

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Bridhaven Nursing Home |
| Centre ID: | OSV-0000205 |
| Centre address: | Spa Glen, Mallow, Cork. |
| Telephone number: | 022 22 205 |
| Email address: | info@bridhaven.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Bridhaven Nursing Home |
| Provider Nominee: | Paul Rochford |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 139 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|--------------------|--------------------|
| From: | To: |
| 08 July 2014 10:30 | 08 July 2014 20:30 |
| 09 July 2014 09:30 | 09 July 2014 20:30 |

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

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

Summary of findings from this inspection

This monitoring inspection by the Health Information and Quality Authority, of Bridhaven Nursing Home, was announced and took place over two full days. The provider had applied to the Authority for change of entity and for an increase in bed capacity, following completion of a new extension. As part of the inspection, the inspector met with the provider, the person in charge, management personnel, residents, relatives, and other staff members. The inspector observed care practices and reviewed documentation such as care plans, medical records, accident and incident records, policies, fire safety records and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes are based on the requirements of 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.

The person in charge is in post since July 2013. She was found to be an experienced nurse manager who was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual resident's needs being met and the staff supported residents to maintain their independence where possible.

The inspector found the premises, fittings and equipment were in good repair overall and there was a high standard of décor throughout. However, there were some areas in the original section of the building that required attention and restructuring to enable the rooms to be compliant with legislative requirements. The provider informed the inspector that full and final planning permission was secured in May 2009 to address these issues.

The feedback on the pre-inspection questionnaires from residents and relatives was one of satisfaction with the service and care provided. There were three activity coordinators employed full time in the centre and they facilitated a variety of social and recreational activities for the residents. Family involvement was encouraged and relatives, to whom the inspector spoke, confirmed this.

Some improvements were required to ensure compliance with the Regulations and National Standards.

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

An updated statement of purpose and function was forwarded to the Authority on July 1st 2014 which included any additions required under the newly published Regulations.

The statement of purpose and function was viewed by the inspector. It described the service offered by the centre and detailed the facilities which were provided. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 the residents were monitored and developed on an ongoing basis. Effective management systems were seen to be in place in the centre

on the day of inspection. The provider assured the inspector that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents.

The person in charge was supported by a good management structure with experienced personnel in the group. There were clear lines of authority and accountability. There were detailed handover meetings held by staff and the inspector was present for one of these meetings. There were plans in place to expand the management team in light of the extension of the centre. The inspector saw evidence of management and staff meetings and saw that issues were addressed in a proactive way. Improvements were seen to have occurred as a result of the learning from the audit outcomes.

There was evidence of consultation with residents and their relatives. The inspector spoke to residents who said that there were residents' meetings held in the centre. The residents' advocate spoke to the inspector about her role and the impact of her presence for the residents. Relatives spoke to the inspector about the fact that staff frequently consult with them if there is a change in the status of the resident or if any accident occurs.

The inspector saw the results of residents' surveys, of residents' meetings and of the pre inspection questionnaires for this inspection.

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:

The resident's guide was seen by the inspector and this was available to all residents. It was placed prominently in the corridors of the centre and was easily accessible. It contained the information required under section 20 (2) of the Regulations.

Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission and contained the required details under the Regulations such as: the fees to be charged for extra services and how the care and welfare of residents would be met. The contracts had recently been updated and had been sent out to the residents or relatives to be agreed and signed. The inspector was shown evidence that 75% of the new contracts had been returned and the remaining contracts were due

back within the next two weeks.

There was also information available about services for residents and interesting events in the newsletter and on 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 Director of Care had been appointed as person in charge in July 2013. The inspector spoke to her at length during the inspection and she displayed a detailed knowledge of the Standards and Regulations. The person in charge was found to be experienced and committed and she demonstrated a full awareness of the accountability and responsibility attached to her role. She was involved in the centre every day and had a person-centred approach to caring for the residents.

Staff, residents and family members were able to identify her as the person in charge and they informed the inspector that she was approachable and accessible. She shared her vision and plans for the ongoing provision of evidenced based care and outlined her plans for staff training, recruitment and appraisal. The inspector saw evidence of the comprehensive auditing system which was in place and the action plans which were developed as a result of the audit.

