

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bramleigh Lodge Nursing Home
Centre ID:	OSV-0000204
Centre address:	Cashel Road, Cahir, Tipperary.
Telephone number:	052 744 2129
Email address:	selma.kelly@sacrecoeur.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bramleigh Lodge Nursing Home Limited
Provider Nominee:	Selma Kelly
Lead inspector:	Gemma O'Flynn
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

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 renewal 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:
06 September 2016 09:30	06 September 2016 18:30
07 September 2016 06:55	07 September 2016 15:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a two day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspector met with residents, relatives, staff, the person in charge and the provider. The views of residents and relatives were

listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives were also reviewed. Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The management and staff of the centre were striving to create a change in their culture of care, aiming to fully move away from a task driven model of care to a fully person centred approach. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Areas of non compliance were identified as set out in the table above and these non compliances are discussed in detail throughout the report and in the subsequent action plan.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the centre and a statement as to the facilities and services which were to be provided for residents. It contained all the information required under the Act. It was kept under review on a yearly basis and was implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure in place that staff and residents were familiar with and could explain to the inspector. Both staff and residents were supportive of the management team, telling the inspector that they were open and approachable and were receptive to new ideas.

There was a comprehensive auditing schedule in place which included audits of matters

such as rights; communication; safeguarding; consultation; consent; activities; modified diets; hydration; ophthalmic access; psychotropic medication, medication management, falls, restraint and more. Where issues were identified a corrective action form was completed assigning the task to a specific person and timeframe.

There was an annual review of the quality and safety of care delivered to residents and this was displayed on a notice board in a high traffic area of the centre. It identified improvements that had taken place such as the recent decorative upgrade and set out plans for the year ahead, much of which had been accomplished such as the repainting of bathroom doors to assist those with a cognitive impairment in identifying such areas.

The management team met monthly on a formal basis and meeting minutes evidenced this. Items on the agenda included review of incidents in the centres, staffing issues and centre upgrade. The person in charge stated that informal meetings were held on a weekly and sometimes daily frequency.

There was evidence that residents were consulted and had a say in the day to day running of the centre. Residents who spoke with the inspector confirmed that they attended or had the opportunity to attend resident meetings and minutes of the meetings reflected this. The cook was aware of feedback regarding menu options and it was evident that residents' choice was facilitated in this regard. The meeting minutes could have been further enhanced by assigning issues to a designated person and setting a timeframe and outcome update as it was not always clear how each issue had been addressed.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre available to residents and this was seen in some residents bedrooms also. It contained the information required by the Regulations.

In a random selection of resident files there was a written contract of care as required by the regulations. The contracts set out the services to be provided and other fees to be charged to the resident.

Judgment:
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:

There was a person in charge of the designated centre. She was a qualified nurse and was suitably experienced with the required three years experience in the nursing of the older person within the previous six years. She was able to demonstrate that she was involved in the governance of the centre on a regular and consistent basis. Residents were able to identify her and spoke positively about her. Staff confirmed she was a presence in the centre and were supportive of her as a manager.

The person in charge told the inspector she had undertaken training in advocacy, culture change and activities in the care of the older adult. She stated that wished to undertake further training in palliative care in 2017 and was due to attend training in the use of restraint in the coming days.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre and overall, these were accurate and

up to date. They were kept securely but were easily retrievable. Resident and staff files were very well kept and well organised. There was a policy in place for the storage of records. The required policies were in place and were reviewed at intervals not exceeding three years. The centre was adequately insured.

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:
There had been no instances whereby the person in charge had been absent for more than 28 days. The person in charge and provider were both aware of the reporting requirements for such an occurrence.

The person in charge had identified a senior nurse as a person who would deputise in her absence. This nurse through her discussions with the inspector demonstrated excellent knowledge of the residents, their associated medical conditions and any strategies that were in place to manage residents' care.

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:
There was a policy on and procedures in place for, the prevention, detection and response to abuse. Training records demonstrated that staff were up to date with the

relevant required training. The provider and person in charge monitored the systems in place to protect residents via an audit which had been completed in February 2016 and included a review of the centre's policy and also included an interview with a random selection of five staff to ascertain their knowledge of the processes in place.

