



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bramleigh Lodge Nursing Home
Name of provider:	Bramleigh Lodge Nursing Home
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 February 2019
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0026371

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Bramleigh Lodge Nursing Home Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

**The following information outlines some additional data on this centre.**

Current registration end date:	06/01/2020
Number of residents on the date of inspection:	24

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
19 February 2019	08:00hrs to 17:00hrs	Vincent Kearns	Lead

## Views of people who use the service

Residents were positive about the care and support they received and felt happy and safe in the centre. Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint. Residents spoke about their local connection to the centre and the sense of belonging within the local town and community. Residents said that a number of the staff were also from the locality. Residents informed the inspector that staff treated them with respect and dignity at all times and described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to any staff if they had a any concern. Residents said staff kept them informed and up to date about any changes to their health and social care needs. All of the returned residents questionnaires issued as part of the centre's ongoing quality improvement programme, clearly identified staff as being very supportive and caring to residents. In these questionnaires residents also expressed satisfaction with the overall service provided. For example, some residents said that it was a very comfortable and welcoming environment to live in. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents spoke positively about how they were able to exercise choice regarding all aspects of living in the centre.

## Capacity and capability

The centre was well managed with evidence of continued good governance and oversight arrangements in place. The centre had been owned and managed by the provider since 2011. The provider representative was an experienced manager who visited the centre a number of days each week and there was also an operations manager who was based on site. The centre had a positive regulatory history to date, and for example all the actions from the previous inspection had been completed. Overall, there was evidence that continued effective leadership, governance and management was in place. On this inspection, the inspector found that the provider representative and the person in charge had ensured continued good levels of compliance in the centre. For example, since the previous inspection there had been ongoing improvements in the centre including, open Wi-Fi access around the building and facilities for Skype, email and social media. There had also been an upgrade of the call bell system, improved staff training, and staff daily communication/hand over system. However, there were some improvements required. For example, improvements were required in relation to the statement of purpose, the recording of complaints and amending residents contracts in line with regulatory requirements. The provider representative and the person in charge were fully engaged in the governance and administration of the centre on a consistent

basis. For example, the inspector observed that in this small centre, the person in charge met with residents and their representatives each day, and knew all residents and their representatives well. The person in charge was also supported by an experienced operations manager and by experienced nursing staff. There was also household and care staff who completed the care team. The person in charge met with staff regularly and minutes were maintained of these meetings. All staff spoken with praised the person in charge's leadership qualities and he was described by staff as being very "hands on" in his approach. Residents and their representatives clearly knew the person in charge and were observed to be at ease interacting with him and all staff. Residents were complimentary of the care and consideration that he and his team afforded them. The inspector noted that a number of the staff had worked in the centre for some time and were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose. They had good oversight of the centre and, management were therefore well positioned to provide suitable and timely managerial support, when required.

There was evidence of quality improvement strategies and ongoing monitoring of the service. For example, there was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. Audits were also carried out in relation to medication management, care planning and falls governance. Following completion of audits, there was evidence that the person in charge highlighted any issues to responsible staff for action. Each audit had a corrective action plan (CAR) in place if required, with clearly defined time lines for completion of any remedial actions. These arrangements gave assurance to the person in charge that improvements were being monitored, measured and actioned.

In relation to staffing, the person in charge was providing suitable staffing to meet the needs of the residents. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also, for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to ensure on-going safe and suitable care provision. Overall, the inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff. From a sample of staff files viewed, all staff had attended suitable training. The person in charge confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

## Regulation 14: Persons in charge

The person in charge was an experienced nurse manager who had worked full-time in the centre since 2017. He had previously worked as a nurse manager for a number of years in two other centres. During this inspection, the person in charge demonstrated good knowledge of the legislation and of his statutory responsibilities. He was clear in his role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. The person in charge was very responsive to the inspection process and engaged proactively and positively throughout this inspection. He had committed to continued professional development and he had regularly attended relevant education and training sessions, including a post-graduate management training course. The inspector found that he was well known to residents and staff. Residents all identified him as the person who had responsibility and accountability for the service and said he was very approachable. There were arrangements for the staff nurse on duty to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

## Regulation 15: Staffing

Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. There was a registered nurse on duty in the centre at all times and all staff were supervised on an appropriate basis. The inspector observed positive interactions between staff and residents over the course of the inspection. Staff demonstrated an excellent knowledge of residents' health and support needs, as well as their likes and dislikes.

