

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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| Centre name: | Brookhaven Nursing Home | |
| Centre ID: | 0207 | |
| Centre address: | Donoughmore | |
| | Ballyragget | |
| | Co Kilkenny | |
| Telephone number: | 056 8830777 | |
| Fax number: | 056 8830778 | |
| Email address: | info@brookhaven.ie | |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public | |
| Registered provider: | Brookhaven Nursing Home Limited | |
| Person in charge: | Bernadette Brennan Fennelly | |
| Date of inspection: | 17 and 18 November 2009 | |
| Time inspection took place: | Day 1 Start: 11:00 hrs Completion: 18:00 hrs Day 2 Start: 09:40 hrs Completion: 14.00 hrs | |
| Lead inspector: | Caroline Connelly | |
| Support inspector(s): | Catherine O Keefe | |
| Type of inspection: | <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced | |

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Brookhaven Nursing Home is a purpose-built designated centre which opened in 2006 providing long-term, convalescence and respite care to older people. It is registered for the care of 55 residents. There were 46 residents living there at the time of the inspection.

The centre is a single-storey building, divided into three wings. The layout, furnishings and décor are homely and of a high standard, with ample private and communal areas for residents' use.

Residents' private accommodation consists of 47 single bedrooms and four twin bedrooms. All bedrooms have en suite facilities. In addition to the en suite bedrooms, there is an assisted bathroom on each wing and a total of ten other toilets in the centre.

Communal accommodation comprises of a large reception area, two main lounges and a conservatory which opens out to enclosed courtyards. There is a large multipurpose room which is used for activities, parties, social functions and for staff training. A comfortable lounge, used for relaxation and aromatherapy, is also available. The centre has two dining rooms, an oratory, a visitors' room and a hairdressing room. One of the wings also has its own sitting room, visitors' room and activities room and is mainly used for providing care to residents with dementia.

There is ample car parking available for relatives and visitors at the front of the building.

Location

Brookhaven Nursing Home is located behind a new housing estate on the main Kilkenny/Durrow road on the outskirts of Ballyragget village. It is close to local amenities such as the church, shops, post office and public houses.

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| Date centre was first established: | 06 April 2006 |
| Number of residents on the date of inspection | 46 |

| Dependency level of current residents | Max | High | Medium | Low |
|--|------------|-------------|---------------|------------|
| Number of residents | 3 | 19 | 24 | 0 |

Management structure

The centre is operated by a board of directors. Gearoid Brennan and Bernadette Brennan-Fennelly are involved in the day-to-day running and report to the board of directors. Gearoid Brennan, the Director of Finance and Administration, is the registered provider. Bernadette Brennan-Fennelly, the Director of Care, is the Person in charge. She is supported in her role by a team of nursing and care staff.

The chef, the activity staff, and household staff also all report to her. Maintenance staff report to the registered provider. Administration staff report to both the registered provider and the person in charge. There is a human resource/healthcare advisor employed who reports directly to the board of management.

| Staff designation | Person in Charge | Nurses | Care staff | Catering staff | Cleaning and laundry staff | Admin staff | Other staff |
|--|------------------|--------|------------|----------------|----------------------------|-------------|-------------|
| Number of staff on duty on day of inspection | 1 | 1 | 6 | 3 | 3 | 1 | 2 |

Summary of findings from this inspection

This was a scheduled unannounced inspection and was the first inspection of Brookhaven Nursing Home undertaken by the Health Information and Quality Authority (the Authority).

Inspectors met with residents, relatives, the person in charge, the registered provider, staff nurses, a general practitioner (GP) and other members of staff.

Records reviewed included care plans, medical records, accident and incidents log, fire safety records and staff records including training policies and procedures. Six residents and three relatives were interviewed in private and many more were spoken to throughout the inspection. The feedback received from them was generally positive and indicated that they were satisfied with the care provided. Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments and that their daily, personal, care needs were well met.

The person in charge and registered provider are involved in the day-to-day running of the centre and were seen to be committed to improving the service for residents.

A variety of social and recreational activities, both on-site and outside, were available to residents. The involvement of relatives was actively invited and facilitated by an open visiting policy. The residents' committee provided a voice to residents in the operation of the centre, while the location and ethos of care had enabled residents to maintain contact with family and friends in the local community. There was also evidence of a strong emphasis on the maintenance of residents' independence.