The majority of staff who spoke with the inspector were very clear on what they should do if they witnessed or suspected abuse, however, it wasn't clear in every instance that all staff would follow the centre's clear policy for reporting. This was discussed in more detail with the provider and person in charge prior to the close of the inspection.

All residents who spoke with the inspector stated that they felt very safe in the centre and that staff were good to them. Relatives who spoke with the inspector said that they were satisfied that their loved ones were safe in the centre. It was evident via documentation and conversations with staff that the person in charge and the provider responded to any concerns appropriately and promptly.

The provider brought it to the attention of the inspector on the first day of inspection that a vetting disclosure was not in place for all current staff. She stated that there had been a change in the process for applying for vetting which had delayed the relevant applications. The provider undertook to arrange replacement cover until a vetting disclosure was in place. She stated that she anticipated that that would take approximately one week.

There were straightforward systems in place for safeguarding resident's finances. Clear records were kept and two signatures were recorded for any monies in and the resident was issued with a duplicate receipt which they signed upon receipt or lodging of any monies. Records showed that monies belonging to residents who had passed away were returned to the relevant person.

There was a policy and procedures in place for working with residents who had behaviour that is challenging. In a sample of files reviewed, clear records were maintained regarding efforts made to identify antecedents, behaviours and consequences and information elicited from these records were transferred into a detailed care plan that gave very clear insight into specific triggers and management strategies to assist staff in supporting residents. Staff were all able to identify residents who had episodes of behaviours that challenged and all were able to identify ways in which they would support the resident to relax and de-escalate the behaviour. Health care assistants who spoke with the inspector said that care plan strategies were shared with them and information pertinent to residents' behaviours were discussed at daily handover. This was also observed by the inspector.

There was a policy in place for the management of restraint and records for the management of restraint were robust. Alternatives that had been considered were documented before bed rails were used. An appropriate risk assessment was completed, the rationale for the use of bed rails was documented. Consent was obtained from the resident, documentation showed that the General Practitioner (GP) was involved in the decision. Two hourly checks were carried out when bed rails were in situ, however, there were some gaps in the documentation of some night checks. This was discussed with the person in charge and it appeared that the gaps may have occurred due to the

layout of the check form as opposed to the checks not being carried out, however, there was no way of confirming this.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre had policies and procedures relating to health and safety. There was a comprehensive risk management policy in place that included the items set out in regulation 26(1). Risk assessments were in place and had been reviewed in 2016, hazard inspections of the physical environment were completed and records confirmed this. There was a plan in place for responding to major incidents that may lead to damage to the property and/or evacuation of the residents from the centre.

There were policies and procedures in place for the prevention and control of healthcare associated infections. There was a colour coded cleaning system in place, that household staff were able to clearly explain. Mopheads were changed twice for each bedroom area. Two rooms were subject to a 'deep clean' every day and records demonstrated this. Specific laundry bags were available for the use of infected linen and staff were aware of these. The inspector observed staff utilising the hand gel available throughout the centre at appropriate times.

There were robust process in place for investigation and learning from serious incidents. Comprehensive documentation was maintained and included information on preventative action taken to prevent a recurrence. A falls log was maintained and this included information on the time, location and cause of the fall. Meeting minutes for staff and management meetings demonstrated that incidents were discussed and reviewed with the entire team.

Suitable fire equipment was provided and service records were available and up to date. Fire evacuation procedures were prominently displayed throughout the centre. Staff were trained and staff who spoke with the inspector were aware of what to do in the event of the fire alarm sounding. However, fire drills were taking place as part of scheduled training sessions and did not include unannounced drills to fully test staff and, as far as reasonably practicable, resident responses and thus provide a learning opportunity to enhance and develop the evacuation procedures.

Staff were trained in safer moving and handling practices and overall, good compliance with up to date techniques and equipment was observed. However, some outdated

practices were seen to be utilised when assisting to transfer a resident from a wheelchair to a chair which was a potential risk to the resident.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medications to residents, however, these were not fully implemented at all times.

