

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brooklodge Nursing Home
Centre ID:	OSV-0005164
Centre address:	Ballyglunin, Tuam, Galway.
Telephone number:	093 32 944
Email address:	info@brooklodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brooklodge Nursing Home Limited
Provider Nominee:	Michael Moran
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	2

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 September 2015 12:15 To: 01 September 2015 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

During this monitoring inspection nine outcomes were reviewed and the inspector found a high level of compliance with the Regulations, with seven of the nine outcomes reviewed being judged as compliant.

Evidence of good practice was found throughout the service. Residents’ health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioners and health care services.

The building was comfortable, appropriately furnished and well maintained and there were safe and secure outdoor areas for residents to enjoy. The provider continued to make improvements to the building and surrounding areas.

The provider and person in charge had robust fire safety measures in place.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

There was significant improvement required to the management of medication. In addition, some minor improvement to the statement of purpose was required. The person in charge stated at the feedback meeting that these issues would be addressed.

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

Governance, Leadership and Management

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

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

Findings:

There was a statement of purpose, which reflected the service being provided in the centre and was generally in line with the requirements of the Regulations.

The statement, however, required some minor adjustments as some of the requirements of the Regulations were not clear. For example, the total staffing complement did not reflect the grades of staff employed and the statement did not clearly indicate the reporting relationships within the organisational structure.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people.

The person in charge was well qualified and experienced. She had completed courses in gerontology and management. Since the last inspection the person in charge had participated in a range of training courses including dementia care and end of life assessment and planning.

In addition, she stated that she also kept her knowledge up to date by reading professional journals and publications. She had also recently sourced guidance on dementia thematic inspections from the HIQA website and had used the assessment tool to review aspects of dementia care in the centre.

Judgment:

Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and management team were aware of the responsibility to notify the Authority if the person in charge was to be absent for an extended period.

There were suitable deputising arrangements in place to cover for the absence of the person in charge.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The provider and person in charge had taken measures to protect residents from being harmed or abused. They had arranged training in detecting and reporting elder abuse and all staff had received this training. Staff who spoke with the inspector were clear on what constituted abuse and were aware of their responsibility to report any suspicion of abuse. The person in charge and provider were clear on the management and investigation of allegations of abuse. There was a policy on the management of abuse to guide staff. Since the last inspection the policy had been amended to provide clear guidance on reporting and investigating allegations of abuse.

There was a restraint policy to guide staff. The inspector viewed some bed rail assessments which included the reasons for the use of bed rails and identified if there were any risks associated with their use. There was documented evidence that alternatives had been considered before the introduction of bed rails. The person in charge had developed a schedule for staff to regularly check on residents while bed rails were in use and staff recorded these checks. Lap belts were not used in the centre and increased supervision was used to ensure the safety of residents while in chairs.

Adequate processes were in place to manage behaviours that were challenging to protect all residents as required. The person in charge worked closely with the psychiatry of later life team and informative care plans had been developed for any residents with behaviour that is challenging.

Some residents entrusted some money or valuables to the management team for safekeeping. The inspector reviewed the management of residents' property. There was a secure and transparent system for recording money received for safekeeping and money returned to residents. These transactions were signed by both the resident and the staff member or, where this was not possible, the transaction was witnessed and signed by another staff member. There was a secure area for the storage of valuables.

Judgment:

Compliant

***Outcome 08: 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(s):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect the safety of residents, staff and visitors to the

centre.

There was a risk management policy to guide staff, which incorporated a risk register. The risk register identified a range of risks in the centre, including the risks specified in the Regulations, and their control measures were clearly identified.

The provider had prioritised the safety of residents, staff and visitors in the event of fire. Training records indicated and staff confirmed that all staff had received annual training in fire safety. Frequent fire drills were held in the centre and records indicated that there had been 10 fire drills undertaken so far in 2015. The manager ensured that all staff had participated in fire drills. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

Fire safety maintenance records were maintained which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. Fire extinguishers were serviced annually and fire alarms were serviced quarterly. The fire extinguishers were serviced in April 2015 and fire alarms in July 2015. There were records to indicate that weekly checks of automatic door releases, fire alarms and emergency lighting continued to be carried out by the maintenance person. Daily checks of escape routes were also undertaken, in addition to monthly checks of fire extinguishers.

