## Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Brentwood Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000322</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Letterkenny Road, Convoy, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 914 7700</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:brentwoodmanor@brindleyhealthcare.ie">brentwoodmanor@brindleyhealthcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>The Brindley Manor Federation of Nursing Homes</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Amanda Torrens</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Patricia Mosgrove</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Damien Woods;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</td>
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**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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 06 June 2014 09:30  
To: 06 June 2014 14:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This monitoring inspection was unannounced and was undertaken in response to information received by the Authority. It was the seventh inspection of the centre. The previous inspection conducted on 4 December 2013 was announced and conducted for the purpose of registration renewal. During this inspection a range of documentation was reviewed including the directory of residents, the statement of purpose, care and medical records. The delivery of care was observed and an inspection was made of parts of the premises. The inspectors also talked to staff, residents and the provider and person in charge who were in the centre throughout the day.

The information relayed to the Authority included concerns about the admission criteria to the centre, standards of hygiene and a lack of food choices for residents. The centre is registered to provide care for 48 residents primarily residents who have dementia care needs. A day care service is also provided on site once a week. There were 35 residents accommodated during this inspection. The majority of residents were older people. Three residents were under 65, two who were under 50. The centre has recently commenced admissions of residents with cognitive impairment or suspected cognitive impairment resultant from alcohol or substance abuse. A review of the most recent statement of purpose found that while the provider had outlined a range of care needs that could be accommodated care to people with alcohol related problems had not been specifically outlined and the inspectors concluded that the provider and person in charge were operating outside the services described in the statement of purpose that had been provided for registration renewal in 2013. The
document should be reviewed to ensure that it accurately described the categories of care and services provided in the centre and the Chief Inspector should be informed of any proposed changes that impact on the purpose and function of the designated centre particularly if the changes vary from that described at registration.

The inspectors observed that there were several residents who spent long periods of the day alone in their rooms and there were also long periods when residents in the sitting rooms had no supervision or staff contact. The inspectors concluded that many residents were unsupervised for excessively long periods. The deployment of nursing staff also needed review as there were at least three days each week when there was only one nurse on duty according to the duty rota provided. The inspectors concluded that the deployment and availability of staff needed review to ensure residents care needs including their social care needs were appropriately met in accordance with their assessed dependency needs.

An action plan in the last report outlined that improvements to health and safety matters including the fire safety arrangements were required and while the inspectors noted that some improvements had been made since then there were still areas that required attention. This included changes to fire exits signs some of which did not clearly indicate the nearest exit, no personal protective supplies such as gloves and aprons in critical areas such as sluices, some staff did not know what that the white powder substance on some floors was there to prevent ant infestation. Incidents of verbal aggression were not identified as incidents despite interventions being put in place to manage the problem.

The inspectors found that residents had good access to nursing, medical and allied health care professionals. Care records were maintained on a computer system and there were a range of evidence based assessments undertaken to establish residents care needs and risk factors that informed staff when developing care plans. There were some improvements required to the way care needs and choices were identified. These included:

- the preadmission assessments did not indicate in some cases why admission to this facility was the most appropriate option taking in to account the restriction on their freedom imposed by the secure unit arrangements
- the daily records maintained by nurses required improvement as they did not convey in a meaningful way the care and treatment provided on a daily basis
- the determination of dependency levels required improvement as a resident assessed as low dependency was also described as requiring care in this secure facility which restricted his liberty
- residents did not have a choice of options at meal times and staff in some units did not know what the main ingredient of the meal being served when food was pureed.

The action plan at the end of this report outlines where improvements are required to comply with the regulations and the Authority’s standards.
### Outcome 01: Statement of Purpose

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The most recent statement of purpose provided to the inspectors was dated January 2014. This described the majority of the required scheduled information. The day care service that operates one day a week was described. The document outlined that “nursing care can be provided to individuals with acquired brain injury, cognitive impairment, learning disabilities, persons who experience mental health problems, those experiencing chronic illness and individuals requiring respite, convalescence or palliative care.”

Brentwood Manor is described in the statement of purpose as providing care predominantly to residents who have dementia care needs. Recent admissions have included residents who have alcohol or substance abuse related problems that include some cognitive impairment. The inspectors discussed the services to this client group with the provider and person in charge. It was identified that the statement of purpose needs to specifically identify this client group in the description of services provided.