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):

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

Findings:

All the records required under the Regulations were maintained in the centre. The records viewed by the inspector were accurate and up to date. The records were securely stored on a computerised system and the person in charge assured the inspector that residents can access their files if necessary. Records of inspections by other bodies were maintained.

The Residents' Guide was seen by the inspector and it was informative and comprehensive. Medical records were maintained and the inspector was shown up-to-date restraint and accident logs. The inspector viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of the residents. The inspector viewed evidence of liaison with consultants and allied health professionals, on behalf of residents.

There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of the policies and signed a document to demonstrate that they had understood the requirements of the policies. Staff with whom the inspector spoke indicated that they were aware of the policies for the centre and the inspector viewed the staff signature sheets for a sample of the policies.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by the inspector.

The inspector viewed a sample of staff files and found them to be in good order and to contain all the required documents. References, Garda vetting and qualification details were in place on each file. There was a policy for volunteers and the HR manager spoke to the inspector about the procedure which was followed to ensure that the volunteers were suitable to their role. The roster for staff was seen and the inspector saw that the present roster and the planned roster were similar.

The inspector viewed the Directory of Residents and it contained the details required under Schedule 3 in the Regulations.

Records were viewed by the inspector which indicated that the residents' right to refuse treatment was documented and there were records available to indicate to the inspector that discussion were held with the residents and relatives about CPR (Cardio-Pulmonary-Resuscitation).

Complaints were documented and records of notifications to the Authority were also seen.

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 were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by an Assistant Director of Care (ADOC) and clinical nurse managers (CNMs). The ADOC covered for the person in charge in her absence. The provider was aware of his responsibility to inform the Authority about 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:

Training records viewed by the inspector confirmed that staff received training on various dates in 2013 and 2014. Two of the nurses were approved trainers and elder abuse training was included in the induction training and refresher training for all staff. Training included fire training, elder abuse training, manual and people handling training and crisis prevention training (CPI). Staff interviewed informed the inspectors that they

had received training on elder abuse. These staff included staff employed in the previous two months. Staff were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of zero tolerance to any form of abuse in the centre. All the staff were included in the training for example, the provider, the hairdresser and the maintenance personnel as well as office based staff.

The inspector saw that any allegations of abuse had been reported to the Authority, investigated fully in line with the centre's policy and appropriate action had been taken if necessary. Training had been intensified if a risk had been identified and there were support processes in place for any person involved in an investigation.

There was a robust system in place to safeguard residents' finances and the inspector checked records which showed correlation between the written documentation and the amount of money in safekeeping. The centre was a pension agent for 41 residents and the records were transparent and kept in good order by the accounts department. Bank statement details were available and the accounts person informed the inspector that residents are given regular statements of their account.

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):

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

Findings:

There was a comprehensive emergency plan in place which detailed actions to be taken in the event of emergency situations. It specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation.

The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. There were signs placed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at regular intervals and the inspector viewed these records. They were found to be up to date and also indicated that the fire extinguishers were checked and serviced as required.

Fire training was provided to staff on a number of dates in 2013 and 2014 and this also included fire marshal and fire warden training. Regular fire evacuation drills were undertaken. Staff spoken with by the inspector were aware of the procedure to be

followed in the event of a fire. Fire evacuation blankets were placed on the residents' beds and there was an evacuation list at the reception desk which was updated each morning. The fire alarm and the fire doors were checked regularly and the records were checked by the inspector.

The inspector viewed the record of accidents and incidents, recorded electronically. The inspector observed that the issues were resolved and that the satisfaction of the complainant was recorded. There was a section that outlined the learning that had occurred as a result of the incident. The person in charge spoke with the inspector about her plans to ensure that this is recorded in detail, on all occasions. The centre-specific health and safety statement dated March 2014 was seen by the inspector. The risk management policy was reviewed and was seen to comply with Regulation 26 (1).

Clinical risk assessments were undertaken for the residents, including falls risk assessment, assessments for dependency and skin integrity, continence, moving and handling and challenging behaviour. The inspector viewed these on the electronic system and saw the plans of care that were drawn up as a result.

