

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brookfield Care Centre
Centre ID:	ORG-0000206
Centre address:	Leamlara, Cork.
Telephone number:	021 464 2112
Email address:	brookfieldcc@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brookfield Care Services Limited
Provider Nominee:	Clodagh Drennan
Person in charge:	Clodagh Drennan
Lead inspector:	Caroline Connelly
Support inspector(s):	Breeda Desmond Day 1
Type of inspection	Announced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 January 2014 09:20	08 January 2014 20:00
09 January 2014 09:30	09 January 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the sixth inspection of Brookfield Care Centre by the Health Information and Quality Authority’s Regulation Directorate. The providers had applied to renew their registration which is due to expire on 19 April 2014. This inspection took place over two days on 08 January and 09 January 2014. As part of the inspection the inspectors met with residents, relatives, the person in charge/provider, the director of maintenance and support services, the assistant director of nursing, the deputy to the assistant director of nursing, CNMs, the deputy administrator/quality manager, the accountant and numerous other staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident

logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Residents' comments are found throughout the report.

As part of the registration renewal process the inspector met with the provider, person in charge and members of the management team who all displayed a good knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives and relatives stated they are welcomed at any time.

The centre was finished to a high standard and there was appropriate use of color and soft furnishings to create a homely environment. The dementia-specific unit had the addition of wall murals which provided good focal points throughout the unit.

There were a number of improvements required which included improvements with the documentation, policy updating and care planning. These improvements and other improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The provider was required to complete an action plan to address these areas.

These improvements included:

- Updating residents' register
- improvements in infection control
- Removal of door wedges
- medication management
- Updating complaints procedure
- Care planning process requires review
- updating health and safety, risk management policies and other policies
- upgrading of equipment.
- Staff files

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had recently been reviewed and updated and included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 as required by legislation.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection one contract of care was found not to be signed and agreed which did not meet the requirements of legislation. On this inspection contracts of care had been implemented for residents and were seen by the inspector to generally be signed and agreed. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee. There were a couple of contracts that residents/relatives had not signed but there was sufficient supporting documentation available to show that the centre had made every effort possible to get them signed and agreed. However, there were a number of contracts seen that stated out of date fees and therefore did not reflect the current fee to be paid. The contracts required review in relation to current fees to meet the requirements of legislation.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge who is also the nominated registered provider was very clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement. She is a registered nurse and holds a master's degree (MBS) in health service management. She was very involved in the day-to-day management of the organisation. The nursing and care staff all reported to her. The person in charge visited all the units on a regular basis and was knowledgeable about the residents and their care needs. She was found to be committed to quality improvement and the provision of person-centred care.

Residents, relatives and staff identified the person in charge as the one with overall authority and responsibility for the service. She displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a manner so as to ensure security and ease of retrieval . Overall records were seen to be maintained and stored in line with best practice and legislative requirements. However there was one non compliance in relation to the directory of residents as is outlined below.

On the previous inspection the directory of residents did not include the time and cause of death as required by legislation. There were also items of information missing for a number of residents such as address, telephone number, GP name and address. On this inspection this information had been included but the directory of residents did not contain details of when a resident was transferred to another hospital including the name of the hospital and date on which the resident is transferred.

On the previous inspection a number of policies and procedures required reviewed and updating. On this the inspector viewed that policies, procedures and guidelines were available in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However the medication management policy, and risk management policy required further review and this will be discussed in more detail under outcomes 7 and 8

The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

On the last inspection it was identified that the records maintained of money and valuables deposited by a resident/relative for safekeeping was not sufficiently robust in that money was stored in a locked filing cabinet and transactions were not signed and witnessed by resident/relative and staff members which did not safeguard residents finances and was not in accordance with the requirements of Schedule 4.

On this inspection there were more robust systems put in place by the accountant which were also the subject of regular internal audit.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence and had done so in the past.

Support and cover arrangements were comprehensive. The person in charge works full-time. The assistant director of nursing deputised in the absence of the person in charge and there is a deputy to the assistant director of nursing. Each unit is managed by a clinical nurse manager and there is a further clinical nurse manager responsible for night duty. There is an on-call rota available to staff at the reception area and a senior member of staff is always on call for evenings and weekends.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A staff member had trained in the delivery of elder abuse and protection training. The inspector viewed records maintained of staff attendance at elder abuse training. This training took place on various dates in 2012 and 2013 and further update training is planned for 2014. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities.