Judgment: Compliant

## Regulation 16: Training and staff development

Mandatory training was ongoing and all staff had completed training in areas such as fire safety, manual handling and safeguarding. Since the previous inspection, there had been enhanced staff training in relation to end of life and palliative care which was delivered by a qualified course provider. In addition, all staff had received training in managing behaviours that challenge, altered communication & education in relation to dementia care. Newly recruited staff underwent a suitable induction and probationary period, and all staff completed an annual appraisal with the person in charge. Records viewed by the inspector confirmed that overall, there was an

adequate level of training provided and completed by staff that was relevant to the care and support needs of residents. There were numerous training dates scheduled for 2019.

Judgment: Compliant

### Regulation 21: Records

Records' were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

### Regulation 22: Insurance

There was written evidence that the centre had insurance and that this insurance was in date.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, there was evidence of continued good governance and management of the service. The person in charge was supported on a daily basis by the the operations manager and the provider representative. The provider representative was a qualified solicitor and was also a director of another centre since 2009. She regularly attended the centre and made herself available to the inspector during this inspection. There were adequate management systems in place to ensure that the service provide was safe, appropriate and effectively monitored. For example, the person in charge outlined that since the previous inspection a new 'handover' sheet was introduced which detailed information such needs of current residents, residents in hospital or on leave, and or residents on certain medications such as antibiotics or anticoagulants. In addition, this update sheet was also used to communicate any of these issues or changes and was read out at staff hand over meetings for 10 days



until all staff were aware of any important changes. This communication sheet was also updated daily and nightly by the nurse and reviewed by the person in charge. Out of hours management support was provided by the person in charge and the operations manager who made themselves available out of hours. Staff spoken to gave specific examples of such managerial support being provided. There was an annual review of the service carried out in 2018 which informed the quality and safety of care delivered to residents in consultation with the residents and their families.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of residents' contracts of care was viewed by the inspector who noted that each contract had been signed by the residents and or their relatives. The contracts reviewed were clear, user-friendly and outlined the services and responsibilities of the provider representative to each resident and contained most of the fees to be paid. However, the contracts required updating to also include all fees including for example, any fees for the provision of private chiropody services.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The person in charge informed the inspector that the statement of purpose was currently being reviewed. The version seen by the inspector was dated as most recently reviewed in November 2018. It clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. There was evidence that the statement of purpose was readily available for residents and staff to read. For example, copies of the statement of purpose were seen in a resource folder near to the entrance of the centre. The statement of purpose was found to meet most of the requirements of regulation. However, some amendments were required including more detail description of the rooms in the premises and some more detail in relation to the services to be provided.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector noted that incidents as described in the regulations had been reported to the Office of the Chief Inspector in accordance with the requirements of the legislation. The inspector followed up on the small number of notifications received from the provider representative and saw that suitable actions had been taken regarding each accident or adverse event.

Judgment: Compliant

### Regulation 34: Complaints procedure

Policies and procedures which complied with legislative requirements were in place for the management of complaints and the complaints policy was most recently reviewed in November 2018. There was an independent appeals process and complaints could be made to any member of staff. Some residents spoken to were aware of the complaints' process which was on public display. On review of the complaints log there was evidence that most complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. However, not all complaints had been adequately recorded. For example, one complaint that had been promptly dealt with to the satisfaction of the complainant had not been recorded in the complaints log.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The inspector reviewed the centre's operating policies and procedures and noted that the centre had site specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies were reviewed and updated at intervals not exceeding three years, as required by Regulation 4. Staff spoken to were knowledgeable in relation to these policies and on going policy awareness was being provided.

Judgment: Compliant

## Quality and safety

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There was a computerised care planning system in place which provided good clinical oversight for each resident's health and social care needs. There was evidence that this was an effective system for the assessment, planning, implementation and review of health and social care needs of residents. Since the previous inspection, the person in charge outlined improvements in the residents' care planning with "focused" care plans for the residents who required particular supports. For example, in areas such as nutrition, falls, wounds, or behaviours that challenge. The person in charge outlined how these care plans prompted staff to critically examine multi-factorial causes contributing to any of these care needs and to develop a detailed plan of care in response that suitably supported the resident with same.