Inspectors found that the premises, fittings and equipment were clean and well-maintained. There was a good standard of décor throughout and well-kept courtyards and gardens with plenty of seating was available for residents and relatives.

The Action Plan at the end of this report identifies areas where improvements are required in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Quality Standards for Residential Care Services for Older People in Ireland*.

The actions required included: a review of staffing levels, changes to medication policies and procedures, more person-centered care planning, the review of policy and practice on the use of restraint with the aim of moving towards a restraint-free environment and the further development of policies and procedures.

Residents' and relatives' comments

Inspectors spoke to residents and relatives in private at various times throughout the inspection visit. Residents and relatives were generally positive about how they experience life in the centre. Residents indicated that they were treated with respect and kindness and that they felt safe. Some replies included: "I do feel safe and I

believe the nursing staff know what they are doing". One relative commented that her relative was exceptionally well treated at all times by all staff.

All residents interviewed indicated that they had privacy in all aspects of personal care, when being examined by a doctor and when their healthcare and other needs were being discussed. Residents said that having a single room was a good aid to privacy and also provided an area where they could meet their visitors. As all bedrooms had a telephone, residents spoke of the privacy and flexibility this afforded them to receive phone calls whenever they wanted.

Residents and relatives spoke highly about staff and the care they receive, examples of comments included: "Staff are lovely", "Staff are very helpful, always willing to help", and "the place is always clean". Relatives said that they felt very welcome when they visited, and the person in charge was very helpful and would always spend time discussing their relatives' care or any concerns they had with them.

When asked about staffing, residents and relatives generally said they felt there was enough care staff on duty during the day, but one resident told inspectors that she felt that the centre was a big place for just one nurse to be on duty at weekends and night-time.

Residents were all very complimentary about the choice and quality of food, generally stating there was great choice and plenty of home baking. Both a resident and a relative said that the staff provided plenty of drinks to residents at and in-between meals.

All residents interviewed said they were very happy with the care and accommodation provided.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Inspectors viewed the governance and management structure which identifies the key responsibilities for all staff and their reporting mechanism. The registered provider, as the director of finance and administration, is responsible for all aspects of the financial management, quality assurance, health and safety and maintenance.

The person in charge manages all the clinical, care and welfare, and household aspects. Staff interviewed demonstrated a clear understanding of their role and responsibilities and described the staff structure and reporting mechanisms in place. These systems were seen to ensure appropriate delegation, supervision and competence in the delivery of service to the residents.

Inspectors were informed that the registered provider and the person in charge are never away at the same time and therefore provide on-duty cover for each other for annual leave and other absences. A senior staff nurse confirmed to inspectors that she deputises for the person in charge when she is away or on holidays. Phone numbers for the person in charge and the registered provider are available to all staff and they can be contacted in the case of emergencies, or at any time they are required, these were seen by the inspectors.

The provider and person in charge demonstrated their knowledge of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, and were working towards their implementation. The provider had started a quality improvement programme, called "project omega", at the start of 2009 which benchmarks against the Authority's standards and relevant legislation. As a result, action plans have been put in place to implement improvements required. This project is ongoing with staff involved in implementing various standards and regulations, appropriate to their role. Inspectors were informed that as a result of the quality improvement programme a residents' committee was established which, to date, had held two meetings. This committee

offers residents an opportunity to participate and engage in the running of the centre. Residents made detailed suggestions about the meals, menus and care facilities and practices. Residents spoken to were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by the staff.

The person in charge had also undertaken a satisfaction survey with all residents individually within the last three months, and with the relatives of those residents who were unable to participate due to their cognitive impairment. Inspectors were provided with a copy of this survey and although the findings were being correlated at the time, inspectors were informed that the majority of residents expressed high levels of satisfaction, and any issues raised were being dealt with. For example, one resident requested a cheese board after her lunch and the person in charge had facilitated this.

