

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Brabazon House Nursing Home
<b>Centre ID:</b>	OSV-0000017
<b>Centre address:</b>	2 Gilford Road, Sandymount, Dublin 4.
<b>Telephone number:</b>	01 269 1677
<b>Email address:</b>	susan.anderson@brabazontrust.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brabazon Trust
<b>Lead inspector:</b>	Sarah Carter
<b>Support inspector(s):</b>	Deirdre O'Hara
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

**The inspection took place over the following dates and times**

From: 30 July 2019 09:45 To: 30 July 2019 17:50

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars provided by the Office of the Chief Inspector. In addition, evidence-based guidance was developed and made available to guide providers and each person in charge on best practice in dementia care and the inspection process.

Following this inspection, the self-assessment questionnaire which asks the provider to assess the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland was issued. The center assessed itself as compliant in 2 outcomes, and substantially compliant in 4 outcomes.

The inspector met with several residents and spoke with staff and visitors during the

inspection. The care plans of a number of residents with dementia were examined. Care practices and interactions between staff and residents living with dementia were observed.

Documentation such as policies, assessments, care plans, medical records, activity programmes, complaint records, staff rosters, personnel files and training records were also reviewed.

The centre provided a service for up to a maximum of 51 residents across two levels. At the time of the inspection just 1 vacancy existed.

On the day of the inspection approximately 60% of residents were identified as having a diagnosis of dementia or were suspected of having dementia or were living with a degree of cognitive impairment.

Residents who spoke with the inspectors were positive about the centre, the person in charge and the staff team.

A review of care records showed residents' needs were being identified, assessed and reviewed on a regular basis, and changes were made to how care was delivered if a resident's needs changed.

Residents were positive about the support provided by staff. The inspectors observed good communication and supportive approaches to residents throughout the centre. Residents confirmed they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

There were systems in place to support residents making choices about their daily lives and routines and staff were observed gently encouraging and reminding residents of what activity they might like to try or what was currently taking place. Residents' were observed to be well presented and well dressed, happy and occupied throughout the inspection.

There was a garden area outside of the main activity room on the ground floor it had a range of planting and a small putting green in addition to a range of seating, and was accessible to residents who used wheelchairs.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

At the time of the inspection 50 residents lived in the centre. There was one vacancy. Six residents were assessed as having high dependency needs, with 19 residents having maximum dependency needs. In total, 31 residents were classified as having formal diagnoses of dementia or were suspected of having a condition with features similar to dementia (just over 60% of the total number of residents).

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a good standard through the provision of evidence based nursing and medical care and good levels of staff communication. Residents with dementia or a condition with features similar to dementia, lived throughout the centre, as there was no dementia specific unit on-site.

A comprehensive and personalised assessment of residents' health and social care needs was undertaken prior to admission.

The majority of care plans were personalised and included sufficient detailed information to allow staff to provide person centred care. Care plans were reviewed regularly and more frequently if the resident's condition changed. The inspector was satisfied that all staff were very familiar with residents' needs and specific care requirements and that the care plan reviewed could guide their work. Care plans that address behaviours that challenge required improvement, however this will be recorded in the next outcome of this report. There was adequate detail in the resident daily notes to ensure residents' conditions were recorded. Residents were consulted as part of the development of care plans, and relatives were kept informed, where appropriate through the provision of a regular report on the resident's condition. Documentation on the use of bedrails had improved since the last inspection. The use of bed-rails was fully assessed and fully recorded, and showed that alternatives had been considered prior to the use of the bed-rail. The number of bedrail users in the center was low, at just over 10%. Aspects of care planning that relate to the management of challenging behaviours, particularly the use of psychotropic medication on an as-required (PRN) basis will be reflected in Outcome 2 on safeguarding and safety.

Residents were assessed on admission and regularly afterwards for various risks such as falls, malnutrition, impaired skin integrity and oral decay. Preventative interventions were put in place where required and specialist referrals made. Where residents had been seen by a specialist, their recommendations were included in the care plans.

The inspector found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments. Several allied health professional services were available in the centre such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents' individual needs and preferences. This viewpoint was confirmed by the residents themselves, and their relatives.

Medication practices were reviewed and found to be of a good standard. Inspectors saw evidence of regular medicine reviews completed by the pharmacist and GPs. A new online system to track medication dispensing was being rolled out. It contained photographic identification that was available on each residents drug chart to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear, stating how the medication was supposed to be given.

There was a clear policy in place to guide staff on residents nutritional needs. Residents' weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Each table was set and decorated nicely. There were menus on display on dining room tables and residents were offered choice at their meals. A very small number of daily records did not adequately capture the portion sizes of resident's dietary intake, however most entries seen did record this.

Staff provided end of life care to residents with the support of the GPs and community specialist palliative services when required. Advanced care directives regarding the resuscitation status was in place and was signed by GPs. There was evidence of the resident and their family or representative being consulted.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. All staff had received safeguarding training.

No allegations had been made in the centre and as a result there was no investigation available for review.