Prescriptions were transcribed on a regular basis in the centre, however, this practice was not always in line with the centre's policy or current guidance for nurses. For example, two nurse signatures were not always present on the prescription chart to ensure that the transcription was correct. The signature of the registered prescriber was not always obtained on the transcribed prescription before it was implemented in the centre, this contravened the centre's policy. Also, each prescription on the centre's prescription chart was not individually signed for by the registered prescriber. This was discussed with the person in charge who demonstrated that she was aware that this was an issue and had taken steps to address it. The inspector noted that progress had been made the person in charge was working towards achieving full compliance.

Medications were delivered to the centre in a pre-dispensed system and a thorough checking procedure was in place. A medication round was observed and safe practices were not followed as the contents of the pre-dispensed system were not checked against a current prescription to ensure the contents were correct before administering to the resident. The inspector was told that this was because checks had already been carried out when the medications were delivered to the centre and any errors were identified then. The inspector found that this not safe practice nor was it in line with current guidance for nurses.

Regular audits were carried out by the person in charge and some competency assessments of nurses' administration practices had been undertaken.

The processes in place for the handling of controlled drugs were safe and in accordance with current guidelines and legislation. A tally of controlled drug stock matched the maintained records.

Daily temperatures of the medication fridge were maintained.

Judgment:
Non Compliant - Moderate

Outcome 10: 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

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

Findings:
A record of all incidents occurring in the centre was maintained. Notifications within three days of the occurrence of any relevant incident were submitted as required. Quarterly notifications were submitted as required but did not include details of all restraint in the centre such as keypad locks on external doors.

Judgment:
Substantially Compliant

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

Findings:
The inspector was satisfied that residents' health care needs were met through timely access to medical treatment. Local General Practitioner (GP) services were available and nursing staff were observed to interact with same over the course of the inspection. An out of hours services was also available if required.

Records demonstrated that residents had access to allied health professionals such as dieticians, speech and language therapists, physiotherapists and occupational therapists.

However, where a recommendation for specialist equipment was made, it was not evident that all avenues had been explored and exhausted to ensure that the resident had access to such equipment.

The care delivered encouraged the prevention and early detection of ill health. Monthly assessments including blood pressure and weight checks, skin integrity and pain checks were completed. A health promotion assessment was also completed quarterly and included reviews of residents if they smoked, required weight loss interventions or if they experienced depression.

A comprehensive assessment process was in place and completed quarterly as required. A random selection of resident files viewed were seen to be up to date with assessment reviews. Examples of assessments completed included independence assessments, risk of pressure sores, continence assessments and skin assessments, depression scales, pain scales and fall risk assessments.

Care plans were in place. A random selection were reviewed by the inspector and all but one (an end of life care plan) had been updated four monthly or more frequently if required. However, the standard of the information contained in the care plans was inconsistent. Some were very person centred in their approach and gave a clear insight into the care required by the resident. However, some direction needed to be more specific, for example, a care plan for a resident with non insulin dependent diabetes did not state the frequency of the checks of the resident's blood sugar levels. When the blood sugar checks were reviewed, they were inconsistent in their frequency with some checks occurring fortnightly and some monthly.

A care plan for a resident identified as being at high risk of developing pressure sores did not specify important aspects of the resident's care. For example, the frequency of repositioning, the fact that the resident was non-compliant with positional changes or that the resident required a risk mattress had not been documented, however, the inspector was satisfied that these had been implemented and the issue pertained mainly to documentation.

The assessments and care plans for wound care required review. For instance, a resident with a significant wound had a wound assessment chart that was completed sporadically. The associated care plan needed to be more specific and include information such as the frequency of the dressing change and the materials used. In some instances care plans consisted of updates which detracted from the actual plan of care. It wasn't evident that these updates were incorporated into the care plan to enhance care. The person in charge gave a detailed account of the wound care plan that was in place for this resident and it included contact with a tissue viability nurse as evidenced by documentation in the care plan.

Where a review had taken place by allied health professionals such as a dietician, the recommendations were seen to be included in the resident's nutritional care plan.