The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the centre and there was one in every resident's bedroom. Staff interviewed were also seen to be aware of what to do in the event of fire. Fire training was provided by a fire-safety company and all staff received training every year. Training records, reviewed by inspectors, showed fire training took place in March and October 2009. New staff received this training as part of their induction with staff training records confirming this. The fire alarms, extinguishers, hoses, blankets and emergency lighting were all checked and serviced by external companies and records reviewed by inspectors showed that they had all been checked and serviced on a number of dates in 2009.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place. Accidents and incidents were documented in their nursing notes and these entries corresponded with the accident and incident log.

Some improvements required

While the provider and person in charge supported residents and relatives to raise issues and make suggestions or complaints in a spirit of openness, the system in place to manage complaints did not meet legislative requirements and there was no evidence of learning and improved practice as a result of the monitoring process.

Although there was a comprehensive statement of purpose and function based on the *National Quality Standards for Residential Care Settings for Older People in Ireland*, it did not contain all the information required, as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The variety, quality and presentation of meals was found to be of a high standard, confirmed by inspectors who sampled the food. Inspectors joined residents in the dining room where tables were set with table clothes, napkins, condiments and appropriate cutlery. Residents expressed satisfaction with the food and the dining experience. Residents told inspectors that menus were on the tables in front of them so they could make a choice about what they wanted to eat and that fresh home baking was provided to them daily.

There were two separate dining rooms where lunch and tea were served to all residents at the same time. The main dining room was used for residents with lower dependency levels and those who required only minimal assistance. The second dining room was for residents who required assistance with eating. Inspectors saw staff assisting residents with their meals. The assistant was seated beside the resident and conversed with him/her, while offering assistance. Staff in both dining rooms were observed encouraging residents to be as independent as possible while eating by enabling them to hold their own cutlery and glass wherever possible. Meal times were relaxed and unhurried, with many residents remaining at the table after their meal to socialise.

Residents' bedroom doors all have locks to respect residents' privacy and dignity and staff had master keys to open the doors in the case of an emergency situation. Each resident also has a locked cupboard to store their personal belongings, and adequate screening was provided in shared bedrooms.

The manner in which residents were addressed by staff was observed by inspectors to be appropriate and respectful.

Religious needs were facilitated with mass taking place in the centre every week. Residents from other religious denominations were visited by their ministers as required. Inspectors observed mass taking place in the oratory and residents confirmed how much they enjoyed being able to attend. Inspectors spoke to the priest and he told them that he felt that residents' needs were very well catered for..

Residents informed inspectors that they were encouraged to maintain their independence wherever possible and many residents were seen walking freely around the corridors and in the garden areas. A number of residents who sat in comfortable seating in the reception area, at the entrance, told inspectors that they sat there regularly as they liked to watch people coming into and going from the centre and usually had a chat with people on their way in or out.

There was a social and recreational programme in place and residents informed inspectors that they were aware of the activities available to them. Inspectors saw this programme displayed on the notice board in reception and residents were also seen to have an activity programme included in the residents' guide in each of their rooms.

The organised activities included music and movement exercises, art work, knitting, massage therapy, bingo and cards. Links were maintained with the local community through a number of local musicians who provide entertainment for residents on a weekly basis. The local school choir also performs occasionally for residents. Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others chose to spend time in their room.

The open visiting policy was confirmed by relatives. Residents commended staff on how welcoming they were to all visitors. There was private space available in the visitor rooms for residents to meet with their visitors if they did not wish to use their bedroom. Relatives were observed taking residents out and told inspectors that that was a regular occurrence.

Plenty of newspapers were seen throughout the communal areas and all residents had a personal phone in their bedroom allowing for privacy to make and receive phone calls.

Staff had received training in the detection and reporting of elder abuse and staff interviewed had appropriate knowledge of the topic and what to do if they suspected or came across a case of abuse.

Significant improvements required

On both days of the inspection, inspectors saw two residents in chairs with lap-belts fastened around their waist which they were unable to open. Residents' records confirmed that an individual assessment for the need for restraint had been completed but there was no individual care plan and daily record detailing when the restraint had been applied, when the restraints were removed, or how frequently the residents were checked while the restraint was being used.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily, personal care needs were well met.

Residents were provided with the services of a general practitioner(GP) of their choice and, wherever possible, were able to continue to see their own GP. The majority of residents were under the care of one GP practice that provided a comprehensive service. The GP visited the centre on a weekly basis or more frequently as required.