The inspector observed staff abiding by best practice in infection control with regular hand-washing and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers and sinks were present at the entrance to the building, on the corridors and in the staff and resident areas. The inspector saw that gloves were stored safely.

The centre had outsourced its cleaning arrangements. The inspector spoke to the manager of these personnel who showed the inspector the training records and the schedules drawn up to maintain the hygienic conditions. The inspector noted that the centre was very clean and that the staff were maintaining the documentation which indicated the times and details of the cleaning regime.

Hoists, wheelchairs, weighing scales, electric beds and mattresses were serviced on a regular basis and these records were seen by the inspector. Hoists and wheelchairs were also cleaned thoroughly on a weekly basis. The inspector observed staff assisting residents using 'standing' hoists to transfer from one chair to another and all safety measures were adhered to.

Some risk assessments were not carried out. The inspector found that in one situation a reclining chair and attached table was utilised for a resident and its use had not been assessed by the physiotherapist as to the suitability, safety and position of the resident who was sitting in the chair. In the proposed new unit there were windows on an upper level, which had openings set at the bottom of the window. The provider undertook to provide a suitable restrictor on these before the new extension is opened. Some residents were seen by the inspector to be walking outside to smoke. This practice required risk assessment for anyone with a cognitive impairment. This was relevant as the centre had a lot of incoming traffic and also was located near a busy road. Other residents went to the shop across the road and again a risk assessment was required to minimise the risks involved, while maintaining the independence of the residents.

The inspector spoke to the provider about the placement of the residents' wardrobes behind the doors of the bedrooms. The doors were held back by specific fire door locks. However, these locks were difficult to release and because of their position there was a potential for accident if the resident wanted to access their wardrobe. A risk assessment was required in this area.

Hoists were stored in the hallways and this practice was not risk assessed as the trolleys impeded access to the grab rails in the hallway. Staff informed the inspector that laundry trolleys were normally stored in the hallway also. This practice presented a risk to any mobile resident. Some of the individual televisions were very small and quite heavy. These were placed unsecured, on a high TV bracket. The provider undertook to replace or secure these as necessary.

All staff had training in Crisis Prevention Intervention (CPI) and the trainer was a member of staff. The person in charge informed the inspector that this member of staff was to be assigned to the dementia specific unit to assess the management and support offered to residents who had behaviour issues associated with their medical diagnosis.

The centre had an outside smoking area. The provider informed the inspector that one resident continued to smoke in his bedroom. The controls in place for him, following a risk assessment, were not adequate, as the resident continued to smoke in the bedroom. The provider told the inspector that these controls would be reviewed.

Judgment:

Non Compliant - Moderate

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 medicines to residents.

The inspector observed medication rounds on different units. The administering nurse was seen to be wearing a red tabard which alerted other staff that the medication round was being undertaken and that she was not to be disturbed. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. There was a single dose system in operation. Photographic identification for residents was present.

The nurses spoken with demonstrated a clear understanding of their An Bord Altranais agus Cnaimhseachais na hEireann responsibility as regards medication management. However, the inspector found that an error had occurred in recording the administration of medication. There had been an omission in recording on three successive days. This error had not been documented as such and as it had gone unnoticed it had not been investigated. While the inspector was present this investigation was undertaken. Drugs which were unused or for disposal were not stored safely and this was brought to the attention of the person in charge.

One medication trolley was not secure. It was stored in an unattended, unlocked office and the lock on the trolley was broken. This was repaired while the inspector was on the premises. Controlled drugs were checked. The recording of these drugs was found to be correct. However, there were some of the residents' personal possessions stored in the controlled drug cupboard. These items were removed and an alternative safe location was found for them.

Medication management was the subject of a comprehensive audit by the pharmacist and also by the person in charge. The inspector was shown the outcome of these audits as well as the minutes of the meetings where any issues were discussed and action taken to improve practices. Medications which could be crushed were signed by the GP and the centre had a policy which did not allow transcribing of medications. There were medication fridges in the centre and the temperature of these were recorded. The contents were found to be in date and marked with residents' names where appropriate.

