



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

Issued by the Chief Inspector

Name of designated centre:	Bramleigh Lodge Nursing Home
Name of provider:	Bramleigh Lodge Nursing Home Ltd
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0036182

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 February 2022	10:00hrs to 15:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were happy with the care provided by staff. Many of the residents who spoke with the inspector said they were happy with their life in the centre, which was homely and welcoming. There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and their individual choices around what items of clothing they wished to wear.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. Following an opening meeting with the person in charge, the inspector was guided around the premises.

Bramleigh Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Cahir town, Co. Tipperary. It is a single storey facility and can accommodate twenty six residents in fourteen single and six twin bedrooms. Seven of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins. There are three communal bathrooms, each with shower, toilet and wash hand basin. There is one additional communal toilet for use by residents and two staff toilets, one of which is reserved for use by kitchen staff. Communal shower and toilet facilities are located proximal to these bedrooms.

Communal facilities comprise a sitting room, a dining room and a visitors room. The visitors' room was being used to isolate a resident that had recently returned from hospital but was due to return to their bedroom on the day of the inspection. There was a portable cable located outside the main entrance that was being used as a visitors room for residents that did not wish to meet their visitors in their bedrooms. Residents also had ready access to a secure outdoor area and some residents were observed freely availing of this on the day of the inspection.

On the walk about of the centre the inspector observed a friendly, relaxed and calm atmosphere throughout. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

Residents' bedrooms were clean and bright and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings in wardrobes and chest of drawers. There was

access to a television in all bedrooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

Staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents said that staff were quick at answering their call bells and they were always respectful in their interactions. Residents said they felt safe living in the centre and that their rooms were cleaned daily and maintained tidy by staff.

The inspector noted that the provider had made improvements to the premises which addressed the issues highlighted in the last inspection. The premises had been painted both inside and outside. A process of replacing all upholstered was at an advanced stage and additional chairs were due for delivery to ensure that all residents had access to comfortable chairs, both in communal areas and in their bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspection predominantly focused on governance and management arrangements. The nursing home is operated by Bramleigh Nursing Home Ltd, a company comprising two directors. Both directors are involved in the operation of one other designated centre. One of the directors is the Operations Manager for both nursing homes. To date the centre has had a good compliance history.

The director of nursing had recently resigned and a new director of nursing had been appointed. While the new director of nursing had adequate experience in care of the older person and in management, they did not have a management qualification required to be person in charge. There were monthly management meetings attended by the operations manager and directors of nursing of both designated centres and records of these meetings were available to review. There was a comprehensive programme of audits with associated action plans for any required improvements.

The inspector reviewed the contract of care for the most recently admitted resident and the contract was with Bramleigh Lodge Nursing Home Ltd. The contract contained most of the requirements of the regulations, however, it did not specify the number of other residents in shared bedrooms.

Improvements had been made to staffing since the previous inspection in January 2021. Housekeeping staff now worked over seven days and this translated into

improvements in the cleanliness of the premises since the last inspection. Based on a review of records and the observations of the inspector there were adequate staffing levels to meet the assessed needs of residents on the day of the inspection. A review of training records indicated a high level of attendance at mandatory training. Staff were also facilitated to attend additional training relevant to their role, such as end of life care, restrictive practice and care of residents with swallowing difficulties.

The centre had written policies and procedures which were reviewed and updated in accordance with best practice guidelines. A record of incidents was maintained in the centre and most had been notified to the chief inspector, as required by the regulations. In instances where residents were admitted with or developed pressure ulcers, these were not included in the quarterly notifications as required.

The provider had continued to invest in the premises and this was evident on the walk around. Most of the centre was freshly painted and in a good state of repair.

Regulation 14: Persons in charge

A new director of nursing had recently been appointed. The person was an experienced nurse and manager and had the required experience in care of the older person and in management. The person had enrolled in a management training programme, however, on the day of the inspection they did not have a management qualification as required by the regulations.

Judgment: Not compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents.

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

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were supervised in their roles by the director of nursing.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure with clear lines of authority and accountability for the day to day operation of the centre. The inspector met with the operations manager, who was actively involved in the running of the centre. A review of financial records, including bank statements and invoicing, and contracts of care indicated that Bramleigh Lodge Nursing Home Ltd. and its two directors were responsible for resourcing and operating the centre.

The inspector found that the management structure was appropriate to the size, purpose and function of the centre. A new director of nursing had recently been appointed and was undergoing a management training programme. In the interim support was provided by the person in charge from another designated centre and by the operations manager.

There were systems in place to review the safety and quality of care and support to residents. There was evidence that audits were carried out including audits of falls, hand hygiene audit and medication audit these were seen.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that most of the requirements of the regulations were met. The contracts did not state the number of other residents, if any, in bedrooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While quarterly notifications were submitted as required, they did not include details of pressure sores sustained by residents in the nursing home or elsewhere as required by the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were in receipt of a high standard of care. Improvements were required in relation to fire safety and infection control.

The centre was clean, homely, warm, had a good standard of decor and was well maintained. Improvements to the premises were noted since the previous inspection. Bedrooms had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences.

Improvements were required in relation to fire safety, predominantly in relation to bedroom doors. A review was required to ensure that procedures were in place to ensure they were closed in the event of a fire. There was also a need to ensure that fire drills simulated a scenario that required the evacuation of an entire compartment.