Residents receive a full medical review which includes bloods tests, and medication is reviewed on a three-monthly basis or sooner if required. This was documented on the drug card and in the medical notes. The on-call doctor service was accessed for out-of-hour's service when required.. Residents and relatives commended the medical care available.

Inspectors spoke to the GP who was visiting a resident on the day of inspection. The GP told inspectors that she was very happy with the care her patients were receiving and felt the person in charge, and nursing staff, were all competent practitioners.

A chiropodist service is available in-house on the first Tuesday of every month all residents are seen routinely. Physiotherapy can be made available for residents if required, funded privately by residents. A local dentist visits the centre to review residents and they are taken to the dental surgery if treatment is required. Optical assessments were also undertaken on all residents in-house by an optician from an external optical company which provides new glasses and aids as required. Optical assessment sheets were seen in resident's records. Dietetic services and advice were provided by a nutritional company to residents' and staff.

Residents were offered a varied, nutritious, diet and the menu cycle was seen to make allowances for the preferences of individual residents, including those on special diets and those who required a modified consistency diet. For residents who required food at times outside the regular meal times, staff informed inspectors that they could access a variety of food from the kitchen day or night. Residents confirmed that this was the case.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and a water dispenser was available in the reception area. One resident had a bottle of water with her all the time which staff were seen to top up with fresh water from the water dispenser.

Safe practice was observed in medication administration and in the recording of the drugs administered. Photographic identification was seen on the medication administration charts and on each individual resident's medication. Residents who spoke with inspectors, were found to be knowledgeable about their medications. Controlled drugs were stored and recorded in line with best practice guidelines.

Assessments had been completed with all residents on admission to the centre for dependency level, moving and handling needs, pressure sore risk assessment, nutrition, and mental test score examination. Some have the "geriatric depression rating scale" completed as required.

These assessments were repeated on a three-monthly basis or sooner if the residents' condition required it. Wound assessment charts and records were reviewed and were found to be of a good standard.

Staff informed inspectors that the person in charge had focused on increasing nursing skills in order to avoid the unnecessary admission of residents to hospital. The nursing staff regularly took blood from residents for testing. They administered subcutaneous fluids which are given for the treatment of dehydration if required.

Inspectors 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.

Some improvements required

While the quality of assessment and care planning was of a good standard, resident care plans were not fully reflective of the psychological and social needs of the resident and need to be made more person-centred.

Care plans were not developed and agreed with the resident or his/her representative (in the case of residents who had cognitive impairment). None of the residents spoken to by inspectors knew they had a care plan.

Significant improvements required

Inspectors observed over-the-counter medications, such as cough expectorant and laxatives in one resident's bedroom. The resident told inspectors that her family had brought them to the centre for her and that she took them regularly. However, the centre did not have a record of these medications.

In addition, the centre did not have a policy on resident self-administration of medications and an assessment had not been completed on residents' ability to self-medicate as is required by An Bord Altranais guidelines on medication management

2007. Taking over-the-counter medications without the general practitioner or staff knowledge, could lead to medication interactions and errors.

Some of the medication management policies viewed by inspectors were not in line with An Bord Altranais guidelines on medication management 2007 and the storage of medicinal products and were not centre-specific.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

The centre was purpose-built with a high standard of private and communal space and facilities. It was observed to be bright, comfortable and had appropriate furnishings and colour schemes. Residents spoke positively about the facilities. They told inspectors that they enjoyed the well maintained courtyards and gardens with plenty of seating available.

Residents' bedrooms were comfortable and residents interviewed said that they were happy with the accommodation provided. There were many alcoves with seating along the corridors and inspectors saw residents with their relatives sitting in these areas overlooking the courtyards.

The corridors were wide allowing easy access for residents in wheelchairs and those using Zimmer frames or other mobility appliances. Inspectors observed residents moving independently around the corridors using their individual mobility aids.

The kitchen was clean and well organised. Catering staff interviewed had all received food handling training, and records of training reviewed by inspectors were seen to be up-to-date.

Appropriate assistive equipment, such as electric beds, hoists, pressure relieving mattresses, wheelchairs and Zimmer frames, was available to meet the needs of residents. Hoists and other equipment were all maintained and service records were up-to-date. One resident had a specialist standing frame to assist him to build muscle strength following a stroke.