The pharmacist provided training on various aspects of medication management for nursing staff and the person in charge said that they were responsive and attentive to the needs of the residents in the centre. The inspector viewed records of this training.

There was a very good GP (general practitioner) service to the centre with the majority of the residents under the care of one large practice. The inspector spoke to one of the GPs who demonstrated the computerised prescription system. This enabled instantaneous adjustments to the residents' original prescriptions and this was also connected to the supplying pharmacy. This minimised the potential for error. The system also alerted staff to any special precautions to be aware of and also highlighted interactions with current medications. Other GP practices in the centre could access the system.

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:

The inspector saw that notifications to the Authority were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection and the inspector was satisfied with the actions taken and medical care provided.

There was an incident and accident record maintained for both residents and staff and the inspector viewed these on the computerised system, as well as on a print out of the data concerned.

The person in charge had notified the Authority of incidents and accidents in line with the requirements under Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

No actions were required from the previous inspection.

Findings:

The centre was recently accredited by a recognised international group as meeting a recognised international standard in healthcare. This was communicated to the residents in the centre's newsletter, which was published every six months.

Residents were provided with the services of a GP of their choice and they were facilitated to retain their own GP wherever possible. Residents received a full review of all their medical care and their medication was updated as necessary. The person in charge outlined the assessment process for the residents coming to the centre and said that this was reviewed as the need arose. She explained to the inspector that on some occasions two separate pre-assessments were undertaken by senior managers before admission was agreed.

There was a well equipped physiotherapy room and a physiotherapist was employed full time. The centre was facilitating physiotherapy students also. Residents were happy with the service and felt that it supported them to remain independent. The inspector spoke with the physiotherapist who explained that she also brings portable equipment to residents who are unable to come down to the physiotherapy room. This equipment is also used for the exercise classes which she provides for the residents. The inspector spoke with a resident who was using the service at the time of inspection and she was having her mobility assessed. The resident was seen walking in the hallway with the physiotherapist later.

A chiropodist service was available also and residents had access to the optician, the dentist and the occupational therapist if required. These services were availed of in-house and on an external basis. A number of residents used the services of a support group for people with acquired brain injury. The person in charge told the inspector that the centre had developed a good relationship with this group and the workshop visits were documented in the residents' notes. Dietary advice and speech and language therapy (SALT) were provided by allied professionals from a nutritional company and this service also offered training to staff. The inspector viewed the training records of staff and saw that staff had training in nutrition, dysphagia and modified diets among others.

The person in charge and the staff informed the inspector that they were now trained in the use of a computerised system for recording residents' care plans. The inspector viewed a number of these care plans which detailed the residents' needs and choices. The inspector observed that care was seen to be delivered to residents in accordance with their care plan. The care plans were reviewed on an ongoing basis as required by the Regulations and there was documented evidence of residents' involvement in the care planning process. However, the computerised system did not allow for residents' signatures or easy access for the residents' to their personal file. The person in charge explained that she was examining this issue and looking for a solution, such as a synopsis being made available to the resident to sign, following each review.

The wound assessment charts and skin care charts were found to be comprehensive and the inspector noted that skin care was addressed at the handover report. Wound care training had been provided to nursing and other staff.

There were a number of incidents of behaviour which the staff found quite challenging at intervals. The inspector saw that there were strategies identified to alleviate this behaviour for particular residents and that they were prescribed medication if this was not effective. Records confirmed that staff received regular training in CPI and that the in-house trainer regularly advised staff on interventions. In line with the national policy on restraint the staff spoken with were aware that it was only to be used as a last resort and this included the use of chemical restraint. The inspector saw a list, on one unit, of the strategies to be explored before medication was considered. The night staff on the unit concerned had appropriate skills and training to care for these residents and the person in charge outlined her plans to further support the staff in providing evidenced based care to the residents. There was evidence that staff were liaising with the relevant medical teams for advice and assessment on a regular basis if there were issues which needed a particular input, as required under Regulation 6 (2) (c). Residents were also

facilitated to attend appointments at the local primary care centre.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. There was a wholesome and varied diet available. The person in charge informed the inspector that there was ongoing monitoring of each resident's health status and that the staff regularly checked the residents' weight, blood pressure and blood tests.

