

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	325
<b>Centre address:</b>	Hazelhill
	Ballyhaunis
	Co Mayo
<b>Telephone number:</b>	094-9631555
<b>Fax number:</b>	094-9631655
<b>Email address:</b>	brookvalemanor@live.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Brindley Manor Federation of Nursing Homes
<b>Person in charge:</b>	Evelyn Doyle Douglas
<b>Date of inspection:</b>	21 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09:00hrs <b>Completion:</b> 19:00hrs
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	Geraldine Jolley
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## 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](http://www.hiqa.ie).

## Acknowledgements

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

## About the centre

### Description of services and premises

Brookvale Manor is located in a rural area on the outskirts of Ballyhaunis in County Mayo. It is registered to provide care for up to 58 residents. On the day of inspection, there were 42 residents living in the centre.

The centre is a purpose-built bungalow. Accommodation is provided in 37 single bedrooms and 10 double bedrooms. All bedrooms have en suite facilities and are pleasantly decorated with coordinated bed covers and curtains. The double rooms have curtains for privacy between beds. Alarm call bells are provided at each bed, and in all toilets, showers and communal areas.

There are three sitting rooms and a dedicated dining room. Corridors are wide and provide safe areas for walking. An oratory is also provided and mass is said there weekly. There is a well equipped hairdressing facility and a hairdresser visits once a week. The foyer at the entrance is pleasantly decorated and has additional soft seating. There is also a secure internal courtyard garden.

Residents have access to an activity coordinator and there is a daily activities programme. Peripatetic services such as occupational therapy, physiotherapy, speech and language therapy and podiatry are also available on site.

### Location

The centre is in Hazelhill approximately one and a half kilometres outside the town of Ballyhaunis in the direction of Knock.

<b>Date centre was first established:</b>	15 October 2003
<b>Number of residents on the date of inspection</b>	42

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	9	25	7	1

**Management structure**

Brookvale Manor is part of the Brindley Manor Federation of Nursing Homes. The managing director and registered Provider is Amanda Torrens.

A senior management team, comprising of a human resources manager, catering manager, financial controller, office manager and a training and development manager oversee the operation of the centre.

On a day-to-day basis, the Person in Charge is Evelyn Doyle Douglas who manages a team of senior nursing staff, staff nurses, care assistants, an activity coordinator, kitchen and domestic staff in the delivery of care.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	2	5	3	2	2	2

## Summary of findings from this inspection

This was an announced inspection and was the first inspection of this centre by the Health Information and Quality Authority. Information requested in advance by the Authority had been returned within the time specified and included a statement of purpose and a number of completed questionnaires from residents and relatives.

The centre was well organised and managed and the person in charge demonstrated a very good knowledge of the residents in her care, the new legislative requirements and her role.

Good systems were in place to assess the needs of the residents and these had been reviewed regularly. On the day of inspection, inspectors found that the care provided to residents was of a satisfactory standard.

Good communication was observed among staff and between staff and residents.

A programme of daily activities was facilitated by a dedicated activity coordinator. Residents were actively involved in planning activities and the coordinator and other staff ensured that activities reflected the interests and pastimes of residents.

The premises was well decorated and maintained to a high standard. Levels of cleanliness and hygiene were noted to be excellent throughout. The building was thoughtfully laid out, had good communal areas, wide corridors and all doors were wheelchair accessible.

The Action Plan at the end of the report identifies areas where improvements are required to comply with 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*. The areas for improvement identified are the use of restraint, the need for pre-admission assessments and the introduction of an emergency plan.

### Residents' and relatives' comments

The inspectors interviewed nine residents and spoke to others informally during the day. Twenty residents' questionnaires were completed.

Residents described daily life in the centre with enthusiasm. Residents said they were well cared for and had a comfortable place to live. One resident said, "they all know me and the care I need."

Residents were particularly satisfied with the standard of catering. While most residents had breakfast in their rooms, inspectors were advised that, "you can go to the dining room if you want to get up earlier", "there is a different menu each day, and sometimes we have turkey on Sundays". Inspectors were also told, "there is always water in your room and tea and coffee with cakes and biscuits during the morning and after lunch."

