

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bridhaven Nursing Home
<b>Centre ID:</b>	OSV-0004455
<b>Centre address:</b>	Spa Glen, Mallow, Cork.
<b>Telephone number:</b>	022 22 205
<b>Email address:</b>	paul@bridhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bridhaven Nursing Home Unlimited Company
<b>Provider Nominee:</b>	Paul Rochford
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Noel Sheehan Michelle O'Connor
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	151
<b>Number of vacancies on the date of inspection:</b>	6

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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:
19 July 2017 10:00	19 July 2017 18:00
20 July 2017 09:30	20 July 2017 17:30

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

<b>Outcome</b>	<b>Our Judgment</b>
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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	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	Substantially Compliant

**Summary of findings from this inspection**

This monitoring inspection by the Health Information and Quality Authority (HIQA) of Bridhaven Nursing Home was announced and took place over two days. The provider had applied for renewal of registration and for an increase in bed capacity following completion of a new extension. This extension was viewed by inspectors. Additional bedroom accommodation had been developed for 27 extra residents and this was set out in spacious single and double en-suite bedrooms. Further premises information is

set out in this report under Outcome 12: Premises. As part of the inspection, inspectors met with the provider, the person in charge, management personnel, residents, relatives, and other staff members. In addition, a sample of relevant documentation was reviewed.

Inspectors found that the premises, furnishings, fittings and equipment were of a high standard and the décor was seen to have been updated and refreshed in all areas. There were suitable gardens and outdoor sitting areas available for residents and ample car parking available around the building. Feedback from the pre-inspection HIQA questionnaires from residents and relatives indicated a high level of satisfaction with the service, the staff and the service provided. There was evidence of individual resident's needs being met and that they were supported to maintain their independence for as long as this was possible.

There were three activity personnel, a resident's advocate and a physiotherapist employed to support the care provision. These personnel facilitated a variety of social, physical and recreational activities for residents. Family involvement was encouraged and relatives with whom inspectors spoke confirmed that they were happy with all aspects of social and medical care.

Some improvements were required to ensure compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016.

**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 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 was viewed by inspectors. It clearly described the service and facilities provided in the centre. It identified the staffing structures and staffing levels. It also described the aims, objectives and ethos of the centre.

Names of new members of the management staff had been added to the governance structure and the complaints process had been further clarified.

**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:**

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined

management structure in place that identified the lines of authority and accountability. Audit of the quality and safety of care delivered to residents was robust. Improvements were brought about as a result of learning from the monitoring review according to audit action forms seen by inspectors.

There was evidence of consultation with residents and their representatives. Minutes of staff meetings were viewed and staff supervision and appraisals were on-going. The person in charge had the support of three knowledgeable assistant persons in charge, the human resource manager, the facilities manager, clinical nurse managers, senior nurses and senior carers. Both providers also worked in the centre and supported the management group. The management staff informed inspectors that they monitored, mentored and supervised staff. The management team were involved in audit and in supporting the person in charge in promoting compliance with standards and regulations for the sector. Each member of the team had been delegated training duties, areas to audit, resident and relative support, meetings and staff supervision.

Regular meetings were held with the provider, managers, staff groups and maintenance personnel. The minutes of these meetings were seen by inspectors.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
A comprehensive residents' guide was available to residents and visitors. Inspectors found that it contained the information required under Schedule 2 of the regulations.

Contracts of care had been implemented for residents and a sample of these contracts were viewed. The contracts were comprehensive, were agreed within a month of admission and contained details of fees to be charged for extra services. Inspectors discussed the option of people opting out of these charges if they wanted to. The provider said that he would review fees being charged for extra services.

Additional information was available for residents in the newsletter, from staff conversation, from visitors and from notice boards in the centre.

**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:**

The person in charge worked full time in the centre. She was a registered nurse with the required experience and competence. In her interactions with HIQA she demonstrated excellent knowledge and understanding of the regulations, the Health Act 2007 and the national standards for the sector. She led a team of dedicated managers and staff in applying best evidence-based practice to enhancing the lives of older adults.

Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that she had a commitment to continuing professional development and had undertaken post graduate qualifications in psychology, gerontology and management.