There was a diverse activity programme in place and the residents informed the inspector that they were aware of the activities available. The inspector saw this programme displayed on the notice boards throughout the units and observed the three activity coordinators leading and encouraging the residents. Some of the activities included, pottery, computers, walking groups, quiz, boccia, baking, and planting.

On some occasions the residents' right to refuse treatment had been documented and the inspector noted that if a resident refused medication this was documented.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre was purpose-built and originally consisted of a 24 bedded nursing home. Following extension it now accommodated 139 residents and the provider was applying for registration of 24 extra beds with this inspection.

Residents' bedrooms, communal bathrooms, kitchen, sluice rooms, gardens, sitting rooms and dining areas were inspected and were generally found to be suitable for the residents with a good standard of décor. The environment was observed to be bright and generally clean throughout. There were appropriate pictures and furnishings. The colour scheme was under review in some areas with an upgrade of some areas planned. Residents spoken with by the inspector said that they found the centre to be very comfortable. They enjoyed the spacious well maintained grounds with seating available for residents and visitors. The provider told the inspector that he had plans to add to the

outdoor seating areas.

There was a smoking room in the centre and the residents who smoked were risk assessed. The inspector reviewed the controls that were outlined and saw the arrangements that had been put in place for the safe use of the smoking room. Smoking risk assessment was discussed under Outcome 8 also.

There was a large main kitchen and each floor had its own individualised kitchenette for serving meals and storing snacks for the residents. The laundry was mainly outsourced and thermostatic controls were fitted to the taps and showers. The inspector was shown evidence of this by the maintenance personnel. The inspector was also shown evidence that the centre had yearly water quality tests done.

The bedrooms in the newly built extension were spacious and in line with the requirements outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland. The bedrooms were found to be bright and colourful with adequate storage space and modern well equipped en suite bathrooms. There were spacious communal areas and the furnishings and fittings were of a very high standard. There was under floor heating installed and this could be adjusted on an individual room basis. The inspector was shown the controls for this in each new bedroom.

However, there were a number of two bedded rooms and single rooms in the original older section of the building that were very small in size. The inspector observed that there was limited space between individual residents' beds, impacting on their privacy and dignity. In these rooms the beds were placed against the wall, as there was not enough room to move both beds out to enable free movement of the resident and staff around both sides of the bed. There was not sufficient room for individual comfortable chairs and residents were sharing a wardrobe in some situations. The doorways were narrow for the needs of wheelchair bound residents. The provider discussed the plans that were in place to address these issues. There were plans to knock and rebuild the old section of the building or to renovate this area commencing in 2015.

The call bell system was seen to be functioning well and residents confirmed that there was easy access to the 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 lift and other equipment were maintained and serviced and the inspector viewed the maintenance records.

The inspector raised the issue of the use of CCTV (Closed Circuit TV) in the communal areas such as the dining rooms and sitting rooms where residents were receiving visitors and being assisted with their meals and other matters. There was a policy on the use of CCTV and there were notices to this effect displayed in the centre. The need to provide a rationale for the use of the CCTV in the communal areas was discussed with the provider and the importance of compliance with the Data Protection Act 1998 was emphasised.

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:

The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place and a copy was included in the resident's guide and the resident's contract of care. The residents were aware of how to make a complaint and the person in charge was the complaints officer. The provider monitored the complaints, however the independent appeals person and process was not outlined in the statement of purpose or on the information sheet for residents.

Residents spoken with by an inspector stated that they could raise any issue or concern with the person in charge or staff.

There was evidence that a record of complaints was maintained on the computerised system. This record included the details of the complaint, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:

Non Compliant - Minor

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:

The inspector viewed next of kin questionnaires which had been sent out from the Authority as part of a national thematic inspection programme which focused on end of life care. Overall the relatives who submitted the questionnaires were satisfied with the care given at the end of life. However, some relatives felt that they would have liked more information about the condition of their relative at this time.