Judgment:
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. 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):

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

Findings:

Overall, the inspector found that the centre's design and layout were in line with the statement of purpose, however some improvements were required to the layout twin bedrooms.

The premise's communal areas and a number of bedrooms had undergone a recent decorative upgrade and this was completed to a high standard with a tasteful colour palette and soft furnishings. The centre's annual quality report stated that the residents elected the names for the different wings of the centre and names significant to the locale were chosen. An engraved name plaque identified the separate wings. Bathroom doors were painted a specific colour to assist in orientating residents with a cognitive impairment. There was a homely feel to the centre and suitable heating, lighting and ventilation were in place. Some minor decorative upgrade was required in a bedroom where damage had occurred to a wall.

Overall the centre was very clean, however, some areas required further attention. For example, it was observed that the communal conservatory sitting room required further attention; the window sill had some debris and drink splash stains that had not been attended to, the skirting boards were very dusty and the chairs had not been cleaned to remove foodstuff. This was brought to the attention of the provider who made immediate plans to address same and a deep clean was commenced prior to the close of the inspection. A strong odour was noted in a bedroom area and this was also brought to the attention of the provider and person in charge.

A number of bedrooms were seen to be cluttered and untidy in appearance due to hastily made beds and very creased bed linen. The issue of creased bed linen was identified at the previous inspection also. In some twin bedrooms the wardrobes were difficult to access due to the positioning of the beds and bedside lockers were situated far from the bedside. In some rooms, a shared television could not be seen by one resident if they wished to view television whilst in bed.

There was good signage throughout the centre. Communal areas were identified in writing and also with a picture, for example, the 'dining room' had a picture of cutlery

and a meal displayed. Pictures of significance to particular residents were used to help them identify their own bedrooms for example, tractors, newspapers and typewriters.

Each bedroom had access to a wash hand basin whilst 19 residents shared three shower rooms. The person in charge stated this worked well and residents were facilitated to have a shower whenever they so wished, none of the residents who spoke with the inspector voiced dissatisfaction with this aspect of their care. Seven bedrooms had full ensuite facilities. Shared rooms had adequate privacy screening to ensure for privacy whilst receiving personal care.

Residents' bedrooms were personalised with their own belongings and there was sufficient storage, residents who spoke with the inspector, confirmed they liked their bedrooms and that they had adequate storage.

There was a small enclosed garden which was accessible from the conservatory sitting room and some residents were seen to use this area during the course of the inspection. A raised flower bed was in place also. The person in charge told the inspector that a small sensory community garden was located less than a five minute walk from the centre for those who wished to use same.

Equipment was fit for purpose and maintenance records were available for inspection, staff were trained in the use of same. Grab rails and hand rails were fitted throughout as required.

Judgment:

Non Compliant - Moderate

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

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

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

Findings:

There was comprehensive policy and procedures in place for the management of complaints. The complaints process was displayed in the centre and a framed notice reminding residents of their rights, included a reminder of the right to complain without fear.

Residents and their families were made aware of the complaints process as soon as possible after admission and a checklist completed for each resident post admission included a reminder to inform of the complaints process. There was a nominated person

to deal with complaints and residents who spoke with the inspector said they would not hesitate in making a complaint. They were able to identify the person in charge as the person they would go to if they had any issues.

A record was maintained of all complaints to the centre and included documentation as to whether or not the complainant was satisfied with the outcome of the complaint. There was a person separate to the nominated person to oversee that all complaints were appropriately responded to and records kept.

Judgment:
Compliant

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

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

Findings:

There were written operational policies in place for end of life care. There was no resident receiving end of life care at the time of the inspection. The person in charge discussed end of life care processes and identified how care practices, plans and facilities were in place to ensure that residents received end of life care that met individual needs and wishes. For example, a template of a specific nursing end of life pathway tool was shown to the inspector, the person in charge stated the use of same was a clinical decision and it guided care management and comfort care. The centre utilised a specific process to ensure that all aspects of care had been delivered when the person passed away.