Staff demonstrated to the inspectors an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse in the centre. Previous cases of allegations of abuse were fully investigated, correct action taken and reported to the Authority as required by legislation. The policy on protection of residents was viewed by the inspector and it was reviewed in 2013 and further reviewed following the inspection to identify detailed action to be taken once an allegation of abuse was made.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on what to do in the case of a fire throughout the building. On the last inspection although training was provided to a number of staff on various dates in 2011 and in February 2012 the inspector viewed records which showed that other members of staff required updated training. It was also identified that regular fire drills were not taking place as required by legislation and a robust system was not implemented in the recording of fire drills and the outcome and learning from same. On this inspection the inspector saw that fire training was held on various dates in 2013 and regular fire drills were now taking place with documented reports on the effectiveness of the actions taken and recommendations for improvement.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire.

The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested throughout 2013. The centre had received an inspection from the Cork county fire officer in June 2013 which resulted in a number of improvements required. The inspector viewed the evidence of actions taken and completed, however, it was noted that a number of fire resistant doors throughout the centre continued to be held open by door wedges which prevented closure in the event of fire.

There were policies in place for the prevention and control of healthcare associated

infections and the premises were found to be clean and there was a good supply of personal protective equipment (PPEs) such as gloves and aprons and hand gel. However it was observed that some staff did not perform hand hygiene before donning PPEs and some of the practices observed in relation to infection control were not in line with best practice guidelines. Advisory signage for best practice hand washing was not displayed over hand wash sinks. This had been sourced by day two of the inspection and put in place. A number of staff, including cleaning staff, had not completed training in infection prevention and control. The person in charge told the inspectors they are currently looking at the whole area of infection control and have complete care standard audits on staffs adherence to best practice guidelines. She informed the inspectors that six members of staff are to attend infection control training in the coming weeks and will roll out the training to the rest of the staff following this. Arrangements for the disposal of domestic and clinical waste management were appropriate.

The sluice room door on two units which should be locked were seen to be unlocked at different times during the inspection there were chemicals seen on the sinks and shelves and residents could have easy access to those chemicals.

Records viewed by the inspector indicated that staff had received up-to-date moving and handling training. There were a number of different hoists available. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

On the previous inspection it was identified that the health and safety statement was dated September 2009 and therefore required review along with the risk assessments and the risk policy. The person in charge informed the inspectors that the whole area of health and safety and risk assessment and management was currently under review, and staff were receiving training on risk assessments so that the assessments and control measures would be more specific to the needs of the residents, staff and the centre. The first draft of the safety statement was available but the person in charge confirmed it required modification and inclusions.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of all equipment serviced.

The inspectors saw that there was a comprehensive log of all accidents and incidents that occurred. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log and with the reporting of accidents and incidents to the Chief Inspector as required by legislation.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the previous inspection there were a number of improvements identified in medication management and in the medication prescription and recording sheets in order to be compliant with best practice guidance: on this inspection a number of these issues had been completed. However there remained some outstanding issues around two as required pro re nata (PRN) medications that did not state the maximum dose to be given in a 24-hour period which could lead to excess medications being administered. The medication management policies were reviewed in February 2013 in conjunction with the pharmacist but required further review and updating to include a policy that detailed the centre's practice on prescribing and transcribing of medications, to be compliant with best practice guidelines. These were the identified areas of non compliance.

The inspectors observed a nurse administering the medications and this was carried out in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines 2007. Medications are prescribed and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses spoken to displayed a good knowledge of medications and the procedure outlined for administration.

The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Residents' medications were reviewed regularly resulting in changes to prevent contraindications and over prescribing of medications. Regular audits of medication management were ongoing by the pharmacist however it was not clear on that there was an action plan to deal with issues identified.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors saw that there was a comprehensive log of all accidents and incidents which were the subject of audit and increased supervision was in place for residents who were at high risk of falling.

On the previous inspection the person in charge had failed to notify the Authority of a number of accidents, pressure sores that were present on admission and quarterly returns as required. On this inspection incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge demonstrated a commitment to continual improvement and quality assurance and operates care standards with the care staff where their practice is audited by the staff nurse or supervisor on a number of care areas such as hand hygiene, resident nutrition, hygiene, pressure area care. Nurse practices are also audited by senior nurses, this system enables an ongoing review of staff performance and of the quality of care delivered to the residents. Staff reported that it also ensures staff are aware of their responsibilities and know that they will be assessed on their competency.