The provider was not a pension agent for any of the residents, and there were transparent and robust systems in place to safeguard residents' money. The staff members responsible for residents' monies explained the systems regarding documenting transactions, for example, lodgements, withdrawals and balances, signatures of two staff being available on the records.

A review of training records indicated that staff were provided with up-to-date training to ensure they had the knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. The staff were observed to be knowledgeable regarding residents' behaviours and were observed to use deescalating techniques effectively. The relevant care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to calm the resident if the behaviour escalated. However the policy shown to inspector on the day of inspection required further detail to fully inform their work with residents who experience challenging behaviours. In cases where residents received PRN (as need medication) to manage their behaviours, the practice did not follow the centres own policy. The rationale to use the PRN medication was not described adequately in the care plan and daily records did not indicate what approaches had been used prior to dispensing the medication. The use of PRN medication was also not included in the audit process on restrictive practices, and was detailed within medication audits only.

The centre had a specific policy on the use of restrictive practices which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails (5 in use) was underpinned by an assessment and was reviewed on a regular basis. This was discussed in outcome 1 above. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Overall use of restrictive practices of any kind was low in the centre, and there was a culture amongst staff and management of creating a restraint free environment.

**Judgment:**

Substantially Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation*****Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was some evidence that residents were consulted and participated in the planning, design and delivery of services by means of a resident advisory committee. These meetings took place three times a year. The minutes of the meetings were on display in the centre, however further development of this is required so that residents are informed of actions or progress of items discussed at the meetings.

The centre utilised the services of an independent advocate, who is available to assist residents when making a complaint or raising a concern.

Inspectors observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms. Staff were observed to knock before entering a resident's bedroom. There was a lockable space in bedrooms for those residents that wanted to secure possessions and residents were observed using keys to access or lock their bedroom doors.

Communication with residents with dementia was enhanced by careful signage around the building, that would help residents find their way. Notices and art work were visible at eye level for residents.

There were three activity coordinators who planned the activity schedule and facilitated residents' group and individual activities. The schedule covered weekends and evenings. Details of the activity program was given to each resident and displayed around the centre. There were a variety of meaningful activities available to residents with dementia such as Sonas therapy, reminiscent therapy with pictures, poetry and music and singing. Sensory stimulation was enhanced by the use of twiddle mitts, bean bags, balls and fabric and residents were encouraged to feel and smell herbs in the herb garden. The centre had access to a bus on a weekly basis to bring residents on outings in the wider community. Residents were seen to be enjoying time with visitors, reading magazines or watching TV in their own time. On the day of inspection there was planned activities taking place in the multi-purpose room and residents could choose between activities or spend their time alone. Records of the residents activities were being kept.

Residents different religious needs were catered for in the centre and residents were



also facilitated to vote in a recent election.

The inspectors spent two separate periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations took place in in one dining room and another multi-purpose room which was used for dining, activities and relaxation.

The inspectors observed that most staff members during the two observation sessions knew the residents well and connected with each resident. The interactions observed were positive and connective, with staff engaging each resident according to their needs with eye contact gentle touch and humour. The interactions observed showed good rapport between staff and residents and indicated good staff knowledge with meaningful conversation about the residents' lives and interests. These observations received a score of +2. Some staff/resident interactions were marked by a task orientated approach or neutral communications particularly in the large multi-purpose room, scoring +1 or 0 respectively. The large multi-purpose room was quite congested with staff, residents and catering equipment, at times during the meal. This was observed to effect the atmosphere of engagement during the dining experience, and will be discussed further in the outcome on premises below.

**Judgment:**

Substantially Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a complaints process in place to ensure that residents' complaints and concerns were listened to and acted on. The process included an appeals procedure. Residents and their families/representatives were informed about the complaints procedure on admission. The procedure was displayed in a prominent position in the reception area. Complaints were recorded in the complaints log and were managed by the person in charge. Complaints were addressed promptly, and in the most recent records available complainants were notified of the outcome of their complaint and the complaint log recorded whether they were satisfied. Residents who spoke with the inspector said that they knew who to speak to if they had any concerns or complaints.

The centre judged themselves as substantially compliant in this outcome, and stated the quality improvement plan will be to implement a complaints audit for discussion at monthly management meetings.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate numbers of staff during the day with the right knowledge and skills to provide safe and effective care for the residents. However some improvements were required with regards to the appropriate skill mix on duty at night to facilitate safe care in line with the centres statement of purpose.

The management team reported to inspectors they had identified this issue, and in the self assessment received following the inspection, they judged themselves as substantially compliant. Their quality improvement plan included the scheduling of a second nurse for night time work.

All mandatory staff training was up to date. The inspector noted that a detailed training schedule was in place. This included training on positive behaviour support, restrictive practice, risk and prevention training specific to dementia, safeguarding, falls prevention, end-of-life care, infection control, medication management and fire. All staff were up to date with their mandatory training needs. As a result inspectors found that staff were competent to deliver care and support to residents living with dementia because their learning and development needs had been met.