The provider employs a qualified plumber as a maintenance person. He is responsible for the day-to-day maintenance of the building and its equipment and is on-call for emergency situations.

The waste management system was seen to be well organised and secure. Staff demonstrated knowledge of the correct bags to use for domestic and clinical waste. An up-to-date contract, viewed by inspectors, was in place for the removal of waste. The household staff member interviewed was clear about her role and responsibilities, which included managing spillages and cleaning schedules.

The registered provider clearly outlined the systems in place for maintaining the safety of residents and staff. There was a safety committee which included the registered provider, staff safety representative, maintenance person and kitchen staff.

The registered provider informed inspectors that a full tour of the environment was completed on a regular basis and any environmental hazards or maintenance issues that were identified were recorded, reported and responded to. Checklists were seen by inspectors. The safety statement viewed by inspectors was dated 2009 and was centre-specific.

Some improvements required

While a high standard of hygiene was generally seen throughout, there was a smell of urine on both days of inspection on the corridor in one of the units.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The involvement of the registered provider and the person in charge in the day-to-day running of the centre facilitated open communication between residents, staff and relatives. Roles and responsibilities were clearly defined and communicated to both staff and residents. Residents and relatives were very complimentary of their easy access to information and communication with the person in charge and the nursing staff.

Other relatives told inspectors how they phone the centre and speak to the person in charge or the staff nurse at any time. Relatives also said that the staff contacted them if there was any change to their relative's condition or treatment. Inspectors observed interactions of staff, between staff and the person in charge, and between staff and residents/relatives, and noted that a culture of open communication existed.

Contracts of care were provided to all residents with clearly stated terms and conditions.

The residents' committee provided a good means for residents to communicate with members of the staff team and for the staff team to communicate with the residents. Feedback was also sought formally through satisfaction surveys and informally through regular conversations with residents. Residents also told inspectors that they spoke to the person in charge daily.

There was evidence of good communication links between nursing and catering staff. Inspectors saw special diets and residents' preferences were documented in the kitchen.

Regular handovers between staff were seen to take place daily and staff confirmed they had regular staff meetings.

Some improvements required

While the provider and person in charge has a wide range of policies, procedures and guidelines available, some were not centre-specific and did not detail and outline the procedure for staff to follow. In addition, these documents did not meet the criteria set out in Schedule 5 in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009.

Although a comprehensive residents' information booklet, detailing all services available, was available to all residents in their bedrooms it did not contain all the information required to be included in a Residents Guide as outlined in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents and relatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

The person in charge operates a key worker system which ensures that a named member of care staff is responsible for the delivery and continuity of care to a specific number of residents on a day to day basis. The residents confirmed that they knew who their named key worker was and were aware they can go to him/her if they have any issues or queries. Inspectors saw the list of key workers with individual residents allocated accordingly.

Centre specific evidence based recruitment policies and procedures were reviewed by inspectors. The person in charge informed the inspectors that the staff had access to an external human resource consultant to support the provider and person in charge in human resource issues.

A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. Review of staff records showed that staff were recruited and inducted in accordance with best practice.

There was a staff appraisal system in place linked to continuous professional development. Training records viewed by inspectors confirmed the provision of a high level of appropriate training to staff both in-house and externally. The person in charge and a staff nurse had undertaken the train the trainer programme and provided manual handling training for all staff, records confirmed that all staff had undertaken this mandatory training recently.

Records also confirmed that 23 staff had received infection control training in 2008, records of continence, nutrition and dysphasia training that been attended by staff were also viewed.

Records of nursing staff's attendance at professional development training courses were seen by inspectors and a course on nutrition had taken place in the centre on the second day of inspection.

Inspectors saw, and staff confirmed, that the staff facilities were of a high standard with a changing area, showers, and large dining facilities.

Staff demonstrated a clear understanding of their roles and responsibilities particularly in relation to nurses and senior care assistants undertaking a supervisory role with other staff. This staff structure ensures appropriate delegation, competence and supervision of all staff.

Review of recently recruited staff records showed that staff were recruited and inducted in accordance with best practice.