Feedback from residents and relatives was also sought through a questionnaire sent out

once a year with the last one being in Autumn 2013 and views are also sought through the residents' committee and relatives' advocacy meetings. Changes to practice have been implemented as a result which is discussed further under Outcome 16.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the services. The inspector viewed audits completed by the management team on a regular basis. Areas audited included restraint usage, medication management, medication reviews, nursing documentation audits and accidents and incidents.

There was evidence of reviews of critical incidents and learning from the review is shared with all staff to assist in improvements in practice.

A quality meeting is held regularly attended by the person in charge, senior nurses quality manager, supervisors, catering and maintenance to discuss issues arising, complaints, feedback from residents, relatives, staff, accidents and incidents and address recommendations for improvement which are required to be implemented.

The inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Detailed life histories were completed on some residents and further life stories were being completed which included many photos and past memorabilia. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. However this was not fully reflected in the care plans seen by the inspectors. Many of the care plans were core care plans and did not reflect the personalised care administered to residents. There were a number of

residents diagnosed with hospital acquired infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and extended-spectrum β -lactamase (ESBL) however this was not reflected in their care plans. There was not a specific care plan set out to direct the care in relation to precautions and treatments required. The care planning system was the subject of audit and the inspectors identified as did the audit undertaken that there was little evidence of the care plans being discussed and agreed with residents and/or relatives as is required by legislation. These were the non compliances identified.

There is one general practitioner (GP) who provided medical care to the majority of residents in the centre. The GP holds a regular round every Thursday morning to see and review the residents and their care he also attends the centre at other times as required. SouthDoc is available for out-of-hours medical and emergency cover.

Residents' health status was reviewed regularly, at least every three months, by the doctor including their medication. Full medical and nursing records were seen by inspectors, residents received regular checks of their weight, blood pressure and pulse.

Residents' additional healthcare needs were met. Physiotherapy services were available once a week. If additional physiotherapy is required this is paid for privately. The chiropodist visited every week and saw all residents as required. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring. All supplements were appropriately prescribed by a doctor.

Optical assessments were undertaken on residents in-house by an optician from an optical company. Audiology services were provided on a referral basis. Dental services were provided by a visiting dentist or by residents going out to visit their own dentist. Mental health services were provided by a psychiatrist from a local mental health day hospital following GP referral. The inspectors were satisfied that facilities were in place so that each resident's well-being and welfare was maintained by appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents said they were satisfied with the healthcare services provided.

Residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it.

The facilities in the dementia-specific unit were tailored to meet the needs of the residents. Staff had received training in dementia care and the activity staff were very aware of the needs of the residents and had planned many specific activities to meet the needs of the resident with dementia.

There had been a continued focus on the reduction in the use restraint practice since the last inspection, equipment such as low low beds and sensor mats, wall sensors and other equipment have assisted in this reduction. The inspectors viewed that

assessments were taking place for the need for restraint and alternatives to restraint were being used where appropriate. Checks were being undertaken on a regular basis when restraint is in place as is required. There was evidence in care plans of evidenced based assessments and treatment plans for residents who exhibited any challenging behaviour and staff had received training to enable them to provide the appropriate care.

Although there was a policy on residents consent and written consent was obtained from residents for vaccinations and for some restraint procedures, further emphasis is required on obtaining and documenting consent for other procedures, invasive procedures and for the obtaining of residents photographs in the centre.

The inspectors noted the continued emphasis on the social side of care and the provision of recreational activities both in groups and individually. Three staff members are employed by the provider to specifically provide activities and there were activity staff employed to work at the weekends also. The inspector met and spoke with two of the activity staff members and observed them undertaking their roles with dedication and enthusiasm. The organised activities included music and movement exercises, art work, knitting, massage therapy, bingo, newspaper reviews, cards, gardening, music and dance. There is a men's club led by one of the male supervisors which has proved very popular with the male residents. The inspectors saw organised activities taking place at different times throughout the inspection and observed residents' participation and their obvious enjoyment. Many residents' art work was on display throughout the units with some pictures signed and framed.

Inspectors saw the social and recreational programme displayed on the notice boards and residents informed inspectors that they were aware of the activities available to them.

Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others chose to spend time in their room or in another room where activities were not going on.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

It was noted by the inspector that in one of the shower rooms rust was seen on the handrails beside the sink and on the shower chair attached to the wall. This was the non compliance identified.

