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>Brindley Manor Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>The Brindley Manor Federation of Nursing Homes Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Letterkenny Road, Convoy, Donegal</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 November 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000323</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022783</td>
</tr>
</tbody>
</table>
About the designated centre

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

The centre was a purpose built single storey residential care facility that can accommodate 43 residents who need long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 33 single and 5 twin bedrooms. All bedrooms had en suite facilities of shower, wash hand basin and toilet with the exception of two single rooms which had a wash hand basin and 10 bedrooms had a wash hand basin and toilet. The centre provided a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents’ rights and independence.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 38 |
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>
</tr>
</thead>
<tbody>
<tr>
<td>12 November 2019</td>
<td>11:30hrs to 17:00hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
<tr>
<td>13 November 2019</td>
<td>09:00hrs to 17:30hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily and evening routines, activity plans and interactions with the community. They expressed satisfaction regarding these matters and were happy with food and mealtimes and the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Some residents invited the inspector to see their private bedroom accommodation and they confirmed that the layout of their bedroom area provided them with sufficient space for their clothing and personal items. They acknowledged that the staff members kept the bedrooms neat, tidy and clean.

The inspector saw that residents enjoyed group and one-to-one activities during the day of the inspection. There were close links between the designated centre and the local community with musicians entertaining residents.

Residents were happy about having different sitting rooms where they could chat in small groups or watch their favourite television programme without interruption.

Information from questionnaires received from relatives and views obtained from relatives on inspection maintained that the family members being accommodated in the centre received good quality care and that management and staff were supportive and caring. Insufficient night time staff was highlighted in one questionnaire, but following an investigation management were not able to substantiate this viewpoint. The inspector did not receive any information during the inspection to concur with this opinion. There were no concerns raised during the inspection.

Capacity and capability

The designated centre had sufficient resources to ensure that care and services were delivered in accordance with the statement of purpose. Management systems provided good oversight of the service and provided information for the management team to take measures to improve the service and achieve good outcomes for residents.

The organisational structure was clearly laid out, showing the team responsible and
accountable for the governance of the centre. Staff were familiar with their roles, responsibilities and reporting mechanisms.

The inspector found that there was a collective overview of the monitoring of the designated centre’s performance to ensure that care and support provided was of a consistently good quality with minimal variation.

Staff who communicated with the inspector confirmed that management were approachable and any changes that were made had been done in consultation with management, the staff team and residents.

There were sufficient staff to meet residents’ needs and the inspector saw that residents and staff interacted well which promoted a good atmosphere in the home.

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures.

The matters arising from the previous dementia thematic inspection carried out on the 29 May 2018 were satisfactorily actioned. In particular, it was noted that the centre had been refurbished with new carpeting, redecorated and lighting improved.

The inspector found that the statement of purpose and records required to be kept in the designated centre were in accordance with the requirements of the legislation. Management of residents’ finances was open and transparent and clear records were maintained.

An accessible and effective complaints procedure which included an appeals procedure was made available to residents and relatives.

Appropriate notifications were received by the Chief Inspector of Social services.

---

**Regulation 14: Persons in charge**

The centre was being managed by a qualified and experienced nurse in the care of older persons who had the necessary management qualifications and management experience in health care.

The person in charge was accountable for the day to day running of the designated centre and worked with the registered provider representative and persons participating in management.

Judgment: Compliant
Regulation 15: Staffing

The inspector reviewed the staff rosters planned and actual and chatted with staff and residents about the numbers of staff available each day. The inspector found that the numbers and skill mix of staff were sufficient to meet the needs of residents.

The person in charge was on duty from 08.00hrs to 17.00hrs. There were a nurse and eight care staff working from 08.00hrs until 14.00hrs. The direct care team were supported by an activity staff member, catering, cleaning, laundry, maintenance and management staff.

Residents confirmed that staff were attentive, supportive and kind.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date with their mandatory training, for example, safeguarding, infection prevention and control, food hygiene, medication management, fire safety and moving and handling. Staff had participated in dementia training.

There was evidence that staff had induction training, were supervised and participated in yearly appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents had been established and maintained in accordance with the regulations.