Some improvements required

The skill mix of staff required review to meet the assessed needs of the residents at weekends, evening time and night time taking into consideration the size and layout of the centre. On most days there was one nurse on duty from 08:00 to 20:00 hours and one nurse from 20:00 until 08:00 hours the following morning plus the person in charge who generally worked 09:00 to 18:00 hours, five days a week. This nursing cover left periods on at least two days a week, evenings and nights with only one nurse available to provide nursing care to 46 residents, 19 of these residents were assessed as high dependency and three who were assessed as having maximum dependency needs.

Although the provider had commenced the process of obtaining Garda Síochána vetting and other required information on all staff. Staff personnel files viewed by inspectors did not meet all the criteria set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

Report compiled by

Caroline Connelly

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

11 December 2009

Provider's response to inspection report

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|----------------------------|---------------------------------------|
| Centre: | Brookhaven Nursing Home |
| Centre ID: | 0207 |
| Date of inspection: | 17 November 2009 and 18 November 2009 |
| Date of response: | 07 January 2010 |

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

Some of the medication management practices and policies viewed by inspectors were not in line with An Bord Altranais guidelines on medication management.

Action required

Ensure that the practice of medication administration and storage of medications is in line with An Bord Altranais Guidelines and best practice

Put in place centre specific policies and procedures for the ordering, storage, prescribing and administration of medications to residents.

Reference:

Health Act, 2007
Regulation 25: Medical Records
Standard 14: Medication Management

| Standard 15: Medication Monitoring and Review | |
|---|--|
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>The centres' practice of medication administration and storage has been reviewed and the necessary changes have been made in order to ensure that it is now fully in line with An Bord Altranais guidelines on medication management.</p> <p>The centre is currently reviewing its policies and procedures for ordering, storage, prescribing and administration of medications to residents and making the necessary adjustments in order to make them centre specific.</p> | <p>Completed</p> <p>In progress. Completed by 29 January 2010.</p> |

| <p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no individual care plan and daily record detailing when restraint had been applied, when the restraints were removed, or how frequently the residents were checked while the restraint was being used.</p> | |
|---|--------------------------------------|
| <p>Action required:</p> <p>Review policy and practice and aim towards a restraint free environment for all residents. If restraint is to be used as a last resort, follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>The only restraints utilised in the centre are safety belts on chairs, and cot sides on beds, both of which are used as a last resort to ensure resident safety. The centre has reviewed its policy and practices in this area in order to ensure that the practice is used only when absolutely necessary and for the minimum amount of time.</p> <p>The centre is currently in the process of developing an individual</p> | <p>Completed</p> <p>In progress.</p> |

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| care plan for each resident for whom a safety restraint is necessary, outlining best practice guidelines including the nature of the restraint, its duration of use and when the restraint is removed. | Completed by 15 January 2010. |
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| <p>3. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The system in place to manage complaints did not meet the legislative requirements and there was no evidence of learning and improving practice as a result of monitoring complaints.</p> | |
| <p>Action required:</p> <p>Provide written operational policies and procedures relating to complaints, in accordance with current guidelines and legislation. The record of all matters complained and any actions taken must be maintained in addition to, and distinct from, a resident's care plan.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p> | |
| Please state the actions you have taken or are planning to take with time scales | Time scale |
| <p>Providers response:</p> <p>The centre is presently updating its operational policies and procedures relating to complaints in order to bring them fully into line with current guidelines and legislation.</p> | <p>In progress. Completed by 29 January 2010.</p> |

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| <p>4. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009.</p> | |
| <p>Action required:</p> <p>Update the written statement of purpose stating the aims objectives and ethos of the centre, the facilities and services provided and a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009....</p> | |
| <p>Reference:</p> | |

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| <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p> | |
| <p>Please state the actions you have taken or are planning to take with time scales</p> | <p>Time scale</p> |
| <p>Providers response:</p> <p>The centre is presently updating its statement of purpose and function in order to ensure that all the information required as outlined in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 is included.</p> | <p>In progress. Completed by 29 January 2010.</p> |