Staff received a lot of praise and the care provided was described as "very good". Residents said there were "plenty of staff" who were "kind and considerate". Cleaning staff were highly praised by two residents for "keeping the centre looking so well" and "for looking after our rooms".

Residents spoke very highly of the activity programme and of the activity coordinator. Inspectors were told that the activity coordinator was very interested in residents' wellbeing and did "sensible things with us". However, one resident felt that there was "not enough to do".

One relative completed the pre-inspection questionnaire and said that, "the care was good", the resident was "happy in the home" and "could make choices". However, the relative felt that more activity was needed to keep people mentally stimulated.

## 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

The provider informed inspectors that, as the centre is part of the Brindley Manor Federation of Nursing Homes, some economies of scale were possible including the redeployment of staff to address unexpected shortfalls. The provider advised that a meeting took place monthly with the financial controller to review the operation of the centre and third-party financial auditing was carried out by an external company.

The person in charge and other staff interviewed were knowledgeable about the new regulations and Standards. The provider had submitted comments when the Standards were in a draft stage and senior staff had already commenced work on developing documentation to ensure compliance. Weekly information sessions had been held with staff since the beginning of September 2009 to consider the impact of the new legislation. A review of minutes from the most recent meeting indicated that notifiable incidents had been discussed by staff.

Inspectors were told that the aim of the centre was to develop and improve the life of the residents. Discussion with staff and residents confirmed that the comfort and wellbeing of residents was a priority for all staff.

A risk management policy was available and staff confirmed that the policy had been implemented. It was also clear to inspectors from interviews with staff and observation of care practices that the risk of injury to residents was carefully balanced against the promotion of mobility and independence. Throughout the day, staff had been observed walking closely behind residents who were unsteady on their feet.

A computerised recording system was in use which assisted staff to assess risk across a range of categories that included falls, tissue viability, dependency levels, nutrition, mood and medication.

An up-to-date maintenance programme was evident and maintenance checks had been carried out on hoists, fire extinguishers, electric beds and central heating. A

tumble drier had broken down during the morning of the inspection and had been repaired by that afternoon.

### **Some improvements required**

The register of residents was reviewed by inspectors and a small number of omissions were noted in the document, for example, the cause of death for one resident who had died at the centre had not been recorded.

While a complaints procedure was in place, this did not fully comply with legislation. The areas requiring improvement were the independent appeals process, the timescales for investigating complaints and the process for providing feedback to the complainant.

A statement of purpose was on display and while this had been recently reviewed, inspectors noted that it still did not fully comply with the new regulations. Deficits were identified in relation to information on the complaints procedure, contact details between residents and their relatives, registration information, details of the staffing complement and the qualification and registration details of staff.

A review of policies and procedures confirmed that while most had been revised to comply with the new regulations, further work was still required to ensure full compliance.

### **Significant improvements required**

Although the provider gave a good account of the fire safety arrangements in place, the fire log – containing records of fire evacuations and testing of fire equipment – was not available for inspection.

Inspectors noted that while a comprehensive risk management policy was in place, it did not include any guidance for staff on what to do in the event of an emergency.

### **Minor issues to be addressed**

Inspectors were told that a resident satisfaction box on display in the foyer had failed to yield any response and that consideration was being given to the introduction of an alternative method to obtain such information.

## 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 overall standard of care observed by inspectors was very good. Staff were observed responding to residents' needs in a sensitive and caring manner. Residents told inspectors that they felt "safe" and had been well looked after.

The centre was well maintained and residents are able to move around without any restrictions, as the circulation areas are spacious.

Residents were assisted by staff to help themselves to coffee, fresh fruit and cakes during the morning. Good presentation by the chef enabled residents to easily discern and choose from food on offer.

Inspectors joined residents for lunch, which took place over two sittings to enable staff assist the more frail residents at the first sitting. Residents were able to decide when they wanted to eat and there was a varied choice of food on the menu. Meals were well presented. The inspectors sampled the food and found it hot, tasty and freshly cooked. Residents said they were "very happy" with the food and with the choice available. Residents were encouraged to be independent and several were prompted to eat without assistance. Staff were readily available to residents who needed help.