There was an emergency plan to guide staff on what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan was not reviewed on this inspection as it was read on the last inspection and was found to be informative. The person in charge confirmed that the content of the emergency plan had not changed.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents and the inspector observed staff using appropriate manual handling techniques while assisting residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on corridors to promote independence.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

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

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

Findings:

There was improvement required to the processes for the management of medication. Although some safe practices were identified and the issues identified at the previous inspection had been addressed, improvements were required in the administration of some medication, including crushed medication, and to the disposal of medication.

There was a generally informative medication management policy to guide staff. Since the last inspection the person in charge had revised the medication management policy to include guidance on self administration of medication and on disposal of medication which was no longer required.

Each resident's medications were securely stored in individual locked cabinets in their bedrooms. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily. Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy.

A copy of each resident's transcribed prescription, which were signed by the general practitioner (GP) was attached to each administration sheet and nurses administered medication from this.

However, there were some administration practices which were not safe, increased the risk of medication error and were in breach of the centre's medication policy for example:

- the inspector read a sample of medication administration charts and found that, while some were clear and legible, others were not clearly recorded and were difficult to read
- staff discontinued the use of some medication without suitable guidance
- at the time of inspection none of the residents had medication prescribed to be administered crushed. However, staff indicated that one resident sometimes received crushed medication although it was not prescribed as such. This presented a risk that the resident could receive medication which was unsuitable for crushing.

There were colour photographs of residents on the medication charts, which the nurses could check to verify identification if required. The charts viewed included the required information such as the required doses and routes of administration. There was a nurses' signature sheet available.

The inspector reviewed the practice for disposal of medication which was no longer required and found that the process for the recording and disposal of unused and out of date medication was not safe and traceable.

There were inadequate systems in place for reviewing and monitoring safe medication management practices. The pharmacist carried out medication audits but the person in charge did not. The issues identified during the inspection had not been detected by the person in charge.

Judgment:

Non Compliant - Major

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. 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(s):

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

Findings:

The inspector found that the health and social care needs of residents were well met.

All residents had access to GP. Many of the residents were from the local area and had retained their own GPs. The inspector reviewed the medical files and found that GPs reviewed all residents regularly.

Residents had access to a full range of health care services, including speech and language therapy and occupational therapy which were included in the fee. Chiropractic, optical, dietetic, dental and psychiatry services could also be arranged as required. The provider supplied a weekly physiotherapy group service for residents and the person in charge arranged individual physiotherapy appointments for residents as required. Recommendations from medical reviews and health care professionals were recorded in residents' files and their recommendations were incorporated into their care plans.

The inspector viewed a sample of files of residents with a range of needs such as falls risk, risk of developing pressure ulcers, behaviour that is challenging and mobility issues and found that they were completed to a high standard. Pre-admission and comprehensive assessments had been carried out for all residents. Staff had also carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every four months or as required by the changing needs of residents.

Residents' files were person centred and included personal information about the

residents such as important dates and times in their lives, memories of childhood and earlier life, their families and their likes, dislikes, preferences and interests. This information was used to plan meaningful activity for residents. There was a variety of activities available to residents each day, including light exercises, crafts, hand massage, skittles, bingo, music sessions, knitting and interactive games, such as word search.

Staff who spoke with the inspector knew the residents well and were very aware of each resident's health and social care requirements. Residents told the inspector that staff looked after them well and they were happy with the care they received.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

During previous inspections, inspectors found that the building was constructed and maintained to a high standard, was comfortably and tastefully furnished and was clean, bright and spacious with ample communal space for residents. On this inspection this standard was found to be maintained.

The building continued to be well maintained and there was a maintenance person employed to oversee the routine upkeep of the building and grounds. In addition, there were records to confirm that equipment such as hoists, the call bell system and the power generator were regularly serviced and in good working order.

All bedrooms had en suite facilities and there were sufficient additional bathrooms available to residents.