Care plans viewed by the inspector in relation to end-of-life care indicated residents' wishes as to their preferred place of care. There was evidence that, where appropriate, relatives were involved in the care plan. Staff, spoken with by the inspector, were aware of information for individual residents in the care plans. The inspector noted that arrangements were in place to ensure that residents' choices were respected and that the plan was clear and unambiguous. If a resident declined the option of cardio-pulmonary resuscitation in the future, this was seen to be documented.

The centre had a policy on end of life care which indicated that every effort was made to ensure that the residents received care at the end of life which met their holistic needs and respected their right to autonomy and dignity. There was evidence that residents had access to specialist palliative care services and staff members spoken with by the inspector had palliative care training done.

All religious and cultural practices were facilitated. There was a religious service twice a month and there was a prayer room in the centre. The residents' advocate was seen as a resource for residents and she supported families also. Family and friends could be facilitated to be with the resident and accommodation could be availed of if necessary. Residents of all religious denominations would receive end-of-life care appropriate to their beliefs, and the inspector noted that the centre had a copy of the HSE multicultural guide on hand.

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 documentation of nutritional intake. There were processes in place to prevent malnutrition and dehydration and subcutaneous fluids could be availed of if the GP assessed that there is a need for this.

The inspector spoke to the head chef and a second chef. The chefs felt there was very good communication in the centre in relation to the dietary requirements, consistency of food and any special requirements of the residents. There is a list on each unit of all the residents and their dietary requirements as regards modified consistency diets, diabetics, coeliac disease or specific choices. A list is kept beside the serving trolley so that when a member of staff takes a meal to a resident, and/or assists them with their

meal it is signed by the staff member. The lists are reviewed in audit to ensure each resident receives the correct diet. The head chef confirmed that all the catering staff had received all the required mandatory training, including food safety, prevention of elder abuse, fire safety and manual handling training.

A dietician and a speech and language therapist from a nutritional company visited the centre. They assessed all the residents and provided training and ongoing advice to the staff. Residents' risks of malnutrition were assessed using the malnutrition universal screening tool (MUST) and nutritional supplements were prescribed and administered as required. Residents had dietary and SALT assessments which informed their notes and care plans. The inspector saw that the supplements had been administered as prescribed.

There were two separate meal times in the dining rooms for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. The inspector saw staff assisting residents with their meals. Carers were observed encouraging residents to be as independent as possible. The second sitting was for more independent residents and those who required minimal assistance. Many residents remained at the table after their meal to chat and socialise. In one unit there was a longer meal sitting which was required to meet the needs of the residents. Some residents preferred to have their meals in the sitting room and this was facilitated by staff. The menu was available on the notice boards in the dining room and the catering manager informed the inspector that she was preparing menu cards for each individual table.

There was an area in the dining room in the Blackwater suite where residents and relatives could access tea/coffee and other drinks throughout the day as required. In the Bandon and Clyda suites drinks could be accessed from the kitchenette at the end of the dining room. The staff assured the inspector that there are regular drinks provided throughout the day and the inspector noticed that the kitchenettes adjoining each sitting room were easily accessed by staff. The inspector saw staff preparing an assortment of juices and other drinks for the residents.

Residents' views of the catering system were gathered through satisfaction surveys and residents' committee meetings. The inspector noted that any issues about the dining experience were dealt with promptly and the relatives and residents said that there was a plentiful supply of food available throughout the day. The food was well cooked, served with care and appetising.

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:

There was evidence that residents were consulted about how the centre was run. Residents' meetings, chaired by members of staff, were facilitated on a regular basis. There was evidence that suggestions emanating from these meetings were acted on by the provider. Residents' satisfaction surveys were undertaken and relatives said that they were kept abreast of the plans for extension of the centre.

There was a policy on communication and diverse communication strategies were seen in the care plans. The centre was located on the edge of a busy town and was centrally placed in the community where residents could be apprised of local events. Residents were facilitated to partake in meaningful activities and the inspector was shown works by an artist who resides in the centre. This was displayed in the hallway. The advocate informed the inspector that the residents are facilitated to vote, where possible.