Residents, relatives and staff informed the inspectors that she was approachable, dynamic and kind.

**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:**

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible to inspectors. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. The policies required under Schedule 5 of the Health Act 2007 were in place and were seen to be reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice. Staff signed when they had read the policies and these records were seen by inspectors. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the annual review of the quality and safety of care, the residents' guide and previous inspection reports were available to residents.

However, inspectors found that there were some details omitted from sample pages of the directory of residents reviewed by inspectors. In addition, a discrepancy was noted in the staff file of one staff member and the references had not been independently verified for that staff member.

**Judgment:**

Substantially 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 was aware of his statutory duty to inform the chief inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the centre during her absence. There were suitably qualified staff employed to deputise in 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):**

No actions were required from the previous inspection.

**Findings:**

A comprehensive induction programme was in place for all staff which included guidance on safeguarding and safety of vulnerable adults. The assistant person in charge, who was also the trainer in this area, informed inspectors that staff were supervised to ensure that their practice was respectful and person-centred. Residents spoken with by inspectors said they felt 'safe' in the centre.

There was an up-to-date policy in the centre for the prevention of elder abuse and safeguarding of vulnerable adults. The policy was signed as having been read and understood by all staff in the centre. Staff with whom inspectors spoke were aware of how to report suspected abuse and they stated that there was a zero tolerance approach to elder abuse in the centre. Management staff were aware of the protocols to be followed if an allegation of abuse was made. Where allegations of abuse had been made these were being investigated as per the staff disciplinary policy and the guidelines on preventing elder abuse.

Residents' finances were maintained by the finance administrator. Residents' personal money was securely maintained in line with best practice. This system was reviewed by inspectors. Invoices were sent out to residents for expenses, such as, pharmacy charges, chiropody costs and hairdressing charges. These were seen to correlated with information in the receipts book. In the questionnaires completed prior to the inspection a relative raised the issue of extra charges for activities. The provider stated that these charges were included in each resident's contract and included among other services, the provision of daily newspapers, toiletries for all residents, specialised mattresses and beds and weekly physiotherapy. However, he undertook to review individual situations where required. The provider was the pension agent for 45 residents. He stated that following advice from the Social Welfare office a dedicated pension account had been set up. Pensions were paid into this account for individual residents using their PPS number as personal identification. Where a surplus of money occurred there were clear records available to indicate that the money was transferred to the resident's own bank account.

Staff were trained in understanding and supporting residents with dementia who exhibited the behaviour and psychological systems of dementia (BPSD). There was a detailed policy in the centre which guided staff in supporting residents and staff. Person-centred plans were in place for residents with dementia which were seen to be utilised in practice. A second assistant person in charge delivered training in the management of

actual and potential aggression (MAPA) and all staff had engaged in this training.

Bedrails were in use for a number of residents. Risk assessments and signed consent forms were in place for bedrail use and regular daily and nightly observations were documented on the safe use of these restraints. Alternative measures to bedrails such as sensor mats were in place for some residents. Regulatory notifications of the use of these restraints had been submitted to HIQA, as required.

A number of staff members spoken with stated that they were trained on the mandatory training requirements and relevant policies during their induction period. This was confirmed by the staff trainers and in the records which they maintained.

**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:**

Policies and procedures relating to health and safety, including a health and safety statement updated in January 2017 and a risk management policy were available on inspection. There was an emergency evacuation procedure in place. Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. An incident team met monthly. The most recent meeting had been held on 6 July 2017. Actions identified were assigned to various members of staff for completion. Outcomes from these meetings were discussed at the health and safety management meeting. Some actions taken to prevent incidents included risk assessment, physiotherapy referral, increased supervision and the provision of alternative equipment. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely contributory factors in order to inform control measures.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections were in place. Staff had access to hand washing facilities and hand sanitisers on corridors and were seen using these facilities at appropriate times. The standard of cleanliness throughout was excellent. Inspectors spoke with members of the household and laundry staff who were knowledgeable of the requirements of their role and the infection control processes which were in place. For example, there were two entrances to the laundry room. One door was used for the receipt of soiled clothes only. Clothes were placed in the washing