The person in charge said that residents were given the opportunity to come and pay their respects to the deceased resident and that a photograph of the resident and a lit candle were displayed in the communal area of the centre in a mark of respect. The person in charge stated that family were welcome at all times and whilst she acknowledged the limitations of private space for visitors she spoke of how a section of the small sitting room was partitioned for privacy if required. For residents in a twin room, a private room was offered if available, according to the person in charge.

Links were in place with the community palliative care team to ensure pain was well managed for those at the end of their life and nursing staff who spoke with the inspector confirmed this.

The person in charge told the inspector about the annual remembrance mass each November to remember those who had passed away. Family member were invited and candles with each resident's name on them were lit.

Documentation was completed in the form of advanced care discussion forms to ensure residents wishes were documented and carried out. The information elicited was adequate but could be developed further to ensure all personal wishes were fully documented. This was discussed with the person in charge who agreed with same. A care plan was in place in a random selection of files viewed that also referenced resident's wishes.

Judgment:
Compliant

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

Findings:
There was a comprehensive policy for the monitoring and recording nutritional intake which was seen to be fully implemented. Daily records were maintained of residents food intake and these were available for review and seen to be completed as required. Monthly weights were also documented.

There was access to fresh water and a range of juices at all times and staff were seen to discreetly encourage and assist residents to eat and drink when necessary. For those who required assistance with eating, staff were heard to explain what food they were having and asking did the resident like it. The pace of assisting residents to eat was seen to be relaxed and staff were heard to encourage resident to take their time and go 'at your own pace'.

Residents had access to speciality advice from dieticians and speech and language therapists and this advice was recorded in the residents' files and subsequent care plan. The information was also in the kitchen where the cook could access and refer to same. A list of residents and their specific dietary needs was maintained in the kitchen and the cook demonstrated a very good knowledge of these needs.

Food was served in a relaxed fashion and appeared to be nutritious and to the residents' liking. It was available in sufficient quantities and extra was available if desired. Snacks were available throughout the day and notices advising residents of a newly added item to the snack menu (a cheese plate with grapes, crackers and relish).

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As discussed in outcome two, residents were consulted in the day to day running of the centre. Residents confirmed this and stated that resident meetings were held regularly, minutes further evidenced this. After an audit of consultation and participation was conducted, it was identified that a non staff member representative was required to represent residents who had a cognitive impairment. This request was displayed on the notice board by the conservatory sitting room and interested parties were advised to contact the person in charge. Residents had access to advocacy services, details of a national advocacy provider were displayed on a notice board and the person in charge and undertaken training in advocacy also.

Residents told the inspector that mass was celebrated once a month in the centre and arrangements were available for other denominations if so required. Residents confirmed that they had an opportunity to vote in the centre if they so wished and the provider said that if residents wished to vote in the local town that this was facilitated also.

Residents were seen to have their personal choices facilitated whether it be returning to bed for a nap in the afternoon or what they wanted to eat on a particular day.

A new activities co-ordinator had recently been appointed and she demonstrated good knowledge of the residents likes and dislikes and was able to discuss how she encouraged residents to engage in a particular activity that they enjoyed. She worked from 2-5pm Monday to Friday in this role. A specific activities assessment was completed for each resident which identified specific capabilities and the inspector observed how residents who were unable to participate fully in a afternoon activity was given the opportunity to participate whilst maximising their independence. The person in charge discussed how she planned to enhance activities to ensure that they suited all residents' assessed capabilities as much as possible. A residents' hour had been put in place between the hours of 3 and 4 pm, this was protected time for staff to stop engaging in task driven activities and to focus on spending one to one time with residents instead. Staff were seen to engage in hand massage, nail painting and bingo over the course of the inspection. An activities schedule was displayed on a notice board

and this set out activities that took place in both sitting rooms. The activities coordinator said that time was set aside to spend time with residents who preferred to spend time in their own rooms. A log of resident participation was maintained for daily activities.

Visitors were seen to come and go over the course of the inspection. The centre was limited in space and a specific visitor's room was not available. However, a small area in the smaller sitting room had been identified as a private space should it be so required and the dining room was open to visitors and residents' use during the day.