Residents with whom the inspector spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. A review of residents' care records, the practice of staff, and feedback from residents found that health care needs were being met in a timely way and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected. A sample of care plan records were reviewed, and all were found to reflect the residents' individual preferences, information about their life before moving to the centre and a health history. In practice staff were seen to know the residents' needs well, and were responsive to changes such as reduced intake of food, or changes in mobility levels. Where residents were identified as being at risk of incidents or accidents, for example falls or developing pressure areas, contact was made with the appropriate health care professional and assessments were carried out. Where necessary health professionals outside of the service were contacted to provide support, for example tissue viability, speech and language therapy or a consultant psychiatrist.

There was a very low incidence of any equipment or approaches that restricted residents' free movement. For example, there were no bed rails or lap belts in use at the time of this inspection. The person in charge demonstrated how he and his staff endeavoured to keep any form of restriction to an absolute minimum. They assessed residents to see their suitability for any intervention and always included whether alternative measures had been trialled and what was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure the residents' safety.

Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas both in their own and in other communal areas of the centre. There was open access to the garden from the rear of the centre. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were also seen to be supportive, positive and respectful in their interactions with residents. Residents

were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Resident's were being supported to make choices about how they spent their time, with a range of activities being offered in different locations around the centre, and for some residents attending activities off site. There was a programme of activities carried out by an activities coordinator who was supported by other care staff in the provision of activities. The inspector noted that a variety of activities were on offer including bingo, live music and chair exercises. Some residents said that they particularly enjoyed the live music sessions. The person in charge used different ways to get feedback about the quality of the service, and included questionnaires about the service being provided, feedback from advocates and feedback from the regular residents meetings. Staff were observed checking with residents through the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like, and what activities they would like to take part in. Information was accessible for residents in the centre for example, public notice boards in key areas, and access to the resident guide in each bedroom and other documents about the service including the availability of Skype service in the centre.

There was adequate risk management arrangements in place and overall, there were suitable fire safety procedures and practices in place. For example, fire safety equipment was serviced on an annual basis and the emergency lighting and fire alarm panel were serviced on a quarterly basis. However, there were some written assurance required in relation to the extent of coverage provided by the fire alarm system in the centre.

### Regulation 12: Personal possessions

There was adequate space for residents to store their clothes or personal memorabilia. There was adequate wardrobe space and each resident had access to secure lockable storage.

Judgment: Compliant

### Regulation 17: Premises

This was a single story premises and the inspector noted that overall, the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre was observed to be homely, warm, bright, and furnished to a good standard. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms and a large dementia friendly calendar on the corridor near the main sitting room. Resident's bedrooms were personalised with photographs,

pictures and ornaments. Residents' bedrooms were also personalised with their own belongings and there was sufficient storage. Residents who spoke with the inspector, confirmed they liked their bedrooms and that they had adequate storage. Communal space comprised a sitting room that was located immediately to the left of the front entrance door. This room was homely, comfortably furnished and decorated to a good standard. It was routinely used by residents to meet with visitors in private but was also used by residents, if they wished to have some quiet time. There was a conservatory sitting room near the nurses office that had nice views of the garden, and was in constant use. There was a dining room adjacent to the kitchen that was clean and well organised. Equipment was fit for purpose and maintenance records were available for inspection, staff were trained in the use of same. Grab rails and hand rails were fitted throughout as required. All bedroom's had access to a wash hand basin. There were 14 single bedrooms and seven of these bedrooms had ensuite facilities. There were a further six twin bedrooms. Given the profile of residents living in the centre on the days of inspection, there were adequate sanitary facilities provided. All shared bedrooms had adequate privacy screening provided to ensure residents' privacy whilst receiving personal care. There was a small enclosed garden which was openly accessible to all residents and also contained seating and a raised flower bed. There were signage to support residents find their way for example, numbers on bedroom doors and there was an engraved name plaque that identified the separate bedroom wings. In addition, there were pictures of significance to particular residents used to help some residents identify their own bedrooms. Bathroom doors and toilet seats were painted a specific colour to assist in orientating residents with a cognitive impairment. Overall, the premises had been well maintained and redecorated to a good standard however, some improvement was required. For example, some minor decorative upgrade was required regarding paintwork in a small number of areas that were marked by friction from wheelchairs and other equipment and required attention.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. The inspector saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

## Regulation 20: Information for residents

The residents' guide included a summary of the services, summary of the contract of care, complaints process and arrangements for visits. Copies of this guide were made available in each residents' bedroom. This information was supplemented with information on notice boards throughout the centre giving information about what was going on in the centre.