machines from this side and taken out at the opposite side of the machines which opened into the "clean" area of the laundry room. This clean section of the laundry was accessible through a second entrance door. The person in charge stated that there were no outbreaks of communicable diseases at the time of inspection.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Fire exits were identifiable with appropriate signage and fire exits were seen to be unobstructed. Fire evacuation procedures were prominently displayed throughout the building. Guidance was in place for staff in relation to risk assessments for residents who smoked. The external building set aside for residents who smoked was seen to have adequate fire safety equipment, including a fire safety blanket, a fire-safe apron, a call bell alarm and appropriate ashtrays, in place. Staff were trained in fire safety and those who spoke with inspectors were found to have an in-depth knowledge of the protocol and procedures for responding to the fire alarm. A personal emergency evacuation plan (PEEP) for each resident which identified residents' mobility levels and requirements for assistance was available at a central location in the centre. Staff had completed a simulated and actual fire drill including resident evacuation. These drills were held at regular intervals and appropriate documentation was available to inspectors. The assistant person in charge stated that these were held in various locations at various times of the day and were generally unannounced. According to records seen a weekly fire alarm test was carried out and fire escape routes were checked on a daily basis. A fire warden was appointed daily to oversee the management of fire safety issues.

The centre and staff had access to a well qualified maintenance team which had four members. These were seen to be available on a daily basis and staff stated that they were responsive to the requirements of staff, residents and on-going maintenance of the centre. Thermostatic controls were fitted to the taps and showers. Evidence of these checks carried out by the maintenance personnel were viewed by inspectors. The risk register was a dynamic document which was seen to list clinical and non-clinical risks. Controls were set out for the identified risks. However, a small number of risks had yet to be assessed for example, the timber step leading into the "smokers' " building which was covered with a mat and some gaps which were noted in the fire-safety doors installed for compartmentalising of some sections of the building.

**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:**

A medicines management policy was in place to guide staff on the procedure for ordering, prescribing, storing and administration of medicines. Staff informed inspectors that the pharmacist was attentive to residents and provided staff training. A pharmacy audit was undertaken at regular intervals. This was seen to be detailed and thorough and carefully documented. Staff informed inspectors that records were kept of medicines ordered, received and returned to pharmacy. A sample of these records were reviewed.

Nursing staff with whom inspectors spoke had undertaken updated medicines management training. Photographic identification was in place for residents on medicine administration record charts. Controlled drugs were stored in line with best practice guidelines. Medicine trolleys were securely stored at the nurses' stations. Medicines were reviewed by the general practitioner (GP) service at least every three months. These reviews were documented on residents' prescriptions and in the medical notes.

However, in the sample trolley checked by inspectors a small number of medicines were stored which should have been returned to pharmacy.

**Judgment:**

Substantially Compliant

***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 was maintained of all incidents occurring in the centre. Quarterly notifications and three-day notifications were submitted to HIQA as required.

The person in charge was found to be aware of and compliant with the regulations relating to notifications.

**Judgment:**

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:**

Residents had access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietician were available when required. Dental and optical visits were recorded. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments to consultants or allied health services. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were carried out among others. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place prior to admission. The person in charge and the provider carried out these pre-admission assessments and a sample of the completed forms were reviewed by inspectors. Appropriate care plans were seen to be in place which were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. However, information in one resident's care plan indicated that the resident was checked two-hourly following a recent fall. The two-hourly lapse between checks were discussed with the person in charge. The person in charge stated that hourly checks would be undertaken with solutions discussed to ensure that the resident had the least disturbance possible. In addition, it was difficult for inspectors to locate information on residents' end of life wishes and consultations on the electronic system of documentation. The person in charge undertook to make these forms and letters more accessible to avoid any ambiguity as to residents' wishes. Furthermore, wound care plans were not clearly set out in the electronic system as the initial assessment was generated each time an additional entry was made. This issue was discussed with the assistant person in charge. It was not clear to inspectors which entry related to the current status of the wound/pressure sore. The person in charge and the assistant persons in charge stated that all relevant care plans would be reviewed with staff and residents to ensure clarity.