Judgment: Compliant
### Regulation 21: Records

Records were kept safely, maintained as per the regulations and were accessible.

| Judgment: Compliant |

### Regulation 23: Governance and management

The designated centre had sufficient resources to provide care and deliver services to residents in line with the statement of purpose.

An organisational structure was in place and staff working in the service were aware of their responsibilities and to whom they were accountable.

The leadership and management ensured that the systems in place for service delivery was safe and effective through the on-going auditing and monitoring of performance.

There was a commitment to promoting and strengthening a culture of quality and safety which focused on improved outcomes for residents.

An annual review of the quality and safety of care delivered to residents in the designated centre was available to residents and the inspector.

| Judgment: Compliant |

### Regulation 24: Contract for the provision of services

Contracts of care had been agreed in writing with each resident on their admission highlighting the terms on which residents reside, the care and welfare of the resident, services to be provided and the fees to be charged for the services.

| Judgment: Compliant |

### Regulation 3: Statement of purpose

There was a clear and up-to-date statement of purpose relating to the designated centre.
### Regulation 34: Complaints procedure

The inspector found that the centre’s complaints policy and procedure was advertised and some residents and relatives told the inspector that they were familiar with the process.

The inspector found that the centre’s complaints policy and procedure was advertised and residents and relatives told the inspector that they were familiar with the process.

There were no areas of dissatisfaction identified during the inspection.

### Regulation 4: Written policies and procedures

Policy and procedures were available to staff to guide them in the service provision and delivery of care.

### Quality and safety

During the inspection the inspector was told by residents, relatives, and staff that the medical, health and social care needs of residents were met. Residents’ lived experiences reflected their lifestyles and they were afforded privacy and dignity in their private accommodation.

Residents care plans were implemented evaluated and reviewed. They reflected their changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes.

Residents’ health care needs were appropriately referred to the community allied health care professionals in order to promote their health and well-being.

Policies and supporting procedures were implemented that ensured residents were protected from abuse. A restraint free environment was promoted.
Residents’ rights were promoted. They were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and were encouraged to be involved with the resident's ongoing life in the centre.

Residents had opportunities to participate in meaningful activities which promoted their physical and mental health and well-being. One resident, who was delighted when maintenance staff removed a section of a wooden panel so that she could watch the antics of the hens and ducks, wrote a poem and shared this with other residents and the inspector.

A number of residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice about their clothing, participation in activities, meals and meal times.

Residents received palliative care based on their assessed needs and end of life care was aimed at maintaining and enhancing their quality of life and respecting the resident's dignity.

The design and layout of the premises was suitable for its stated purpose. The premises met the privacy, dignity and well-being of each resident’s assessed needs. It was homely and accessible. Residents were encouraged to bring in personal mementos, souvenirs and photographs.

Residents’ nutritional and hydration needs were met and residents confirmed that meals and meal times were a good experience.

There were arrangements in place to manage risk, however, adequate precautions were not fully taken against the risk of fire.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the service. Practices were safe.

Medicines and pharmaceutical services were satisfactory.

**Regulation 13: End of life**

End of life care provided met residents’ needs. Appropriate care and comfort was provided for residents.

A care plan was devised which addressed their physical, emotional, social, psychological and spiritual needs.

There was evidence of family involvement with the resident’s consent and a person-centred approach to end of life care was noted.
Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents’ resuscitation status.

**Judgment: Compliant**

### Regulation 17: Premises

The inspector examined the premises, accompanied by a person participating in management. It was found that the facilities matched the information contained in the floor plans and the statement of purpose.

Some matters were identified for repair or replacement and the majority of these issues were addressed by day two of the inspection. There was a problem with some of the outlets of the ensuite facilities, however, the owner confirmed that this matter had been referred to the appropriate company and would forward to the Chief Inspector written confirmation of the completion date for this work.

The premises provided a comfortable and homelike environment for residents. The inspector saw residents using communal facilities including the entrance hallway to congregate and meet visitors. The centre was surrounded by large gardens and a “well-being” suite had been installed in the grounds. This facility included a massage chair and associated equipment for relaxation. It complemented the “mens’ shed” that was located in the grounds of the nearby centre owned and managed by the same company.

Shared bedrooms provided screening to ensure privacy for personal care. Grab rails were available in all bathrooms and toilets and handrails were in place along corridors to support residents to mobilise independently.