A cordless phone was available to residents if they wished to use it and notices were displayed stating that a web based phone video chat system was available and that a dedicated laptop was available for that service should any resident wish to use it.

Staff interactions with residents were seen to be respectful and dignified throughout the course of the inspection. Conversations were meaningful and demonstrated that staff knew the residents well. Residents appeared to be relaxed in the company of the staff they interacted with and confirmed this to be the case when they spoke with the inspector stating: 'the staff are great here', 'they would do anything for you'. When staff discussed residents with the inspector, they did so with fondness and respect.

Judgment:
Compliant

***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

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

Findings:
There was a policy on residents' personal property and possessions and a property sheet was maintained in the sample of files reviewed by the inspector. Residents had adequate space to store their own possessions and lockable space was available in residents' bedrooms.

The laundry facilities had recently been upgraded and there were separate areas for dirty and clean clothing. The laundry area was clean, tidy and organised without any backlog of linen. A new laundry assistant role had been created in the weeks preceding the centre's re-registration inspection. This assistant worked Monday to Friday 1pm - 4pm and was responsible for ironing, labelling, sorting and putting away residents' clothing. Residents expressed overall satisfaction with the management of their laundry.

The provider and the laundry assistant discussed a new labelling system that was due to be implemented in the coming weeks.

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):

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

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents. The provider and person in charge stated that they had rostered an extra staff member on duty for the inspection to ensure staff were available to leave their post if required. A staff rota was available for review.

There was a nurse on duty at all times. Staff had access to education and training that enabled them to provide care that reflected up to date, evidence based practice. All staff were up to date with mandatory training according to the records viewed and as stated by the provider. Health care assistants also had access to other training relevant to their role such as infection control. Nursing staff had access to continuing professional development and in 2015 and 2016 an range of nursing staff had attended varied courses such as Holistic Dementia Care; Palliative Care; Renal Palliative Care; Gerontology; Gerontology; Engagement in Meaningful Activity; Wound Care Management and Dysphagia. The person in charge and other nursing staff delivered in house training in topics such as communication in dementia and care planning.

Staff appraisals were carried out annually and the majority had been completed for 2016, these provided an opportunity to review performance at work and to identify training needs for the coming year. Records of these appraisals were shown to the inspector.

New staff were subject to an induction period and a comprehensive sign off sheet of skills was completed. Relevant staff had up to date registration with their relevant professional body as evidenced by documentation on file for same. However, the requirements of Schedule 2 of the regulations had not been met in all instances. The provider brought it to the attention of the inspector that a vetting disclosure was not in

place for all current staff or volunteers. This is actioned under outcome seven, Safeguarding & Safety. She stated that there had been a change in the process for applying for vetting which had delayed the relevant applications. The provider undertook to arrange replacement cover until a vetting disclosure was in place. She stated that she anticipated that that would take approximately one week. Otherwise files were in order and issues pertaining to previous gaps in employment for some staff had been addressed since the last inspection.

Volunteers had a written agreement in place, however as stated above, a vetting disclosure was not in place at the time of the inspection.

Judgment:
Non Compliant - Moderate

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:

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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:	Bramleigh Lodge Nursing Home
Centre ID:	OSV-0000204
Date of inspection:	06/09/2016
Date of response:	28/09/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

There were gaps in the documentation of two hourly checks to ensure safety once bed rails were utilised.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

The PIC has reviewed the procedures with nursing care staff in relation to the completion of two hourly checks documentation to ensure that staff are correctly documenting same on a consistent basis.

Proposed Timescale: Completed

Proposed Timescale: 28/09/2016

Theme:

Safe care and support

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

A vetting disclosure in accordance with the National Vetting Bureau Act 2013 was not in place for all staff.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Garda vetting disclosures are now in place for all staff. Our recruitment procedures have been amended to provide that garda vetting will now be applied for at interview stage to ensure that disclosures are received prior to any new staff member starting employment.

Proposed Timescale: 28/09/2016

Theme:

Safe care and support

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

Not all staff were able to fully explain their reporting responsibilities if they had a concern regarding resident safety.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Further training in relation to safeguarding residents is scheduled to ensure that staff are consistently clear on their reporting duties.

