalation methods. This was reflected in responsive behaviour care plans which
involved the multidisciplinary team. Training had been provided to staff on
responsive behaviours.

There were 22 residents using bedrails as a form of restraint at the time of the
inspection. There was evidence that when restraint was used there was evidence of
an assessment to ensure it was used for the minimal time and as a least restrictive
method. The inspectors found this was a high percentage of bedrail use and
encouraged the centre to review the use of restraint to further reduce its use and
aim towards a restraint free environment. The management team were also
reviewing the use of lapbelts as many recorded as restraint were not used for that
purpose and could be easily opened by the resident.

Judgment: Substantially compliant

### Regulation 8: Protection
Residents who spoke with inspectors reported they felt safe and at home in the centre and that staff were very kind. Inspectors observed that staff interaction with residents were positive and person-centred throughout the inspection.

Records of staff training indicated that all staff had received training in the prevention, detection and response to abuse. Staff that spoke to inspectors were knowledgable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were consulted about and participated in the organisation of the centre through regularly held residents meetings and resident surveys. Inspectors reviewed records of resident meetings; these contained details of meaningful discussion between residents and staff and that issues raised by residents were addressed. In recent months, the person in charge met with each resident individually to ask if they had any feedback or concerns and to provide assurance and answer question regarding the restrictions in place due to COVID-19.

Overall Residents' right to choice and dignity were respected and supported in the centre and residents who spoke to inspectors were very happy living there. Within the current restraints imposed due to COVID-19, residents retained their right to autonomy when make individual choices regarding how they spend their day however, some found it difficult to cocoon in their bedrooms and were happy to be able to use the lounges and outside areas maintaining social distancing and looked forward to easing of the restrictions for visiting and larger group activities.

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:

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<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Incontinence wear fee removed from Contracts of Care as Residents have never been charged for this and will not be charged going forward.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: Arm chairs and Comfort chairs that were torn or stained have been removed and replaced. The torn plinth has been removed and will be replaced with a new one.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff have now been informed of the importance of closing Resident’s bedroom doors on hearing the fire alarm to prevent the spread of fire, heat and smoke.</td>
<td></td>
</tr>
</tbody>
</table>
This is now included in Brookhaven Nursing Home’s Fire Training Programme and procedure to follow upon hearing the fire alarm. Floor plans will be displayed throughout the Centre, indicating the boundaries between compartments. Compartmentation is also now included in Brookhaven’s fire training programme.

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Kardexe’s reviewed and individualized to include crushing of medications which correspond with Crushed medication reports that are in place. All creams and nutritional supplements were removed from Resident’s bedrooms and stored securely in accordance with legislation and guidelines.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All bedrail usage has been reviewed. Alternatives have and will continue to be offered and trialled to Residents in order to reduce the number of bedrails in use. All Lap belts have been reviewed and all lap belts in use are not restraints, indicating 0 restraints in the Nursing Home.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 24(2)(d)</td>
<td>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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>24/07/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Status</td>
<td>Colour</td>
<td>Date</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>24/07/2020</td>
</tr>
<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 29(4)</td>
<td>The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>06/07/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>17/07/2020</td>
</tr>
</tbody>
</table>
ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 06/07/2020 |