The inspectors found that staffing levels needed review as some residents were noted to be unsupervised for long periods and concluded that the capacity of the service to meet its aims and objectives as outlined in the statement of purpose including the needs of this new client group were compromised. This is discussed further in outcome 11-Health and Social Care needs and outcome 18-Suitable Staffing.

**Judgement:**
Non Compliant - Minor
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

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

Findings:
The inspectors reviewed a range of administrative and care records. The directory of residents was up to date and a record of visitors was maintained in the reception area. An action plan in the last report required that records listed under Schedule 3 (records in relation to residents) be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspectors found during this inspection that the daily records maintained by nursing staff did not convey in a meaningful way the care and treatment provided on a daily basis. The records mainly described physical care provided and did not describe responses to approaches from staff, cognitive condition and overall did not convey how the health or wellbeing of residents was addressed.

Judgement:
Non Compliant - Moderate

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

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

Findings:
The inspectors reviewed some of the health and safety measures in place. Hot water tested in two areas was noted to be dispersed at a safe temperature. There were moving and handling assessments for residents and the inspectors saw that when hoists were required they were used safely.
The following matters were noted to require attention:
• Sluice areas did not have supplies of personal protective equipment such as disposable gloves or aprons
• There was white powder by the skirting boards in some units and in the laundry area. Some staff were not sure what this was however other staff were able to say it was a deterrent/precaution against ant/insect infestation
• Some fire action signs did not accurately guide persons to the nearest fire exits. This was highlighted for attention in the action plan of the last inspection that was conducted in December 2013 and while improvements to the fire signage were noted further changes were required to safeguard residents, staff and visitors.

Judgement:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s 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 resident’s 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

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

Findings:
There were 35 residents accommodated on the day of inspection. Twenty four were assessed as having maximum or high dependency care needs. Three were assessed as low dependency including a resident who had enduring alcohol related problems and cognitive impairment who required according to reports from nurses a secure facility to address his health needs and safeguard his well being. The inspectors concluded that the pre-admission assessment and dependency tool in use needed review to accurately determine residents’ needs, the reasons for admission and reflect dependency particularly when restrictions on liberty were a factor and underpinned some of the reasons for admission to the centre. The admission and assessment procedures were outlined for improvement in previous inspections conducted in July and August 2013 when inspectors also found that adequate information on residents care needs had not been recorded.

Care records indicated that incidents of verbal aggression were described in nursing notes and referred for medical opinion. Medication was prescribed to alleviate the problems however these episodes were not recorded as incidents in the appropriate section of the care plan to inform staff that such incidents had occurred and had been
The inspectors found that there were regular reviews of residents care needs and where complex care issues were evident that progress was regularly discussed and that a range of community services and professional expertise were involved. The regular reviews were noted to reflect the involvement of family members and their contributions were included in reports and care plans.

Residents were observed to get up throughout the morning. There was a physiotherapist on site who facilitated a group exercise session. The inspectors were told that she was available to provide physiotherapy support that included individual assessments and individual group exercise programmes with residents two days a week.

The inspectors noted that many residents had no social contacts throughout the morning except when staff were delivering care or providing drinks. Residents in the sitting areas were unsupervised for long periods while staff attended to the personal care needs of other residents they were assisting to get up. The activity schedule on display by the nurse’s station indicated that a sing a long session was scheduled for the morning but this did not take place.

Judgement:
Non Compliant - Moderate

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

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

Findings:
Brentwood Manor was designed as a dementia specific facility. It is a purpose built single storey facility that is divided in to four units and has the capacity to provide care for up to 48 residents.

A partial inspection of the premises was undertaken. The following areas were noted to need attention:
• Some areas of the centre were dark particularly the entrances to units which presented a risk to residents with cognitive impairment or with eyesight problems and
• The area at the entrance to Birch unit was malodorous and this persisted throughout the morning.
Judgement:
Non Compliant - Moderate

**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

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

Findings:
Residents were noted to have access to fluids throughout the day. Carers assisted and prompted resident to drink at intervals and were observed to do this discreetly and in a manner that facilitated residents’ cooperation.