Residents told inspectors that the enthusiasm and commitment of the activity coordinator made living in the centre "more fun". The daily and weekly activity schedule was on display and residents had been involved in the development of new activities, for example, the introduction of a gardening project. Residents spoke with pride about this initiative and their work growing vegetables and herbs. Inspectors were told how they sold the excess produce in the centre to raise funds and to buy seeds for the next season. Residents also advised that the centre was to acquire a polytunnel to allow gardening to continue during bad weather.

The range of activities available included exercise and movement, orientation and reminiscence, discussion, music and cards. Residents said they felt able to take part whenever they liked.

One resident said that she had received help to mobilise herself following a recent stay in hospital and her confidence with walking had improved.

Volunteers had also visited the centre on an ad hoc basis to play live music or cards.

### **Minor issues to be addressed**

Meals were served plated to residents rather than giving residents the opportunity to serve themselves portions of vegetables and potatoes as desired.

At dinner time, second portions were offered to residents in plastic containers rather than appropriate serving dishes. Residents wore bibs rather than napkins during their meal.

While there were many activities available, it was the view of one resident and one relative that more opportunities for fulfilment would be welcomed. One resident said that more church services / regular masses would be of benefit to her, while a number of female residents described how they missed cooking.

### 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 ongoing 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

A computerised record system was used by the centre to provide a detailed care planning format which highlighted when care plans were due for evaluation and when residents were due to attend medical appointments. It also generated a report on the dependency level of residents based on the information entered by nursing staff.

The person in charge and the nursing team were well informed about current developments in the care of older people and had introduced several research-based assessment and practice tools to support staff to make informed judgments on care practice and to promote evidence-based practice.

A nutrition care plan was in place for all residents based on the Malnutrition Universal Screening Tool (MUST). Assessments were updated monthly and catering staff informed of specific eating plans. Risk assessments for falls and pressure area care had been carried out. Specialist assessment tools such as the Mini Mental State Examination were used where there was evidence that residents had cognitive impairment.

Daily reports were well detailed and included commentary on how residents felt and their emotional state from day to day. Inspectors noted that residents were encouraged to retain the services of their own general practitioner (GP) whenever possible. Eight different GPs attended the centre.

Safe practice was observed in medication administration. Both staff nurses on duty were able to say which medication was in use and for which residents. They were also knowledgeable about the need to be diligent in the use of sedation in the care of older people. One staff nurse had recently completed a study day on medication management and was shortly due to cascade that training to colleagues.

#### Significant improvements required

Inspectors noted that a number of restraints were in use which included trays on chairs and bedrails. Four residents had electronic tags to alert staff when they attempted to leave the centre unaccompanied. In all cases, relatives were aware of

the measures in place and many had requested their use. Inspectors were told that where restraints were in use, alternative ways of managing falls or other risks to residents had been explored. However, there was no documentary evidence that restraint measures had been assessed as being in the best interests of the resident, the least restrictive level of restraint possible, and only undertaken where all other reasonable options had been explored. According to residents' care records, the need for restraint had not been reviewed in a number of instances since 2007 and many had not been reviewed at all.

A review of care records indicated that residents had not been routinely assessed prior to admission to ensure that their needs could be appropriately addressed.

The two trolleys used to store medication could not be securely closed as the locks had been damaged. While inspectors were advised that trolleys were never left unattended and were stored in a locked room when not in use, the damaged locks introduced a considerable risk or delay if staff had to attend an emergency while administering medications.

## 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

The inspectors undertook a tour of the centre and viewed bedrooms. They also looked at the kitchen, laundry facilities, sitting / dining rooms and a range of other communal areas. A high standard of hygiene was observed throughout and staff were seen to wash their hands before attending to residents.

The centre was purpose built and inspectors found a comfortable living environment. Corridors had handrails on both sides to assist residents. A call bell system was readily accessible throughout and was not intrusive. Bright colours with good colour contrasts had been used to decorate the centre. Carpets throughout were in very good condition and no malodours were noted. Residents also had access to a courtyard garden with suitable outdoor furniture.

Toilets for residents and the public were within easy reach of the dining room and were clean and well maintained. Residents toilets had grab rails for assistance and had easily accessible call bells.