Proposed Timescale: 31/10/2016

Outcome 08: 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:

Unsafe moving and handling practices were observed which posed a potential risk to the safety of residents. The inspector formed the view that training was not being implemented to minimise the potential risk to residents.

4. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The PIC, in conjunction with our Occupational Therapist, is currently re-appraising each staff member in relation to his/her own ability to implement current moving and handling training. The PIC will organise additional one on one training for any staff member who requires further training in this area.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

Fire drills were taking place as part of a scheduled training session, unannounced fire drills to fully test staff and, where reasonably practicable, residents responses to a fire scenario were not undertaken.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The Registered Provider has commenced a schedule of periodic unannounced fire drills to complement the current six-monthly fire drill training programme.

Proposed Timescale: 28/09/2016

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:

Prescriptions were transcribed on a regular basis in the centre, however, this practice was not always in line with the centre's policy or current guidance for nurses. Each prescription on the centre's prescription chart was not individually signed by the registered prescriber.

Contents of the pre-dispensed system were not checked against a current prescription to ensure the contents were correct before administering to the resident.

6. 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:

The PIC has reviewed transcription procedures with nursing care staff to ensure that nursing staff are following correct transcription procedures on a consistent basis going forward.

The PIC is committed to best practice in medication management in the nursing home. Currently, some of the registered prescribers who attend residents at the nursing home, elect to use one signature on the Kardex instead of individual signatures for each medication. In this case, the PIC ensures that a counterpart copy of the original prescription is also attached to the Kardex and is therefore available to the staff nurse when administering medication. The PIC continues to work with the registered prescribers concerned in relation to this matter.

The PIC has completed a review of medication administration practices with the staff member in question and will keep this under review. A further medication management audit will be completed by end October by the PIC.

Proposed Timescale: 28/09/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Quarterly notifications did not include all details of restraint used in the centre, for example, keypad locks on external doors.

7. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief

Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The quarterly notifications have now been updated to include external door keypads.

Proposed Timescale: 28/09/2016

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 standard of the information contained in the care plans was inconsistent and therefore required review to ensure they fully directed care. Not all care plans seen had been reviewed four monthly.

Wound care documentation required review to ensure the care plans were consistent and fully directed care.

8. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The PIC is currently reviewing all care plans for consistency and to ensure that same are reviewed minimum four monthly, to include a full review of wound care plans to ensure that same fully direct care.

Proposed Timescale: 31/10/2016

Theme:

Effective care and support

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

Where specialist equipment was recommended by allied health professionals, it wasn't evident that all avenues had been explored to ensure that the resident had access to same.

9. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The PIC has now secured access to the particular recommended specialist equipment.

Proposed Timescale: 28/09/2016

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:

The layout of some of the twin bedrooms required reconfiguration to ensure all furniture and accessories such as the wardrobes and television were accessible at all times.

Some bedrooms were cluttered and untidy in appearance. Bed linen was badly creased.

The arrangements for ensuring the communal conservatory sitting room area was clean required review. The cleaning arrangements for ensuring all areas of the centre were odour free required review.

10. Action Required:

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

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

The layout of certain twin bedrooms is being reviewed and reconfigured where possible, in consultation with the residents in that room to ensure that the layout is as accessible as possible to the satisfaction of the residents.

Our newly-appointed laundry assistant is currently implementing a new system for managing linens in the nursing home. She has responsibility to monitor and supervise this area going forward to ensure high standards are achieved consistently. She reports directly to the Operations Manager.

The arrangements for general cleaning, including the conservatory, have been reviewed and all staff are now clear on their responsibilities in this regard.

Proposed Timescale: 28/09/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

A vetting disclosure was not in place for volunteers visiting the centre.

11. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Garda vetting disclosures are now in place for all volunteers. Our procedures in relation to volunteers have been amended going forward to provide that garda vetting must be applied for and a disclosure received prior to any volunteer visiting the centre.

Proposed Timescale: 28/09/2016