The inspectors were told that residents could have their meals in their rooms or in the dining rooms according to their preference. At mid day the meals for residents who required assistance were delivered to the units first to ensure staff had adequate time to give residents the help they needed. The inspectors noted that menus were not displayed and that no choice of main meal was offered. Some staff said that the chef decides on the main meal and that is what is served. Other staff said that they offered residents a choice if they did not like the main dish on offer. The inspectors were concerned to find that staff serving pureed meals did not know what the content of the meal was and were therefore unable to inform residents about what was being served, determine their preference or offer them meaningful choices.

Judgement:
Non Compliant - Moderate

**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
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was one nurse and five carers on duty during the morning to meet the needs of residents. In addition the provider, the person in charge and the person in charge of another of the company’s centres were present throughout the inspection. The inspectors found that carers were well informed and could describe their duties clearly. As described earlier in this report there was evidence that there was not sufficient staff to supervise residents and to provide social care according to their needs and dependencies. The inspectors were told that there were normally two nurses on duty including the person in charge. The rota provided to inspectors for a two week period indicated that there were 3 and sometimes 4 days each week when only one nurse was on duty. The inspectors found that the deficits in information provided when residents were admitted, the high level of dependency of the majority of residents, the introduction of a new client group with distinct needs and the lack of social care opportunities indicated that the numbers and skill mix of staff required review. In particular the deployment of nurses should be reviewed and increased to appropriately meet the complex care needs of residents and to ensure that legislative requirements in relation to record keeping can be maintained.

Judgement:
Non Compliant - Moderate

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 all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Brentwood Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000322</td>
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<tr>
<td>Date of inspection:</td>
<td>06/06/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/08/2014</td>
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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 01: Statement of Purpose

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not outline the services provided to a new client group and the facilities for the day care service had not been included in the statement of purpose.

Action Required:
Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

Please state the actions you have taken or are planning to take:
The Statement of Purpose & Function has been revised as requested and now reads:

*Nursing care can be provided to individuals with acquired brain injury regardless of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
cause, cognitive impairment, learning disabilities, persons who experience mental health problems, those experiencing chronic illness, and individuals requiring respite, convalescence or palliative care

**Proposed Timescale:** 16/06/2014

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The change to the client group accommodated which varied from the information provided in the statement of purpose and which affected the purpose and function of the centre had not been notified to the Chief Inspector as required.

**Action Required:**
Under Regulation 5 (4) you are required to: Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.

**Please state the actions you have taken or are planning to take:**
The revised Statement of Purpose & Function was forwarded to the Chief Inspector

**Proposed Timescale:** 17/06/2014

<table>
<thead>
<tr>
<th>Outcome 04: Records and documentation to be kept at a designated centre</th>
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| **Theme:**
Leadership, Governance and Management |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The daily records maintained by nursing staff did not convey in a meaningful way the care and treatment provided on a daily basis. The records mainly described physical care provided and did not describe responses to approaches from staff, cognitive condition and overall did not convey how the health or wellbeing of residents was addressed. |
| **Action Required:**
Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines. |
| **Please state the actions you have taken or are planning to take:**
The Person in Charge, with the Compliance & Support Manager, held a meeting on July 15th with all Staff Nurses, to remind them and to ensure that daily records are
maintained according to professional and legislative requirements. An audit of records 4 weeks later showed improvement in daily recording of resident’s cognition and responsiveness as well as their health & wellbeing.

Recording will continue to be monitored and maintenance of records re-enforced.

**Proposed Timescale:** 14/08/2014

### 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:**
The following matters were noted to require attention:
- Sluice areas did not have supplies of personal protective equipment such as disposable gloves or aprons
- There was white powder by the skirting boards in some units and in the laundry area. Some staff were not sure what this was however other staff were able to say it was a deterrent/precaution against ant/insect infestation

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Disposable gloves and aprons which were available on all trolleys, are now also available in sluice rooms.

All staff were made aware of the presence of the precautionary insect repellent, which is placed at external door areas, annually, in line with best practice in environmental protection.

As this was a short term application and is no longer present, there is deemed to be no risk to residents.