Two sitting rooms were available to residents. Both had a television and radio. Several residents said they enjoyed listening to the radio during the day. A mixture of seating was provided in both rooms. The foyer also had comfortable seating and inspectors noted residents relaxing in this area.

Good kitchen facilities were provided and food safety records inspected were up to date.

### Significant improvements required

The radiators were very hot on the morning of the inspection and could result in resident's sustaining burns if they came into contact with one. There were no thermostats on radiators to ensure that surface temperatures were no higher than 43 °C.

There were no facilities available for residents to have a bath. The two rooms previously used for this purpose had been converted to store equipment although still contained an operational toilet, wash-hand basin and bath. Both rooms were

very stuffy and were not permanently ventilated. It was evident that the toilet and wash-hand basin were not regularly flushed to prevent water from gathering in the distribution pipes to reduce the risk from *Legionella*.

The sitting room used by residents who wished to smoke had not been permanently ventilated to ensure the removal of cigarette smoke.

#### **Minor issues to be addressed**

Although many bedrooms had been personalised with items that reflected residents' interests and previous lifestyle, some lacked any personal effects. There were no suitable areas provided for residents to display their family photographs. Some residents had their photographs stuck into the wood of the door frame.

The carpet in the sitting room used by residents who wished to smoke was badly damaged by cigarette burns.

## **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**

Communication between staff and residents was observed to be friendly and interactive. Staff chatted to residents whenever they met. Care staff serving tea and coffee were observed to spend time explaining what was on offer and helping residents decide what to have.

Written records and particularly care records were of a high standard and described care needs in a sensitive and informed way. Nurses responded to telephone queries throughout the day in a caring manner.

A brochure providing information on the centre's services was displayed in the foyer.

The provider informed inspectors that the inaugural meeting of the Residents' Council was to coincide with Positive Aging Week and that staff planned to participate in a training programme on advocacy in residential care.

Good links have been established with the local community and the centre had participated in the Tidy Towns competition.

### **Some improvements required**

Many residents had communication difficulties due to dementia or physical frailty and there were limited alternative methods of communication available to enable residents to participate as fully as possible in the life of the centre.

### **Minor issues to be addressed**

There was no formal mechanism in place to enable relatives to provide feedback on the quality of service experienced by the residents.

## **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**

Inspectors noted an appropriate level of staff on duty to meet the needs of the residents on the day of the inspection. Staff were observed caring for residents in a respectful and dignified manner. The staff detailed on the duty roster corresponded with those observed by inspectors.

Staff demonstrated a comprehensive knowledge of the health and social care needs of the residents, for example, one resident became distressed during lunch and appeared unable to communicate her needs. However, staff responded quickly to resolve her distress by providing an alternative meal.

Staff went about their work quietly, helping residents as needed. Communal areas were satisfactorily covered and call bells were answered promptly. Staff were enthusiastic and noticeably interested in the welfare of older people in their care. This was summed up by a member of the domestic staff who said "we work all the time to keep the place looking nice and to help the people who live here".

Inspectors observed staff dealing with queries from relatives and maintaining notes in a contemporaneous manner. In one instance, staff were observed updating care records with information relating to a resident's outpatient appointment.

The person in charge was involved in delivering staff training across the organisation. Records were available for all mandatory training and there was evidence that additional training in continence care and elder abuse had been provided. The activity coordinator had also completed a dedicated training course. Training had been provided to all care staff at Further Education and Training Awards Council (FETAC) level-5.

### **Some improvements required**

The human resource manager was interviewed by inspectors and described the ongoing work to revise recruitment practices to reflect the new regulations, for example, the development of a new application form. A sample of two staff files was reviewed and while there was a high degree of compliance observed, inspectors

noted that only two references had been obtained. Furthermore, Garda Síochána vetting checks for volunteers had not been undertaken.

### **Minor issues to be addressed**

An induction package for care assistants was being drafted but had not yet been implemented

There was also no formal mechanism in place for staff appraisal.