**Judgment: Compliant**

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. There were adequate quantities of food and drink. Refreshments and snacks were available at all times. Resident had access to a safe supply of fresh drinking water at all times.

Nutritional assessments were carried out in respect of the dietary needs of residents
and appropriate foods provided. Referrals to dietetic staff were evident in the care plans.

There were an adequate number of staff available to assist residents at meal times and when other refreshments were served.

Judgment: Compliant

**Regulation 26: Risk management**

There was good emphasis on promoting residents’ independence while trying to minimise accidental injury.

There was equipment to support physiotherapy treatments including low entry beds, foam floor mats and hip protectors.

Up to date moving and handling assessments were available for residents with mobility problems.

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Judgment: Compliant

**Regulation 27: Infection control**

There was a policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections.

The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.

There was good use of protective clothing, the safe disposal of sharps, management of laundry and waste.

Judgment: Compliant

**Regulation 28: Fire precautions**

Record showed that fire-fighting equipment, emergency lighting and the fire alarm
The inspector found that all internal fire exits were clear and unobstructed during the inspection.

The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of an emergency situation.

Adequate precautions were not fully taken against the risk of fire as a complete external evacuation pathway leading to the fire assembly point was not available.

**Judgment:** Not compliant

**Regulation 29: Medicines and pharmaceutical services**

Staff had safe procedures in place to guide their practice in relation to medicines management.

The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected safe appropriate standards. The medicine administration records were clear and the required information including a photograph of the resident was available.

All medicinal products were administered in accordance with the directions of the prescriber of the resident concerned and in accordance with advice provided by the resident’s pharmacist regarding the appropriate use of the product.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

**Judgment:** Compliant

**Regulation 5: Individual assessment and care plan**

Arrangements were in place to assess and meet residents’ needs. Referrals were made to community health care professionals. There was a care plan based on the assessment for each resident. It was formally reviewed every 3 months and, where necessary, revised in consultation with the resident and where appropriate with the
Resident’s family.

Judgment: Compliant

**Regulation 6: Health care**

Appropriate medical and health care was provided. Each resident had access to a medical practitioner and some retained the medical practitioner they had when they lived in the community. They were offered additional professional expertise if this was required.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There were no residents with responsive behaviours but staff were able to describe how they would respond to residents if this was necessary. Their descriptions were about diffusing situations in a manner that was not restrictive.

The only restrictive practices found on inspection related to five residents who used bedrails and a resident who had a lap belt. These were in place for residents’ safety and were assessed and reviewed in accordance with the guidance.

Judgment: Compliant

**Regulation 8: Protection**

All reasonable measures were taken to protect residents from abuse.

Staff were Garda vetted and a sample of staff files randomly selected confirmed this information.

Although all staff had not participated in safeguarding training those who communicated with the inspector were knowledgeable in relation to the detection and prevention of and responses to abuse. They were aware of their duty to report any past or current concerns for the safety of the residents living in the centre.

The person in charge understood her duty to investigate any incident or allegation.
Appropriate referrals were made to significant professionals, as necessary.

Some residents told the inspector that they felt safe in the centre.

Judgment: Compliant

**Regulation 9: Residents' rights**

The inspector saw that residents could exercise choice in their daily activities, their privacy was respected and they had access to information about current affairs and local matters. There were radios, televisions, newspapers and telephone facilities, available to residents.

The inspector heard that residents could exercise their civil, political and religious rights.

The majority of residents were encouraged to participate in the social and recreational programme and were seen to be engaged in group or individual activities.

Various local community groups visited the centre to entertain residents and some residents attended local community events.

Opportunities were made available for residents to participate in meetings so that they could share their views of the organisation of the centre. Suggestions raised by residents in their formal meetings were followed up and actioned appropriately. There was evidence in the care planning process that residents and or their families were consulted.

An independent advocacy service was available to residents.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></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 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</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 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>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>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>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>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 28: Fire precautions</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
S: An extension to the footpath leading from the rear fire exit on the Givney suite has been completed to extend the external pathway evacuation.
M: By internal maintenance team.
A: Achieved.
R: Realistic.
T: Completed 28th November 2019
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 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>28/11/2019</td>
</tr>
</tbody>
</table>