There was a well tended garden and an enclosed outdoor area, as well as secure enclosures for animals. There was an enclosure for poultry close to the building and some of the residents enjoyed feeding the hens and collecting eggs. The provider had recently added peacocks to the poultry area. Although the weather was not warm during the inspection, staff accompanied appropriately, suitably dressed residents to go outdoors, for walks or to feed the hens. Since the last inspection the provider had

constructed a new timber gazebo in the enclosed court yard. It contained seating and was a comfortable area for residents to sit in if they chose to.

To commemorate all residents who had previously lived in the centre, the provider had also developed a Garden of Remembrance in an area of the grounds at the front of the building. It comprised of a commemorative plaque decorated by a painted scene by a local artist and inscribed with a poem written specially for the plaque by a local man. There was timber seating in this area where residents, relatives or staff could spend quite time or reflect.

Since the last inspection the provider and person in charge had continued working together to make the centre more suitable for residents with dementia or cognitive impairment. To assist residents in recognising areas important to them each wing in the building had been repainted in a different colour scheme, and clear, coloured signage with picture cues had been placed on door to assist recognition, also there were relevant pictures on dining room and bathrooms doors to prompt residents. The provider had sourced and displayed pictures which may have significance to residents from the area, such as scenes from 'The Quiet Man', part of which was filmed nearby and of Tuam in past times.

In addition, the provider had previously furnished the building in a homely manner, with pictures, paintings and shelving units to display ornaments and photographs displayed throughout the building. Photographs of outings attended by residents throughout the year were also displayed in prominent areas. There was a room where visitors and residents could make tea and coffee. There was also a 'relaxing room', which could be used by all residents, but was particularly designed for residents with dementia. This room contained items of interest to residents, including pictures, flowers, a rummage box and a display of old Irish money.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

On the day of inspection, there was an adequate number of staff on duty throughout the day. The inspector reviewed staffing duty rosters and found that these were consistent with the normal staffing levels. Residents' dependency levels were assessed by the person in charge, who used this to decide on appropriate staffing levels.

Training records indicated and staff confirmed that staff had attended a variety of training in addition to mandatory training. Training records were clearly maintained. The inspector read the training matrix for 2015 and found that a range of training had been provided to staff including end of life assessment and care, dementia care and nutrition. Staff told the inspector that the end of life training which had been delivered since the last inspection was particularly beneficial. Staff who spoke with the inspector were familiar with residents' health and social care needs.

The inspector read a sample of staff files, which were in line with the requirements of the regulations and contained the required information, such as photographic identification, two references and Garda Síochána vetting. There was a staff recruitment policy in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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 report¹

Centre name:	Brooklodge Nursing Home
Centre ID:	OSV-0005164
Date of inspection:	01/09/2015
Date of response:	13/10/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some of the requirements of Schedule 1 of the Regulations were not clearly reflected in the statement of purpose.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

The Statement of Purpose has been reviewed and contains the information set out in Schedule 1 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The total staffing complement reflects the grades of staff employed and it now clearly indicates the reporting relationships within the organisational structure.

Proposed Timescale: 12/10/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Some administration practices were not safe. Staff discontinued the use of some medication without suitable guidance. Staff sometimes administered crushed medication although it was not prescribed as such. Some medication administration charts were not clearly recorded and were difficult to read.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

G.P. will sign discontinued medications within 3 days of the medication being discontinued. Medication policy updated and read by all staff nurses.

Medication Management Training for all staff nurses to be completed by November 2015.

Medication will be administered crushed only if it prescribed by the resident's G.P. as per medication policy. Medication policy reviewed with all staff nurses. Completed.

All nurses have been informed to clearly record and document legibly the medication administration sheets, including regular and prn medications.

Medications audits are being carried out 3 monthly by the pharmacist, in addition the person in charge will carry out monthly medication audits.

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

Proposed Timescale: 30/11/2015

Theme:

Safe care and support

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

The process for the recording and disposal of unused and out of date medication was not safe and traceable.

3. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Medications that are out of date or unused are recorded immediately in a pharmacy returns book. They are checked by two staff nurses.

The resident's name, name of the drug, dose, number of medications and reason for return are all recorded in the pharmacy return book.

The medications are then locked away until they are collected by the designated person from the pharmacy.

The person collecting the medications will sign the pharmacy returns book to say that the medications have been collected.

The policy on out of date and unused medication has been updated and read by all staff nurses.

Proposed Timescale: 12/10/2015