Comprehensive documentation was available in relation to residents' life stories. Inspectors were present for a number of activities which were outlined in more detail under Outcome 16: Residents' rights, dignity and consultation. The centre had been accredited by a recognised international group as meeting recognised international standards in healthcare. This was communicated to residents in the centre's newsletter,

which was published every six months.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre was purpose-built and originally consisted of a 24-bedded nursing home. Following an extension it was currently registered for 157 residents. The provider had applied for registration for a further 27 beds with the registration renewal application.

On this inspection the premises was found to be suitable for residents' needs with a very good standard of décor throughout. The environment was observed to be bright and each area was very clean. The colour scheme had been enhanced in some areas and this added a personal and homely feel to the centre. New sitting room chairs, couches, coffee tables and fireplaces had been purchased. An interior designer had guided the colour scheme which was calming and modern. Residents spoken with by inspectors said that they found the centre to be very comfortable and that their rooms were spacious and very nice. They enjoyed looking out on and walking in the well-maintained grounds where suitable seating was available for residents and visitors. The Clyda suite had access to a very large garden from the sitting room of the centre. This garden was also accessible to residents from the other units through a fire exit door on the ground floor. Décor in the Clyda suite was colourful and suited to the needs of residents. Decorative, meaningful murals were painted on the walls of each corridor.

Residents who had been assessed as safe to go out to the front patio area of the centre were seen to come and go independently from outside, during the inspection. This area had been paved and realigned to provide more walking and standing space for residents which was not impacted on by the flow of traffic. Traffic accessing the centre was guided by a 5 km speed limit. A well stocked shop was available to residents and their relatives directly across the road from the centre. Some residents went to the shop independently when they required personal provisions. The local school was located next to the nursing home. This meant that the centre was located in a vibrant section of the community. School children visited residents who were relatives and also visited on

special occasions such as Easter, St. Patrick's day and Christmas. Garden assess was also under renovation and redevelopment off the large sitting room/ dining room in the Blackwater suite. A tree-lined pergola had been planted in this area and the provider stated that this would be ready for use on 1 August 2017. One resident who had an interest in the building trade was keeping a close watch on the work being undertaken. He informed inspectors that the builders were doing a "good job".

The renovated, spacious laundry room and the room for "smokers" were discussed under Outcome 8: Health and safety and risk management. There was a well equipped physiotherapy room located on the lower ground floor of the centre. In the Clyda suite the Snozzelan room was temporarily in use as an office. This was to be re-assigned as a therapy room for residents following the completion of renovations.

Each floor had a kitchenette for serving meals and storing snacks for the residents. Bedrooms and communal accommodation in the newly built extension were spacious and set up in line with the requirements outlined in the National Standards for Residential Care Settings for Older People in Ireland. Large lobby areas were furnished on each floor where residents stated that they liked to sit and watch staff and other people passing by. A large, extra sitting room area called the "Atrium" was available for exercise classes, activities and private visits for any resident who wished to avail of this space. Bedrooms in the new extension were bright and decorated in contrasting colours. Wardrobe storage space was adequate and large modern well-equipped en-suite bathrooms were provided for each resident. Spacious communal areas were furnished with furnishings and fittings of a very high standard. Individually controlled under-floor heating had been installed.

The call bell system was heard to be functioning well and residents confirmed that they had easy access to their bells. There was appropriate and sufficient equipment available to meet the needs of residents such as, electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. There was a lift installed in the centre. The hoists, the electric bath, the lift and other equipment were maintained, reviewed and serviced as required. Inspectors viewed these records. CCTV (Closed Circuit TV) was used in the communal areas such as the dining rooms and sitting rooms. There was a policy on the use of CCTV and there were notices to this effect displayed in the centre. The person in charge outlined situations where she had used the footage from the CCTV cameras when investigating allegations.

There were five distinct areas, called suites, in the current 157 bedded centre which were to be re-aligned when the new rooms were ready for occupation: The Clyda suite, 18 residents: the Blackwater suite, 26 residents: The Lee Suite, 31 residents: The Bandon Suite, 45 residents: The Awbeg suite, 33 residents.

In the proposed 184 bedded, extended centre the five suites would have accommodation as follows: The Clyda, 18 residents: The Blackwater, 44 residents: The Lee, 41 residents: The Bandon, 45 residents: The Awbeg 36 residents.