**Proposed Timescale:** 06/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some fire action signs did not accurately guide persons to the nearest fire exits.
**Action Required:**
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

**Please state the actions you have taken or are planning to take:**
Fire signage has been reviewed. Signage has been simplified and now accurately guides people to the nearest fire exits

**Proposed Timescale:** 15/07/2014

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspectors noted that many residents had no social contacts throughout the morning except when staff were delivering care or providing drinks. The activity schedule outlined an activity that did not take place.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
Staff allocation has been reviewed to ensure provision for each resident to participate in activities appropriate to his/her interests and capacities.

As an interim measure, staff allocation has been revised to ensure that residents enjoy social contact throughout the day.

To better establish need, ability and choice in this area, an occupational therapist is being employed. Interviews have been completed, the post will commence from September.

The addition of this discipline to our team, will, we believe, assist in establishing how best to determine what will lend purpose to each resident’s day and how best to provide appropriate opportunities for resident participation in such activity.

**Proposed Timescale:** 15/07/2014

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The inspectors found that the preadmission assessment and dependency tool in use needed review to accurately determine residents’ needs, the reasons for admission and reflect dependency particularly when restrictions on liberty were a factor and underpinned some of the reasons for admission to the centre.

**Action Required:**
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:
Following review the pre-admission assessment form and accompanying guidance document has been revised to include the reason for admission.

In order to decide on the most appropriate dependency tool, 2 dependency tools were used, concurrently, to assess a number of residents from 7th June until 15th July.

Following this process, we have decided on the tool most suited to our resident group. Dependency assessment of all residents, using this tool, is now complete

**Proposed Timescale:** 14/09/2014

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Episodes of verbal aggression recorded in nursing notes and treated with sedative medication were not identified or recorded in the relevant section of the computer generated care plan to guide and inform staff.

**Action Required:**
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:
We acknowledge that episodes of verbal aggression, for which prescribed medication was administered, were not reported as an incident. However this information was recorded within the nursing notes and within the medical notes and as part of the resident’s prescription.

The Person in Charge, with the Compliance & Support Manager, met with all Staff Nurses, to discuss the relevance of raising incident reports in the event of each & every incident of verbal aggression and to ensure that care plans guide and inform staff appropriately
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:
Some areas of the centre were dark particularly the entrances to units which presented a risk to residents with cognitive impairment or with vision problems.

Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
Brentwood Manor was designed and built to a specialised model, with suffused lighting at exits, a design feature which draws attention away from the exit doorways and acts as an environmental means of managing distressing wandering behaviours.

Having consulted with specialists in this area to establish if best practice has changed, we have been assured that this design feature remains appropriate in this regard and refer to publication evidencing this as being best practice, namely: ‘Dementia Care: A Practical Photographic Guide’, By James Grealy, Helen McMullen, Julia Grealy, published by Wiley.

As with all aspects of the service, best practice will be constantly reviewed in line with new research findings.

Proposed Timescale: 15/07/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The area at the entrance to Birch unit was malodorous and this persisted throughout the morning.

Action Required:
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Carpet and soft furnishings in this area were deep cleaned on 6th June, thereby remedying the milky odour.
**Proposed Timescale:** 06/06/2014

### Outcome 15: Food and Nutrition

**Theme:**  
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Residents were not provided with a choice of main meal and staff serving food that was pureed did not know what was being served.

**Action Required:**  
Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

**Please state the actions you have taken or are planning to take:**  
The menu which was displayed outside the dining room doors is now on display within the dining rooms. Staff are reminded, at morning handover, of the daily menu & choices available

**Proposed Timescale:** 06/06/2014

### Outcome 18: Suitable Staffing

**Theme:**  
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The inspectors found indicators that the skill mix and deployment of staff needed review. These included deficits in information provided when residents were admitted, the high level of dependency of the majority of residents and inadequate assessments of dependency levels, the introduction of a new client group with distinct needs and the lack of social care opportunities provided to meet the needs of residents. In particular the deployment of nurses should be reviewed and increased to appropriately meet the complex care needs of residents and to ensure that legislative requirements in relation to record keeping can be maintained.

**Action Required:**  
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**  
The numbers and skill mix of staff was reviewed and revised by the Person in Charge,
at the time.

Further review and adjustment has taken place in recent weeks, following the appointment of newly recruited nurses, with deployment appropriate to resident needs. Record keeping has improved as outlined under Outcome 4

**Proposed Timescale:** 05/08/2014