The centre was observed to be bright, furnished to a high standard and very clean throughout. There were appropriate pictures, furnishings and colour schemes. Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected. Inspectors found that the design and layout of the building was suitable for its intended purpose and encouraged independence. The design of the three units allowed for easy access to their separate lounge and dining space. The enclosed gardens were accessible from each unit. A kitchenette in one unit enabled residents to get snacks and assist with clearing away dishes and cutlery. Residents and relatives were very complimentary about the space and facilities available.

Bathroom and toilet facilities were adequate to meet the needs of residents and staff. All bedrooms apart from 17 single bedrooms had en suite toilet, shower and wash basin facilities. Bathrooms and shower rooms were available for the bedrooms that did not have an en suite.

There was appropriate assistive equipment available to meet the needs of residents such as electric beds, hoists, pressure relieving mattresses, wheelchairs and Zimmer frames. Hoists, the lift and other equipment were all well maintained and service records viewed by inspectors were found to be up to date.

There were easily accessible, secure gardens available to the residents who told the inspectors that they used and enjoyed the garden mainly in the good weather. Plenty of seating was provided for residents' and relatives' use.

The facilities in the dementia-specific unit were tailored to meet the needs of the residents and had its own separate secure garden. Most of the residents enjoyed their meals in the dining room and shared two sitting rooms/areas. The layout of the unit generally allowed residents to walk unimpeded and residents were seen walking freely around the unit.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a policy and procedure for making, investigating and handling complaints. However the details on your right to complain displayed in the main reception area was out-of-date and did not identify the complaints officer and independent appeals procedure and this required immediate review. The person in charge informed the inspector that complaints are discussed at staff and quality meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, investigations, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Religious needs were facilitated with religious service taking place in the centre every week. Residents from a range of religious denominations were visited by their Ministers as required.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. These practices were the subject of ongoing review and improvement and the policy has been changed to commence planning for end of life earlier. The staff had initiated more active discussions with residents and relatives to ensure their wishes are taken fully into account and end-of-life care planning are instigated for residents. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage. A visitors' bedroom was available for relatives to stay overnight as required in the case of end-of-life care, or in other circumstances when a relative needed to be with a resident.

Links were maintained with the community palliative care team who visited as required. The centre stocks its own equipment such as syringe drivers to be used at end of life. One of the clinical nurse managers (CNM) had undertaken a train-the-trainer

programme in palliative care and was providing training on aspects of end-of-life care to staff relevant to their role.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The variety, quality and presentation of meals were found to be of a high standard, this was confirmed by inspectors who sampled the food. Residents expressed satisfaction with the food and the dining experience.

There were three separate dining rooms where lunch and tea were served to all residents. The main dining room was used for residents from all three units with lower dependency levels and those who required only minimal assistance. The other two units had their own dining rooms and were used by residents who required assistance or who chose to remain on their own units.

The staff on the dementia-specific unit had recently added a third meal time sitting in the dining room which they feel is working very well this was introduced to ensure all residents could receive full assistance from the staff during their mealtime and ensured residents dietary requirements were fully met.

Residents informed inspectors that they could also choose to have their meals in their rooms if they wished. Staff in all dining rooms were observed encouraging residents to be as independent as possible and assisting residents in a discrete and sensitive manner where assistance was required. Mealtimes were relaxed and unhurried, with many residents remaining at the table after their meal to socialise.

There was good communication between the catering staff and the nursing staff and the chef was able to clearly identify special diets and residents likes and dislikes. There were adequate supplies of dry goods, meat, fresh fruit and vegetables in stock. Inspectors viewed the menus and saw that there was a choice at all mealtimes. The kitchen was clean, well laid out and organised.

Residents' weight charts viewed by inspectors showed that weights were recorded monthly and changes in weight were reported and discussed with staff. Nutritional

assessments were completed and dietary advice was received from a dietician at a nutritional company. Nutritional supplements were available for residents who required additional nutritional assistance. Nutritional assessments and plans were seen in residents' notes and there was a yearly review completed on residents which included weights and dietary requirements this was seen by the inspectors to be very comprehensive.

Plenty of water and juices were seen throughout the centre and in residents' bedrooms for their use.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The manner in which residents were addressed by staff was seen to be appropriate and respectful. Inspectors observed that residents' privacy and dignity was respected and promoted by staff and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered.

Closed circuit television (CCTV) was positioned at the entrance to the building in corridors, and outside in the grounds. The provider said this was to maintain the safety of the residents and this is what is outlined in the centres policy on the use of CCTV.