There were effective procedures in place for the recruitment, selection and vetting of new staff and staff files contained all the documents as required by the regulation.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Overall the premises was found to meet the needs of the residents and the design and layout promoted resident's dignity, independence and well being. The environment was homely, well decorated and in a style which was comfortable. There was a range of communal rooms in each unit, and space to meet relatives in private if they chose to. There are several sitting rooms and seating areas located around the centre. There was also a pleasant outside space and residents were observed to be enjoying the garden space throughout the day of the inspection. Dementia -friendly features were evident throughout the premises; including colour coding and eye level signage. During the last inspection the carpets in communal hallways were noted to be patterned which may impact on residents with perception difficulties. However progress was being made as carpet samples were available for review in the center, and the management team were in the process of finalizing a carpet replacement programme.

Following the last inspection two chair lifts had been installed to allow safe access to residents' bedrooms.

On the whole the building was maintained in a good state of repair and the gardens were easily accessible kept well with seating available to residents and visitors. Some wear and tear was evident, for example chipped counter and splash back in the kitchenette, splash backs in the nurses station, and a shower tray in the shower room.

As noted in the Outcome on rights above, the multi-purpose room on the ground floor was noted to be congested at time throughout the inspection. This room is large with windows and a patio door directly onto a very pleasant garden area and patio.

On the day of inspection up to 22 residents and up to 15 staff were observed to be in this room at one time during meals, with some residents having their meals with one-to-one assistance around the edge of the room and some residents enjoying their meals in the centre of the room. Staff were transferring residents into appropriate lounge or dining chairs from their wheelchairs and rollators, which were then stored outside of the room. The management team informed inspectors that the issue of congestion had been identified by them, and there was advanced plans made to increase the footprint of the centre and provide more space for dining and activities. Architectural drawings were available on the day of inspection to indicate plans. There were additional sitting and lounge areas in the centre which were observed to be much quieter and less congested, and residents were being encouraged to use these spaces, but appeared to prefer gathering in the multi-purpose room.

**Judgment:**

Substantially Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Sarah Carter  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Brabazon House Nursing Home
<b>Centre ID:</b>	OSV-0000017
<b>Date of inspection:</b>	30/07/2019
<b>Date of response:</b>	04/09/2019

### Requirements

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

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

### Outcome 02: Safeguarding and Safety

#### Theme:

Safe care and support

#### **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The provider is required to have a complete policy on the management of challenging behaviours available in the centre.

#### **1. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

The Policy has been reviewed, updated and circulated as required. Planned additional worksheets complimenting the policy have now been implemented.

**Proposed Timescale:** 03/09/2019

**Theme:**

Safe care and support

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

A record of PRN use, the reason for its use and the interventions tried to manage the behaviours is required.

**2. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The above point has been reviewed in full, shortcomings have been identified and training provided in this area.

Close observation and monitoring of documentation will ensure better recording of PRN and all medication.

**Proposed Timescale:** 03/09/2019

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Some improvements was required to ensure residents are informed of the outcomes of their feedback at residents meetings.

**3. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Residents will now be informed of outcomes of their feedback at resident's meetings. The meeting minutes will, from now on, be accompanied by an action plan of all issues raised. The Minutes of Resident's Meetings are posted on the main notice board.

**Proposed Timescale:** 03/09/2019

#### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The skill mix of staff at night was not sufficient to meet the needs of the residents in accordance with the centres statement of purpose.

**4. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The Roster has been reviewed, associated costings have been considered and the allocation of resources have been undertaken to comply with needs.

**Proposed Timescale:** 31/10/2019

#### **Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Some general maintenance was required to ensure all aspects of the premises were in a state of good repair.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Item Action Required Planned Maintenance Timescale to completion

Patterned Carpets in communal hallways. All Carpets need to be replaced with neutral colour more suitable in a Dementia friendly environment. Replace all carpets in public areas. This will be done in a phased basis over several weeks due to the busy environment in the Nursing Home. Spring 2020.

Chipped Counter and splashback in kitchenette Replace the counter top and replace the tiles Replace the whole kitchen with new cupboards; tiles and work top. November 2019.

Nurses station splash backs Replace the splash back behind the sink. Purchase new fit a new opaque toughened glass splash back behind the sink and autoclave. September, 2019

Shower Room shower tray Remove damaged grate in shower room. A wet room floor will be fitted in the shower room. October, 2019.

**Proposed Timescale:** 31/03/2020

**Theme:**

Effective care and support

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

The multipurpose room requires review to ensure it can accommodate the number and needs of the residents who use it.

**6. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

As informed plans to increase the footprint of the centre are at an advanced stage. Updated plans are due. When the design is approved planning permission will be applied for and the building work will commence as a matter of urgency.

In the meantime, staff have been instructed to make efficient use of all other communal spaces and to encourage residents to use the alternative spaces available.

During inspection day, a Compline Service took place in the large Day Room which attracted a bigger than usual crowd to this area. Residents appear to enjoy the comfort and camaraderie of this multipurpose room.

**Proposed Timescale:** 03/09/2019