#### ***Report compiled by***

Marie Matthews,  
Inspector of Social Services,  
Social Services Inspectorate,  
Health Information and Quality Authority

2 November 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Brookvale Manor, Hazelhill, Ballyhaunis, Co Mayo
<b>Centre ID:</b>	325
<b>Date of inspection:</b>	21 September 2009
<b>Date of response:</b>	19 November 2009

### 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:

The risk management policy did not contain a plan to deal with emergencies in the centre.

#### Action required:

A centre-specific plan for responding to emergencies should be implemented.

#### Reference:

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

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

**Timescale:**

<p>Provider's Response</p> <p>Our Risk Management Policy is currently under review by our Management Team in consultation with Staff as part of our ongoing Policy Review Plan.</p> <p>The Response to Emergencies is contained within the revised Risk Management Policy and is now at discussion stage.</p> <p>The revised policy will be introduced and implemented following the consultation process.</p>	<p>January 2010</p>
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<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Residents were at risk of burns from radiators which had not been controlled by a thermostatic valve to limit the surface temperature.</p>	
<p><b>Action required:</b></p> <p>Provide thermostatic control valves on all radiators to prevent injury to residents. This should be included in the Risk Management Policy.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 6: General Welfare and Protection  Regulation 31: Risk Management Procedures  Standard 25: Physical Environment  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Our initial response has been to engage the services of a suitably qualified person to survey this action.</p> <p>We have been duly informed that it is not possible to action this matter until summer time due to the requirement to switch off the heating system while the current valves are being replaced by thermostatic control valves.</p>	<p>Summer 2010 earliest</p>

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The toilet and wash-hand basin in the bathrooms had not been regularly flushed to prevent water from gathering in the distribution pipes to reduce the risk from <i>Legionella</i>.</p>	
<p><b>Action required:</b></p> <p>All sanitary facilities should be flushed regularly to prevent water from gathering in the distribution pipes to reduce the risk from <i>Legionella</i>.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Following review by our Management Team in consultation with staff as part of our ongoing Policy Review Plan, a revised policy, Control of Legionella, has been implemented.</p> <p>A record is placed in each bathroom. The record is signed following completion of the task of flushing through the sanitary facilities with water by the Housekeeper.</p>	<p>Complete</p> <p>Ongoing</p>

<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Medicine trolleys could not be securely closed as the locks had been damaged.</p>	
<p><b>Action required:</b></p> <p>Medicine trolleys to be made safe.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 19: Premises Standard 14: Medication Management</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  Our medicine trolleys now have functioning locks.	Complete
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<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Residents had not been routinely assessed prior to admission to ensure that the centre was an appropriate setting to fully meet their needs.</p>	
<p><b>Action required:</b></p> <p>Undertake a pre-admission assessment to ensure that residents' needs can be appropriately addressed.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 10: Assessment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Pre-admission assessment to ensure that the centre is appropriate to that resident's needs will commence once a comprehensive assessment tool has been agreed by our Management Team in consultation with staff.</p> <p>The HSE are commencing the use of CAP and CSar as a pre-admission tool for nursing home care and this is a tool we would consider.</p> <p>While we are aware of this pre-admission tool we have not yet managed to source same. We have requested a copy from our Local Health Office for the purpose of consideration as it may be appropriate for our use.</p>	<p>January 2010</p> <p>Awaiting</p>

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

There was no clear evidence to support the use of restraints and the use of restraints had not been the subject of regular review.

**Action required:**

A comprehensive assessment to take place before any restraint measure is used and there must be ongoing review.

**Reference:**

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Regulation 31: Risk Management Procedures  
Standard 21: Responding to Behaviour that is Challenging

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

**Timescale:**

Provider's response:

Following review by our Management in consultation with staff as part of our ongoing Policy Review Plan, a revised policy, Restraint, with a revision of procedures has been implemented.

Complete

The policy, Restraint, includes a Restraint Risk Assessment and Review Process.

Ongoing

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

There were limited alternative methods of communication available to enable residents with communication difficulties due to dementia or physical frailty to participate as fully as possible in the life of the centre.

**Action required:**

Provide a range of alternative methods of communication to enable all residents to participate as fully as possible in the life of the centre.