In respect of infection prevention and control procedures and practices a number of appropriate measures had been implemented to ensure the safety of the residents, staff and visitors. However this inspection identified additional opportunities for improvement, which are further detailed under Regulation 27.

Regulation 11: Visits

On the day of the inspection the visiting room was used as a bedroom by a resident that was isolating on return from hospital. This limited the opportunities for residents in shared rooms from receiving visitors in private and also negatively impacted opportunities for residents to receive visitors in private away from their bedrooms. While there was a temporary structure used for visiting, it was external to the premises and not readily accessible, especially in inclement weather.

Judgment: Substantially compliant

Regulation 17: Premises

This was a single story premises and the inspector noted that overall, the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre had recently been redecorated. The centre was bright and clean and in a good state of repair. Residents bedrooms were personalised to a good degree. There were 14 single bedrooms and seven of these bedrooms had en suite facilities. There were a further six twin bedrooms. Given the profile of residents living in the centre on the days of inspection, there were adequate sanitary facilities provided.

Residents who spoke with the inspector, confirmed they liked their bedrooms and that they had adequate storage. All shared bedrooms had adequate privacy screening provided to ensure residents' privacy whilst receiving personal care. There was a small enclosed garden which was openly accessible to all residents and also contained seating and was suitably landscaped.

Communal space comprised a visitors' room that was located immediately to the left of the front entrance door. On the day of the inspection this room was occupied by a resident that was isolating following return from hospital. In addition to the negative impact that this had on visiting arrangements, it also reduced the communal space available to residents. This is addressed under Regulation 11 Visits. There was a conservatory sitting room near the nurses office that had nice views of the garden, and was in constant use. There was a dining room adjacent to the kitchen that was clean and well organised.

Judgment: Compliant

Regulation 27: Infection control

Improvements required in relation to infection prevention and control, included:

- incontinence wear was stored in communal bathrooms, which posed a risk of cross contamination
- a box of disposable gloves and a roll of waste bin liners were stored on top of a toilet roll dispenser in a bathroom
- some wash hand basins for use by staff did not have hands free taps
- the legs on a raised toilet seat had rusted legs, making them difficult to clean effectively

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety, including:

- a full review of bedroom doors was required to ensure that they could effectively contain the spread of smoke and fire in the event of a fire. There were double doors to all bedrooms comprising a large door and a small door, some times referred to as "cat and kitten" doors. The large door was usually closed and the small door was open. To effectively close the small door it is necessary to secure it with a latch to the top door frame. The inspector was not satisfied that adequate arrangements were in place for closing these doors in the event of a fire.
- while there were frequent fire drills, these did not simulate a full compartment evacuation. From a review of records, fire drills comprised two parts. This usually involved setting off the fire alarm, assessing staff response to the fire alarm, and identifying that there was no fire. Staff then practiced using ski sheets to simulate the evacuation of a resident
- a review of preventive maintenance records indicated that the fire alarm and emergency lighting were not serviced quarterly as recommended in relevant guidance

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0036182

Date of inspection: 10/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person in Charge is currently completing Supervisory Management Course . Confirmation that all stages have been met and results will be issued by 31/5/22 .</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts have been reviewed and amended to include the number of other residents in the bedroom where applicable</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Error in relation to NF39E has been investigated by PIC who will ensure that Notifications are submitted in full going forward</p>	

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: The visitors room is no longer used as an emergency isolation room and has returned to its original use as a Sitting Room as part of our Normalisation of our Nursing Home following Covid. The PIC, following consultation with the Residents and their NOK, is satisfied that each resident has sufficient access as desired to visits from family and friends.</p> <p>Arrangements have been made for removal of temporary visiting structure that was in situ as part of our emergency response to Covid.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All inappropriately stored equipment was removed immediately following inspection.</p> <p>IPC Practitioner has introduced Daily IPC Checks which are carried out by Staff Nurses to ensure that all bathrooms and surface areas are clutter free.</p> <p>Weekly IPC checks and IPC info sessions have been introduced by the IPC Practitioner. Included in these info sessions are education of staff re the risk of cross contamination as result of inappropriate storage of equipment and the importance of keeping surface areas free of unnecessary objects such as incontinence wear, gloves and bags</p> <p>Staff Basins have had hands free taps installed.</p> <p>New raised toilet seats have been ordered to replace current ones.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

A full review of all Fire Doors within the Nursing Home has been completed by our Engineer. Upgrade works, which included upgrade of seals and latches of small doors as required to ensure compliance with Statutory Requirements have been completed. A Letter of Compliance by our Engineer following his Final Inspection to review the upgrading work has been forwarded to DCOP.

Following discussions with Residents the small door to bedrooms are to remain closed at all times. Door Magnets connected to Fire Alarms are in the process of being installed for Residents whose preferences are for their bedroom doors to remain open. Staff have had additional training to incorporate these changes

Fire Drills simulating full compartment evacuations have been included on Fire Drill Schedule and will take place on a monthly basis going forward.

On review the fire alarm and emergency lighting had been serviced as recommended however the relevant certs had not been placed in Fire Risk Register. These certs have now been obtained and filed correctly in Fire Risk Register.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	11/03/2022
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration	Not Compliant	Orange	31/05/2022

	management qualification in health or a related field.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	11/03/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	11/03/2022

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	11/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/03/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	11/03/2022