However, residents from the Lee suite would have to avail of the dining room for the Blackwater residents as they did not have a separate dining room. This meant that 85 residents would be availing of one of the large dining rooms. The person in charge explained that there would be two meal-time sittings. The person in charge was asked

to ensure that there was a robust checking system in place to ensure that all residents attended for meals. In addition, in a number of units residents had to walk a long distance to access the sitting and dining rooms. The provider stated that he was considering developing a small visitors/residents' room which would provide options for residents who wished to meet visitors in private, consult with the doctor in private or avail of a meal in a location near to their bedroom, where required.

Inspectors also discussed the location and size of the hairdressing salon with the provider. This was significant in view of the proposed increase in resident numbers. It was located on the lower ground floor of the building and was inaccessible to most residents without staff support. In addition, it was small and dark as it was an internal room. The provider stated that he would consider other locations for this room. Furthermore, signage in general, was not adequate for such a large centre. Signage where present was located high above the doors of units. While bedroom numbers were placed on each door, inspectors formed the view that it was quite difficult for residents to mobilise around the centre independently and find their way back to their bedroom, if they decided to go for a walk around the centre. The fact that each hallway was painted a similar colour did not support orientation to the various suites. The person and charge and the provider undertook to assess the use of suitable, resident-friendly signage.

**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):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. Contact details of the advocate and the ombudsman were prominently displayed. The level of complaints was low due to robust management of concerns expressed. Staff were trained in communication strategies. According to the person in charge, if staff did not communicate in an appropriate manner with residents or relatives they were spoken with by the management staff and re-trained where necessary.



**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:**

A policy to support end-of-life care provision was in place. Staff had read the policy which informed best evidence practices in caring for residents and their families at this time. Involvement of a multi-disciplinary approach to treatment that included support from palliative care expertise was seen to be availed of for a small number of residents, at the time of inspection.

Medical decisions regarding care and treatment decisions at the end of life were documented. Inspectors found that residents' wishes for end of life care were documented and discussed during the care plan assessment and review process.

All residents at this stage of life could avail of a private single room. Facilities available to families or next of kin included the choice to stay overnight with the resident.

**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:**

Residents were provided with food and drink at suitable times and in quantities adequate for their needs. The food was served in an appropriate manner. Menus displayed on notice boards indicated that there was a wide choice of meals on offer. However, as these notice boards were not very accessible to residents the person in charge was requested to supply a table-top menu for residents' use. The provider stated that residents had previously asked to have menus removed from tables as they were creating clutter. He said that a portable menu could be taken to the table, if required.

Staff were seen to offer assistance to residents using a discreet and enabling approach. There was an emphasis on residents maintaining their independence. Residents confirmed their satisfaction with the food provided. Relatives were also positive in their comments about meals, which were included in the pre-inspection questionnaires submitted to HIQA.

Training records indicated that staff had been trained in nutritional aspects of care. Kitchen staff members spoken with confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals were served to residents with different dietary needs. The chef informed the inspector that coeliac, diabetic, fortified and modified consistency diets were catered for.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed. Residents' weight was checked on a monthly basis and when unexpected weight loss occurred residents were prescribed supplements, if required. Access to a dietitian and SALT was available to guide care planning and practice. Subcutaneous (administered under the skin) fluids were available in the centre for those residents who were not able to drink sufficient fluid to maintain hydration.

**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:**

Residents' meetings were facilitated on a regular basis. Minutes of these meetings were reviewed. Suggestions from the meetings were acted on by the provider. Residents'

satisfaction surveys were undertaken and the contact details for an external advocate were on display at the entrance desk. The internal, residents' advocate informed inspectors that residents were facilitated to vote and go out to visit their homes where possible. This advocate had been employed in the centre for six years. She stated that laundry complaints had decreased now that laundry was done in-house. She visited residents in the centre each Wednesday and provided financial support, family support and support for residents who raised concerns. She informed inspectors that outings for resident groups were organised to Fota wildlife park, a local pet farm, Doneraile park and shopping centres.