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| <p>5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The range of policies procedures and guidelines available in the centre did not meet the criteria set out in Schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009</p> | |
| <p>Action required:</p> <p>Provide written operational policies and procedures in accordance with current regulations.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 13:Healthcare Standard 29:Management Systems</p> | |
| <p>Please state the actions you have taken or are planning to take with time scales</p> | <p>Time scale</p> |
| <p>Providers response:</p> <p>The centre is presently benchmarking its policies, procedures and guidelines against the criteria set out in Schedule 5 in the Health Act 2007 (Care & Welfare of residents in Designated Centres for Older People) Regulations 2009 and will address any existing gaps in the coming weeks.</p> | <p>In progress. Completed by 16th February 2010.</p> |

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| <p>6. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>Resident care plans were not fully reflective of all of the needs of the residents and were not always discussed and developed with the resident or his/her representative.</p> | |
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| Action required: | |
| Resident's assessed needs are to be set out in an individual person centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate. | |
| Reference: | |
| Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan | |
| Please state the actions you have taken or are planning to take with time scales | Time scale |
| Providers response: The care plans of all existing residents are currently being reviewed and discussions are taking place with each resident, his/her representative and other staff as appropriate in order to ensure that the plan is person centered and focussed on delivering the best possible outcomes for the resident. | In progress. Completed by 16 th February 2010. |

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| 7. The provider has failed or is failing to comply with a regulatory requirement in the following respect: | |
| Nursing cover on at least two days a week, evenings and nights required review to ensure the skill mix is appropriate to the assessed needs of residents, and the size and layout of the designated centre. | |
| Action required: | |
| Ensure staffing levels and skill mix are appropriate to the assessed needs of the residents and the size and layout of the designated centre. | |
| Reference: | |
| Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications | |
| Please state the actions you have taken or are planning to take with time scales | Time scale |
| Providers response: The centre is currently reviewing the nursing cover and skill mix of staff with a view to making any adjustments necessary in order to ensure that it is appropriate to the assessed needs of the residents and the size and layout of the building. | In progress. Completed by 15 th January 2010. |

8. The provider has failed to comply with a regulatory requirement in the following respect:

There was a smell of urine on both days of inspection on the corridor in one of the units which did not meet the requirement set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 that all parts of the designated centre are kept clean.

Action required:

Keep that all parts of the designated center clean.

Reference:

The Health Act, 2007
 Regulation 19: Premises
 Standard 25: Physical Environment

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

Timescale:

Provider's response:

The smell of urine detected during the inspection emanated from one room in the centre's Kilminan wing and the cleaning regime for this wing has been adjusted to ensure the elimination of this issue.

Completed

9. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

Staff personnel files viewed by inspectors did not meet all the criteria set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

Action required:

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 Schedule 2.

Reference:

Health Act, 2007
 Regulation 18: Recruitment
 Standard 22: Recruitment

Please state the actions you have taken or are planning to take with time scales

Time scale

Providers response:

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| <p>The centre is currently reviewing and updating all staff files in order to ensure that they meet Schedule 2 in the Health Act 2007 (Care & Welfare of residents in Designated Centres for Older People) Regulations 2009.</p> | <p>In progress. Completed by 26 February 2010.</p> |
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| <p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The residents' information booklet did not contain all the information required to be included in a residents guide as outlined in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009.</p> | |
| <p>Action required:</p> <p>Produce a written guide "the residents guide" which shall include a summary of the statement of purpose, terms and conditions of residency , a contract for provision of services and facilities , the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief inspector.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of information to Residents. Standard 1: Information</p> | |
| <p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p> | <p>Timescale:</p> |
| <p>Provider's response:</p> <p>The centre is currently reviewing and updating its resident information booklet to include all the items as outlined above.</p> | <p>In progress. Completed by 16 February 2010.</p> |

Any comments the provider may wish to make:

Provider's response:

This was Brookhavens first inspection by the Health Information and Quality Authority and we very much welcome the new approach, which recognises all the things that are done well in addition to aspects which could be improved on. Feedback from residents, relatives and staff about the inspection was very positive. We would like to express our thanks to the two inspectors for their professional approach and in particular for the opportunity afforded to all questioned during the inspection to describe the efforts we have made to deliver best practice care to all our residents here in Brookhaven.

Provider's name: Brookhaven Nursing Home Limited

Date: 07 January 2010