The provider was requested to review their policy on CCTV and ensure appropriate signage is in place in accordance with the data protection acts 1998 and 2008 to maintain the privacy and dignity of the residents.

Links were maintained with the local community through visitors coming in, and through many staff who are from the locality bringing news into the residents. Local choirs also perform for the residents.

The open visiting policy was confirmed by relatives. Residents commended staff on how welcoming they were to all visitors.

There is an active residents committee and residents' individual and collective requests were seen to be met. Meetings are held quarterly with the last meeting having taken place on the 18 November 2013. Minutes of this meeting was seen by the inspectors

and relevant issues such as food, laundry, activities and general care were all discussed. All items raised had actions and outcomes documented and there was evidence that changes had happened as a result of same. Residents who spoke to the inspectors felt they were enabled and facilitated to having their say in the running of the centre.

The staff also run an advocacy meeting with relatives and the inspector viewed minutes of the last meeting held on the 13 March 2013 where information is shared, issues were discussed and changes made on requests from relatives. The attendance at these meeting by relatives has been poor so the management team are currently reviewing the current system of relative engagement.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors saw and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were much personalised with residents' own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

There had been a number of complaints received in the past in relation to residents' clothing and items going missing. A new system was introduced for managing residents' clothing which has proved to be effective. Following residents' agreement all clothing was discreetly marked with a button system. This helped to ensure clothing from the laundry was returned to the correct resident. Residents stated that they were generally happy with the way their clothing and personal belongings were managed in the centre with the new system.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the last inspection a number of staff files were viewed by the inspector, the files did not meet all the criteria set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in that different items were missing from different files such as evidence of a full employment history, three written references, reference from last employer, where applicable, was not looked for and medical certification was not available for staff. The system of recruitment was found to be not sufficiently robust to ensure appropriate vetting of new staff and procedures required further controls. On this inspection substantial improvements were seen, the human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice. However the staff files viewed did not contain full and satisfactory information and documents specified in Schedule 2 of the regulations in that a number of evidence of staff fitness and references remained outstanding. This was the non compliance identified.

Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

There had been changes to the management structures since the last inspection in that there is now a clinical nurse manager and an auxiliary quality supervisor assigned to each unit. This is to ensure comprehensive management and full supervision of the staff. The quality supervisors also have a role in auditing of the care standards and they attend the regular quality meetings. The person in charge and staff report this is working very well and has assisted in the communication of issues from management level to all staff. As outlined previously the person in charge operates care standards with the care staff where their practice is audited by the supervisor or staff nurse on a number of care areas such as hand hygiene, resident nutrition, hygiene and pressure area care. Supervision was enhanced through audits of care delivered which were directly linked to staff appraisals.

The inspectors saw that the staffing levels and work practices were kept under review particularly in the Owenacurra Unit as recommended at the last inspection.

The staffing levels were increased there in the evening and there is now a nurse and care staff there throughout the night and supervision has increased at busy care times.

Training records viewed by inspectors confirmed the provision of ongoing professional development training. A number of staff had undertaken the train-the-trainer qualification and are providing training in moving and handling, elder abuse, end of life training to staff. There were plans to roll out further training such as infection control and health and safety.

Ongoing professional development training records were seen which confirmed that qualified staff had received Cardiac pulmonary resuscitation (CPR) training and one member of the nursing staff had completed the higher diploma in gerontology and another was undertaking palliative care training. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

Inspectors saw, and staff confirmed, that the staff facilities were of a high standard with a changing area, showers and a staff room.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Brookfield Care Centre
Centre ID:	ORG-0000206
Date of inspection:	08/01/2014
Date of response:	28/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not contain details of when a resident was transferred to another hospital including the name of the hospital and date on which the resident is transferred as is required by legislation.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The directory of residents has been reformatted to include details of when a resident is

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

transferred to a hospital and includes the name of the hospital and date of transfer.

Proposed Timescale: 01/02/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

On the previous inspection it was identified that the health and safety statement was dated September 2009 and therefore required review along with the risk assessments and the risk policy. The person in charge informed the inspectors that the whole area of health and safety and risk assessment and management was currently under review, The first draft of the safety statement was available on the second day of inspection but the person in charge confirmed it required modification and inclusions therefore it requires completion and rolling out to all staff.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

The Health and Safety Statement has been updated.

A risk management software package is scheduled for installation in April 2014.

All staff involved in the risk management function will receive risk management training in April 2014.