The person in charge told the inspector that she met with residents and relatives on a daily basis and the inspector noticed that staff were engaging with residents and relatives in a respectful and friendly manner. The inspector noted that residents received care in a dignified way that respected their privacy at all times. Residents had access to telephones and Wi-Fi connectivity was available. Televisions were located in all bedrooms and in the communal rooms. The inspector was shown the conservatory where more able bodied residents liked to sit in the evenings to converse or watch sports programmes. Information on local events was provided by the activity coordinators who were heard discussing topical issues with the residents.

Residents with whom the inspector spoke were aware of the progress of the World Cup and were able to converse about their life and experiences in the centre. All the residents spoken with said that they felt content and they praised the staff, the food and their surroundings. The inspector observed that visiting times were generally unrestricted.

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:

The inspector saw evidence that residents were encouraged to personalise their rooms. Most of the bedrooms were spacious, very comfortable and were decorated with residents' pictures and photographs. There was good storage space for clothing and belongings in most of the rooms. There were some bedrooms with full en suite facilities. Other bedrooms had a toilet and wash hand basin while other residents shared a communal bathroom. Personal items in the shared bathrooms were not always identifiable to the individual and the inspector noticed that one resident's razor had been left plugged in over the sink.

In the newly built extension most of the bedrooms were single rooms with spacious en suites.

The protocol in place for managing residents' clothing was effective and robust. Laundry was outsourced to an external contractor. The system for managing residents' possessions and clothing was managed from the reception area. Clothes were sent to be labelled before being sent to the residents' rooms. Residents and relatives, spoken with by the inspector, stated that they were happy with the way clothing and personal belongings were managed. There was no unresolved issue with missing clothing. However, in the older section of the centre the wardrobes in the two bedded rooms were shared and there was not much space for storing or displaying personal items in these rooms.

The inspector noted that there was an inventory being kept of residents' personal items. The inspector saw that these were signed by the resident or their representative.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Residents and relatives indicated that staff were responsive to their needs and treated them with respect and dignity. A staff development and appraisal system was implemented for all nursing, care staff, cleaning staff and catering staff. Both the person in charge and the cleaning and catering manager confirmed this to the inspector and there was a staff recruitment policy available in the centre. There was a very effective induction system in place for new staff and training in policies and procedures was prioritised for this cohort of staff. The inspector spoke to the newest members of staff who confirmed that they had received up to two weeks induction training as supernumerary members of staff. They had received training in the prevention of elder abuse, in moving and handling techniques and in fire safety, as a priority.

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision in the delivery of person-centred care to the residents. The inspector spoke with staff members from all areas of the care setting during the two day inspection and they were clear as to their responsibilities and duties.

On the morning of inspection, there were 134 residents in the centre. There were four residents in hospital and one resident was spending a couple of days at home. There were eight nurses on duty in addition to the person in charge, 20 care staff, catering staff, administration staff, maintenance personnel, the owner provider, the management team and three activity coordinators. This staffing level was decreased in the afternoon, evening and night time. The inspector met the night staff on one large unit and they told the inspector that they felt there were adequate staff on duty. The person in charge told the inspector that she had spent some time on night duty to carry out an audit of the staffing levels and some adjustments were made as a result.

The inspector reviewed staffing rotas, staffing levels and skill mix. The person in charge informed the inspector that that she was satisfied that there were sufficient staff on duty to meet the needs of the residents in the centre.

The inspector found that there was a good level of appropriate training provided to staff and they were supported to deliver care that reflected contemporary evidence based practice. Staff had completed mandatory training and CPI training was provided to all staff on a regular basis by the in-house trainer.

The majority of care staff had completed Further Education Training Awards Council (FETAC) level 5 courses and others are in the process of completing same. Staff changing rooms, canteen and shower area were provided and there was an internal award scheme to acknowledge outstanding contributions of staff in caring for the residents.

The human resource officer showed the inspector the registration details with An Bord Altranais agus Cnaimhseachais na hEireann for 2014 for nursing staff and these were found to be up to date. The inspector looked at a sample of staff files and found that they contained the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older

People) Regulations 2013. The files were kept neatly, easily accessible and stored securely.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

| | |
|----------------------------|------------------------|
| Centre name: | Bridhaven Nursing Home |
| Centre ID: | OSV-0000205 |
| Date of inspection: | 08/07/2014 |
| Date of response: | 24/07/2014 |

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.