**Reference:**

Health Act 2007  
Regulation 11: Communication  
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>Our records show Inspector's comments on how attentive and interactive our staff are and how they had been observed to anticipate residents' needs without being asked. This would seem that in addition to our good verbal communication methods and our current alternatives, there is evidence that we promote an environment of fostering non-verbal communication skills in assisting our residents to participate as fully as possible in the life of the centre. Therefore the use of the phrase "limited alternative methods of communication" is surprising.</p> <p>Our Communication Policy is scheduled for review by our Management Team in consultation with staff as part of our ongoing Policy Review Plan.</p> <p>We accept that there are ever more methods available, which we undertake to assess as part of our commitment to continuous improvement, our residents do, however, enjoy a wide range of alternative methods of communication presently.</p> <p>Some of the facilities which our residents already enjoy are:</p> <ul style="list-style-type: none"> <li>▪ a letter writing service</li> <li>▪ key staff trained in sign language</li> <li>▪ use of a litewriter</li> <li>▪ individual lifestyle-based activity assessments on which to base individual specific activity plans</li> <li>▪ notice boards</li> <li>▪ communication boards</li> <li>▪ domiciliary optical and audiology testing and provision of visual and auditory aids</li> <li>▪ activity in care programme</li> <li>▪ unrestricted visiting</li> <li>▪ individual telephone at bedside</li> <li>▪ resident's committee</li> <li>▪ personal shopping service</li> <li>▪ accompanied outings</li> <li>▪ religious services</li> <li>▪ library service which facilitates borrowing of large print books, audio books, DVDs, CDs etc..</li> </ul> <p>Our Management Team are collating information regarding appropriate communication aids which will meet the</p>	<p>February 2010</p>

requirement, to better inform our policy review and facilitate availability of more alternative methods of communication.	Current
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<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
There were no bath facilities because the rooms designed for this purpose had been used for the storage of equipment.	
<b>Action required:</b>	
Provide a sufficient number of baths for residents wishing to avail of this facility.	
<b>Reference:</b>	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Each of our bedrooms have its own en suite facility in which our current residents choose to shower rather than bathe.  Following inspection we removed incontinence supplies from a large bathroom which provides toileting, showering and bathing facilities for any resident who chooses to take a bath.	Complete

<b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The fire log containing records of fire evacuations and testing of fire equipment was not available for inspection.	
<b>Action required:</b>	
A record of all fire practices, all fire alarm tests and the number, type and maintenance record of fire-fighting equipment to be made available at all times.	
<b>Reference:</b>	
Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>This documentation was misfiled on the day but is now available for inspection.</p>	Complete

<b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
There was no permanent means to extract smoke from the residents' smoke room.	
<b>Action required:</b>	
The residents' smoke room to be permanently ventilated to ensure the removal of cigarette smoke.	
<b>Reference:</b>	
<p>Health Act 2007  Regulation 19: Premises  Standard 25: Physical Environment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Following inspection we re-designated our smoking area to another room which has permanent ventilation.</p>	Complete

<b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The provider had not updated or amended the complaints policy and procedure to include the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Action required:</b>	
Review the complaints procedure to ensure that the centre has written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in or on behalf of a centre.	

<b>Reference:</b> Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Our current Complaints Policy is being reviewed by our Management Team in consultation with staff as part of our Policy Review Plan.  When agreement has been reached on the format, our revised Complaints Policy will be implemented.	Current  December 2009

<b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The provider did not have a statement of purpose containing all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Action required:</b>  Compile a statement of purpose which includes the statement of the aims, objectives and ethos of the centre, the facilities and services provided and all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Reference:</b> Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Our Statement of Purpose and Function, to incorporate all the requirements of Schedule 1 (Health Act 2007- Regulation 5) is being reviewed by our Management Team in consultation with staff.	