Risk assessments will be undertaken May, June and July 2014

Proposed Timescale: 01/08/2014

Theme: Safe Care and Support

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

It was observed by the inspectors that some staff did not perform hand hygiene before donning PPEs and some of the practices observed in relation to infection control were not in line with best practice guidelines. Advisory signage for best practice hand washing was not displayed over hand wash sinks. This had been sourced by day two of the inspection and put in place. A number of staff, including cleaning staff, had not completed training in infection prevention and control.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Care standards on Hand Hygiene and Personal Protective Equipment use are in place. Compliance with these standards are being audited regularly.

All quality supervisors have undertaken external infection control training

A schedule of internal staff training has been put in place. One infection workshop has been held to date.

Food hygiene training has been delivered to 16 staff in March.

Care standard audits will be on going. All relevant staff will have completed food hygiene and infection control training by 01 December 2014.

Proposed Timescale: 01/12/2014

Theme: Safe Care and Support

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

The sluice room door on two units which should be locked were seen to be unlocked at different times during the inspection there were chemicals seen on the sinks and shelves and residents could have easy access to those chemicals.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Staff compliance with securing sluice rooms is being monitored and staff responsibilities in this regard and risk to residents has been reiterated.

Proposed Timescale: 31/03/2014

Theme: Safe Care and Support

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

The centre had received an inspection from the Cork county fire officer in June 2013 which resulted in a number of improvements required. The inspector viewed the evidence of actions taken and completed however it was noted that a number of fire resistant doors throughout the centre continued to be held open by door wedges which prevented closure in the event of fire.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable

intervals.

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

Staff have been advised not to retain doors in an open position using door wedges except during room cleaning. A phased introduction of electromagnetic door position holders is underway.

21 door holders will be installed each year for a period of 3 years.

Proposed Timescale: 31/03/2017

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The inspector identified that two as required pro re nata (PRN) medications did not state the maximum dose to be given in a 24-hour period which could lead to excess medications being administered. The medication management policies also required further review and updating to include a policy that detailed the centres practice on prescribing and transcribing of medications, to be compliant with An Bord Altranais best practice guidelines 2007.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The pharmacist and doctor have been requested to ensure all PRN prescriptions clearly state the maximum dose in 24 hours.

A policy on transcribing has been drafted and is currently under review by the Clinical Nurse Managers, Pharmacist and General Practitioner.

Proposed Timescale: 31/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The care planning system was the subject of audit and the inspectors identified as did the audit undertaken that there was little evidence of the care plans being discussed and agreed with residents and/or relatives as is required by legislation.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

On consideration of the time involved two care plans will be reviewed thoroughly each week with the resident or if appropriate the nominated next of kin.

On-going process involving residents and relatives. All care plans will have been reviewed by 01 December 2014.

Proposed Timescale: 01/12/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. However this was not fully reflected in the care plans seen by the inspectors. Many of the care plans were core care plans and did not reflect the personalised care administered to residents. There were a number of residents diagnosed with hospital acquired infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and extended-spectrum β -lactamase (ESBL) however this was not reflected in their care plans. There was not a specific care plan set out to direct the care in relation to precautions and treatments required.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Care Plans are now in place for all residents with a diagnosis of a communicable infection.

Proposed Timescale: 01/02/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

It was noted by the inspector that in one of the shower rooms rust was seen on the handrails beside the sink and on the shower chair attached to the wall.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

The rust identified has been treated.

Proposed Timescale: 01/02/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

There was a policy and procedure for making, investigating and handling complaints. However the details on your right to complain displayed in the main reception area was out-of-date and did not identify the complaints officer and independent appeals procedure and this required immediate review.

Action Required:

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

The wall mounted A4 summary sheet of 'your right to complain' has been updated.

Proposed Timescale: 01/03/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

Closed circuit television (CCTV) was positioned at the entrance to the building in corridors, and outside in the grounds. The provider said this was to maintain the safety of the residents and this is what is outlined in the centres policy on the use of CCTV. The provider was requested to review their policy on CCTV and ensure appropriate signage is in place in accordance with the data protection acts 1998 and 2008 to maintain the privacy and dignity of the residents.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Additional signage will be sourced. A copy of the CCTV policy will be further revised and expanded.

Proposed Timescale: 01/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The staff files viewed by the inspector did not contained full and satisfactory information and documents as specified in Schedule 2 of the regulations, in that a number of evidence of medical fitness and a number of references remained outstanding.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

A full audit of personnel files is underway. Non compliance with provision of essential personnel documentation will follow the disciplinary route if necessary.

Proposed Timescale: 01/06/2014