A men's shed was set up in the garden for male residents' activities. However, this was not in use at the time of inspection as the large paper-mache art work which was on display in the centre of the shed, had yet to be completed. Activity staff informed inspectors that life-story information and survey results were used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and abilities. There was an emphasis on promoting health and residents' general well being. Residents were encouraged to partake in conversation, walk around independently both inside and outside the building and keep up to date with community and current affairs. For example, outings were undertaken to areas of interest in the locality, garden parties were held, friends visited from the community and daily newspapers were available to residents.

During the inspection three music sessions, four Sonas sessions (activating communication through the senses), an exercise programme, garden walks, newspaper readings and quizzes were facilitated. Mass, rosary, boccia (boules game), talent competitions and a walking club were also listed as available to residents. However, a number of residents stated that they would like more access to activities. The person in charge stated that the activity co-ordinator was currently unavailable. This post was being filled by other staff members. As the centre accommodated such a large number of residents the person in charge was asked to ensure that sufficient staff were available at all times for activity provision, including bringing residents down in the lift to the physiotherapy room and down to the hairdressing room. In addition, inspectors spoke with management staff in relation to the provision of more magazines, books and items of interest in accessible areas for residents' use.

Management staff met with residents and relatives on a daily basis and inspectors found that during the inspection staff interacted with them in a respectful and friendly manner. Residents had access to printers, computers, mobile and land phones as well as broadband. Televisions were located in all bedrooms and in the communal rooms. The person in charge informed inspectors that as the TVs were small and located high on bedroom walls, more suitable larger TVs were to be installed for residents' use. Information on local events was provided by staff, newspapers and the activity personnel. Throughout the inspection staff and visitors were heard discussing local and national issues with residents. Residents with whom inspectors spoke were aware of progress made with the planned extension and they spoke with inspectors about their lives in the centre. Residents spoken with said that they felt content and they praised the staff, the food and their surroundings. Inspectors observed that all visitors signed into the visitors book and they found that visitors were plentiful. Relatives told

inspectors that visiting times were unrestricted, except at times of infection outbreak or if a resident requested privacy. A large group of residents spoken with by inspectors praised all aspects of care in the centre and said that they were treated well by staff.

**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 in relation to storage of personal property and possessions of residents. On admission an inventory of clothing and valuables was completed. These records were viewed by inspectors. Bedrooms have sufficient space for residents' belongings, and lockable storage space was available in their bedrooms.

The laundry staff keep the clothing list updated when new clothes were brought in to residents. Clothes were labelled with each resident's name and room number. A staff member was assigned to the laundry and this staff member kept detailed files of lost and found property, room changes and admissions and discharges. Laundry staff spoken with had completed training in infection control, prevention of elder abuse, fire safety and safe use of chemicals.

**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:**

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

No actions were required from the previous inspection.

**Findings:**

Based on a review of the roster and observations by inspectors during the course of the inspection there appeared to be adequate numbers of staff and a suitable skill mix on duty to meet the needs of residents. Comments about staffing levels and staff availability were generally very positive. However, inspectors noted that a resident and a relative had complained about a delay in responding to call bells in the questionnaires sent out prior to the inspection. In addition, one resident had stated in the questionnaire that a private room was required for medical consultations and that staff were scarce and difficult to find at times. The person in charge stated that supervision of all staff was on-going and all complaints and concerns about lack of staff availability would be addressed if brought to the notice of the person in charge. The provider and person in charge informed inspectors that a new call bell system was to be installed which would record response times. In addition, a light would be on display outside the room while the resident was being attended to. The provider stated that call-bell response times were the subject of continuous audit.

There was an on-going programme of training to support staff to provide person-centred, holistic care. Based on training records seen by inspectors all staff had received training in manual and patient handling and in the prevention and detection of abuse. Other training completed by members of staff included infection prevention and control, responsive behaviour, cardiopulmonary resuscitation training (CPR), nutrition and medication management training.

Evidence of registration was available for all nursing staff. A review of personnel records indicated that most of the requirements of Schedule 2 were met. This was also addressed under Outcome 5: Documentation. The person in charge stated that all members of staff had the required Garda Siochana vetting in place and staff would not be employed in the centre until this had been cleared.