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:

The inspector saw that a reclining chair and attached table was utilised for a resident as a restraint. Its use had not been assessed by the physiotherapist as to the suitability, safety and position of the resident who was sitting in the chair.

Residents were seen by the inspector to be walking outside to smoke and to go shopping across the road. This practice required risk assessment to minimise any risks, while maintaining their independence. The centre had a lot of incoming traffic and also was located near a busy road.

Residents' wardrobes were placed behind the doors of the bedrooms. The doors were held back by specific fire door locks. There was a potential for accident if the resident

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

wanted to access their wardrobe.

One resident continued to smoke in the bedroom, therefore the controls in place to prevent this needed to be reviewed as they were not having the desired effect.

Hoists and laundry trolleys were stored in the hallways and this practice was not risk assessed.

Individual televisions were unsecured, on a high TV bracket in residents' bedrooms.

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:

(a) A full risk assessment has now been carried out by our physiotherapist on this gentleman and his reclining chair and attached table. Complete.

(b) A full risk assessment has been carried out on those residents who walk outside to smoke and to go to the shop across the road. Complete.

(c) Wardrobes – A full risk assessment has been carried out. Complete.

(d) The resident who smokes in his bedroom has been informed that if he continues to ignore the instruction of management in this regard we will be left with no alternative but to look to discharge this resident. In the meantime along with signage, a fire blanket and multiple letters of warning, we have now fitted an extra sensitive smoke detector in this gentleman's room. Complete.

(e) Hoists & Trolleys – A risk assessment has been carried out and arrangements have been made for their suitable storage. Complete.

(f) TV's – A full risk assessment will be carried out & the number of TVs concerned will be quantified & the situation will be resolved. 30/09/2014

Proposed Timescale: 30/09/2014

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:

Drugs which were unused or for disposal were not stored safely and this was brought to the attention of the person in charge.

One medication trolley was not secure. It was stored in an unattended, unlocked office and the lock on the trolley was broken.

The recording of the use of controlled drugs was found to be correct. However, there were some of the residents' personal possessions stored in the controlled drug cupboard which could lead to the cupboard being opened unnecessarily.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medicines which have fallen or deemed not suitable for use will be crushed prior to placing in yellow containers in addition to HSE D.U.M.P campaign.

Medicines which are not for use will be returned in pharmacy box to pharmacy.

Excess items have been removed from controlled drug press.

The drug trolley which was broken on the day of the inspection has been fixed.

The drug trolley will be stored in a secure location.

Proposed Timescale: 24/07/2014

Theme:

Safe care and support

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

The inspector found that an error had occurred in recording the administration of medication. There had been an omission in recording on three successive days. This error had not been documented as such and as it had gone unnoticed it had not been investigated.

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 medication errors that were noted on the day have been investigated fully and learning has been gained from same.

Proposed Timescale: 24/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

In some areas of the centre rooms were not sufficient in size and layout to meet the needs of residents.

There was inadequate space for furniture items or suitable storage facilities for personal possessions for all residents.

Space in some of the older bedrooms is restrictive and does not allow for free movement of the resident and staff around all furniture and equipment.

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:

Planning permission has been granted for the demolition and reconstruction of the area concerned & our intentions with regard to these works were explained to the inspector. These works are planned to commence in February 2016.

Proposed Timescale: 31/07/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The appeals procedure for residents and relatives to follow, in the event of dissatisfaction with the outcome of a complaint, was not outlined in the public information leaflet or in the statement of purpose.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The appeals procedure for residents and relatives to follow, in the event of dissatisfaction with the outcome of a complaint, is now outlined in the public information leaflet and in the statement of purpose.

Proposed Timescale: 24/07/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Some wardrobes were shared and the space in the smaller two bedded rooms was not conducive to the storage and display of personal items, or to the privacy and dignity of residents.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

In the short term, separate space will be made available for each resident in their wardrobes. Please note that this issue relates to the same areas as referred to in the action plan for Outcome 12.

Proposed Timescale: 24/07/2014