This process is almost complete and our Revised Statement of Purpose and Function will be available.	Complete
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<p><b>13. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The directory of residents did not include all the provisions of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Maintain an up-to-date directory of residents in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 23: Directory of Residents  Standard 32: Register and Residents' Records</p>	
<p><b>Please state the actions you have taken or are planning to take with time scales</b></p>	<p><b>Time scale</b></p>
<p>Provider's response:</p> <p>Having reviewed our Bound Register, all entries made since commencement date of the new regulations and standards [July 1<sup>st</sup> 2009] did include all provisions of Schedule 3, and no omissions were present. No deaths occurred in our centre between July 1<sup>st</sup> and inspection date September 21<sup>st</sup> 2009.</p> <p>Regarding no record of 'cause of death', this information is not always available to the centre due to arrangements between the Coroner and medical practitioners and the manner in which deaths are now registered.</p> <p>We have now drafted a letter to the relevant medical practitioners requesting that the centre be provided with this information in order to assist us to comply with Regulation 23 Schedule 3 (g). If HIQA can assist in relation to this matter, it would be greatly appreciated.</p>	<p>Complete</p>

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
<p><b>Standard 2: Consultation and Participation</b></p>	<p>The person in charge should facilitate the establishment of an in-house residents' representative group for feedback and consultation on all matters affecting the residents.</p> <p>Provider's response:</p> <p>Our Residents' Committee was launched as planned during Positive Aging week.</p>
<p><b>Standard 4: Privacy and Dignity</b></p>	<p>Alternatives ways of protecting clothing at meal times should be explored other than the bibs in use.</p> <p>Provider's response:</p> <p>Napkins have always been available for use and as always we continue to offer choice to our residents.</p>
<p><b>Standard 18: Routines and Expectations</b></p>	<p>The current activity provision should be reviewed in association with residents and their relatives to ensure that all residents feel enabled to participate in meaningful and purposeful activity, occupation and fulfilment or leisure activities that suit their needs.</p> <p>Provider's response:</p> <p>As always we will continue to complete comprehensive activity assessments in association with our residents and relatives. We will continue to agree activity plans appropriate to each individual. This process is constantly under review.</p>
<p><b>Standard 19: Meals and Mealtimes</b></p>	<p>Residents should be facilitated to serve themselves portions of vegetables and potatoes.</p> <p>Provider's response:</p> <p>We have two concerns regarding this recommendation:</p> <ol style="list-style-type: none"> <li>1. Food Hygiene Management.</li> <li>2. Inability to monitor Nutritional Programmes.</li> </ol>

	<p>Second portions should be offered to residents in appropriate serving dishes.</p> <p>Provider's response:</p> <p>Second portions are offered to residents in appropriate serving dishes.</p>
<p><b>Standard 24: Training and Supervision</b></p>	<p>The induction package for care assistants should be introduced at the earliest opportunity to ensure that all staff receive a formalised induction on commencement of employment.</p> <p>Provider's response:</p> <p>The induction programme has been implemented for Care Assistant appointments since commencement of new regulations on July 1<sup>st</sup> 2009. Prior to July all staff completed an induction day before commencement of employment. Records of this are available in staff files and on Duty Rotas.</p> <p>A system of staff appraisal should be introduced for all staff.</p> <p>Provider's response:</p> <p>Staff appraisal has been implemented for all staff appointed since commencement of new regulations on July 1<sup>st</sup> 2009.</p>
<p><b>Standard 25: Physical Environment</b></p>	<p>Residents should be facilitated to personalise their bedrooms with their own personal belongings to create a more homely environment.</p> <p>Provider's response:</p> <p>Our residents are facilitated to personalise their bedrooms to their own choice.</p> <p>The carpet in the residents' smoke room was badly damaged and should be replaced.</p> <p>Provider's response:</p> <p>This room has been re-designated as an activity room and is currently being refurbished.</p>

**Any comments the provider may wish to make:**

**Provider's response:**

I would like to take this opportunity to thank the Inspection Team for the courteous and professional manner in which this inspection was conducted. Following inspection, we received very detailed feedback which was helpful in assisting with our ongoing programme for continuous improvement in Brookvale Manor.

As this was our first inspection under the new Regulations and Standards, I was apprehensive of how it could potentially impact on our residents, families and staff alike. Following the inspection, we subsequently sought feedback from all of the above groups, which reflected a very positive experience throughout the inspection process.

I trust that our action plan meets with your satisfaction and we look forward to working together with HIQA in continuing to provide quality care into the future.

**Provider's name:** Amanda Torrens

**Date:** 19 November 2009