**Judgment:**

Substantially 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:***

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Bridhaven Nursing Home
<b>Centre ID:</b>	OSV-0004455
<b>Date of inspection:</b>	19 and 20 July 2017
<b>Date of response:</b>	31 July 2017

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

A sample of the records in the directory of residents did not contain the all the details required under the regulations.

#### 1. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

<sup>1</sup> 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:**

A new column has been added to define resident gender and the resident directory is being audited to ensure that all the required details are completed.

**Proposed Timescale:** 14/08/2017

**Theme:**

Governance, Leadership and Management

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

All records required under Schedule 2 of the regulations had not been maintained as required, for example, there was a discrepancy in the CV of one staff member and references had not been independently verified for that member of staff.

**2. Action Required:**

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

This discrepancy will be amended and the references for this member of staff will be independently verified

**Proposed Timescale:** 01/10/2017

**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:**

Risks were identified which had not been assessed.

- gaps visible between closed fire-safe double doors on some hallways
- a step at the entrance to the "smokers' room

**3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessments for the above two items have now been completed



**Proposed Timescale:** 31/07/2017

### **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:**

In the sample of medicines reviewed inspectors found that a small number of tablets located in one medicine trolley should have been returned to pharmacy.

**4. 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:**

This was an individual error which has since been corrected and the medication in question has been returned to the pharmacy. Our medication policy outlines the procedure for returning medications that are no longer required in a secure manner and this is the subject of continuous audit.

**Proposed Timescale:** 31/07/2017

### **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:**

Ensure that following care plan reviews that all information in residents' care plans is clear and up to date.

For example:

- intervals at which to check residents' status
- accessibility of key information as regards residents' end of life care wishes
- unambiguous information relating to the current status of a wound/pressure sore

**5. 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:**

Each resident currently has an end of life care plan which outlines the resident's wishes with regard to the end of his/her life however the specific detail such as the date the decision was taken is recorded in the GP file.

An end of life form will be developed which will ensure that all the relevant data in relation to resident's end of life wishes is recorded in the one area.

We currently have very detailed wound care plans which comprise of assessment updates and dressing plans however on the day previous to the inspection the nurse failed to update the wound description in the correct manner in one section of the assessment. This has since been addressed and corrected.

Care plan development training is continually refreshed and has been delivered to all nursing staff.

Care plans are the subject of continuous audit and will continue to be monitored closely by senior management

**Proposed Timescale:** 01/02/2018

## **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:**

Signage in the centre was inadequate.

Orientation to the different floors and corridors was not supported by the uniform colour and lack of suitable signage.

The hairdressing room was not very accessible and was too small for meaningful social interaction. It was not suitable for the hairdressing needs of the proposed 184 residents.

An extra visitors/residents room was required in a location nearer to residents' bedrooms in the new wing. This would support independent dining, doctor consultations and/or private visits or occasions.

### **6. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We have since the last inspection increased the signage in all areas of the building. Further signage will be installed in Bridhaven to support orientation of residents and visitors.

The decoration of the corridors will be reviewed

There has never been any complaints or negative comments in the last ten years relating to the location or the layout of the hair salon.

It will be reviewed in consultation with the resident's committee and relocated if

required

Suitable multi purpose space will be made available if required.

Proposed Timescale: The signage will be installed by 01/08/2018

Corridor decoration will be reviewed by 01/08/2018

The hairdressing salon will be relocated if required by 01/08/2020

Suitable multipurpose space will be made available by 01/08/2018

**Proposed Timescale:** 01/08/2020

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Ensure that adequate staff are available for activities, to answer call bells promptly and to attend to the needs of residents.

Ensure that staff communicate in private about residents' medical issues.

**7. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

It is always our policy to replace staff who are on annual leave, sick leave or maternity leave and all staff had been replaced on the days of the inspection.

We have had no expressed concerns in relation to delays in answering bells and would investigate same fully should such a concern be made to us.

Our staffing levels are continually assessed in line with our resident's needs and we consider our staffing levels to be very sufficient to the needs of our residents.

We will continue to review our staffing levels make changes to same if we deem it appropriate

**Proposed Timescale:** 31/07/2017