Judgment: Compliant

## Regulation 26: Risk management

Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, and residents leaving the centre unexpectedly. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards.

Judgment: Compliant

## Regulation 27: Infection control

The premises appeared to be clean throughout and, overall there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had taken suitable measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. There were fire and smoke containment and detection measures in place in the premises. Staff spoken to were familiar with the actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly and were seen to be in compliance with fire safety

requirements. However, some assurance was required in relation the adequacy of monitoring provided by the fire alarm and detection system in the centre as the current system was noted to be an L2/L3 system not an L1 type system as required legislation.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Overall, medications were stored and managed in line with relevant legislation and guidelines. Records relating to medication management were well-maintained. The person in charge outlined to the inspector that since the previous inspection there had been improvements in the management of medication in the centre. For example, there were monthly meetings with the pharmacist to facilitate any resident, family member or staff who wished to discuss any matter relating to medication with the pharmacist directly. In addition, the person in charge with support from the nursing staff, had implemented a process for monitoring the use of "as required" (PRN) psychotropic medication with the view of reducing their use. Also, specific medication monitoring tasks had been allocated to individual nurses on both day and night duty. For example, monitoring medication expiry dates, stock checking of nutritional supplements and auditing medication administration records. These changes were being audited by the person in charge to ascertain their effectiveness.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. There were also pre-admission assessments of prospective residents completed prior to admission. This gave the resident or their family an opportunity to meet the person in charge in person, provide information and determine if the service could adequately meet the needs of the resident. The centre had a computerised care planning system in place and care plans were developed on admission and reviewed at regular intervals to ensure residents health and social care needs were being met. There was evidence that the assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission, and as required thereafter. Each resident had a named nurse assigned to them to ensure that their care plans were individualised to residents wishes and needs, and this facilitated

positive person centred outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

Overall, residents' health care needs were met through timely access to treatment and therapies. There was for example, evidence that residents had suitable access to GP's, and allied health care professionals. From a review of residents files there was evidence that advice from allied health care professionals was acted on in a timely manner. The person in charge outlined how since the previous inspection the residents' GP's visited the centre on a scheduled weekly basis to review residents and this also had a positive effect on the risk management. For example, these meetings facilitated staff to work closely with GP's to examine recurring falls and closely monitor any changes in residents conditions.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required. For example, there was regular supportive visits by the community psychiatric nurse in relation to supporting residents with anxiety and behavioural and psychological symptoms of dementia. In addition, the person in charge outlined how on going staff training had further contributed to the centres ability to reduce the use of as required psychotropic medications in collaboration with the resident, their family and their GP.

Judgment: Compliant

### Regulation 8: Protection

There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. These policies had been most recently reviewed in March 2017. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations



of abuse. All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. In relation to financial arrangements, the person in charge confirmed that the centre did not manage any pensions or money on behalf of any resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' rights, privacy and dignity was respected by staff and residents were facilitated to maintain their privacy and undertake any personal activities in private. Residents were supported to retain as much control of their own decision making as possible. Residents were kept informed about their rights, including, civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents' access to the community was maintained for example, by access to local and daily newspapers, visits by local clergy, and local media and aids such as telephone and wireless Internet access. Residents were also supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0026371

Date of inspection: 19/02/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract's have been amended to include the services to be provided, whether under the Nursing Homes Support Scheme or otherwise and the fees, if any, to be charged for such services. An updated list of current service fee's has been circulated to residents and family members and awaiting return of same.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose will be amended following an Engineer Survey to include a descriptive floor plan of all room's within the designated centre including their size and primary function to comply with Schedule 1- Regulation 3 of the Health Act</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

All staff attended an educational training session on the centre's complaints policy & procedure. Complaints are discussed at each staff meeting & home management meeting to ensure staff are knowledgeable in their role and responsibility in responding to complaints.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
An audit has been completed to identify areas which require decorative upgrades regarding paintwork and work is scheduled to begin in the coming weeks.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
An Engineer has completed a survey & risk assessment on the current fire system and actions identified to bring the current system to an L1 standard as required by the regulations.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/08/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2019

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/04/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/02/2019