



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	27 June 2023
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0040130

About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff learning hub is located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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
Tuesday 27 June 2023	09:30hrs to 17:30hrs	Mary Veale	Lead
Wednesday 28 June 2023	09:30hrs to 16:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observations of the inspector, and discussions with residents, staff and a visitor, Brookhaven Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. The inspector spoke with 1 visitor and 10 residents living in the centre. All residents and the visitor were complimentary in their feedback relating to the standard of care and the staff who provided the care. Residents' stated that they were well looked after and that the staff were always available to assist with their personal care.

On arrival the inspector was met by a member of the centres administration team and signed the centres visitors' book. Following an opening meeting with the person in charge and assistant director of nursing to discuss the format of the inspection, the person in charge accompanied the inspector on a walkabout of the premises. The centres regional manager attended the centre on the morning of the first day of the inspection and remained for the duration of the inspection.

Brookhaven Nursing Home is a two story designated centre registered to provided care for 71 residents on the outskirts of the village of Ballyragget, in County Kilkenny. There were 66 residents living in the centre and a bed was reserved for one resident who was due to be admitted to the centre in the week following this inspection. Bedroom accommodation consisted of 63 single and four twin bedrooms, all with en-suite shower facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. The centre was divided into four wings which were called after local areas, the Attanagh wing, Donoughmore wing, Kilminan wing and Rosconnell wing. The inspector observed that bedrooms had ample storage space, some bedrooms had flat screen televisions and all had lockable locker storage. Many of the residents' bedrooms had fresh jugs of water. Some bedrooms were personal to the resident's containing family photographs and personal belongings. Pressure reliving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. Assistive call bells were available in both the bedroom and en-suite for residents' safety. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The first floor of the building was not part of the designated centre and contained staff accommodation.

The design and layout of the premises met the individual and communal needs of the residents'. Residents on each unit had access to communal space which included day rooms, lounge and sitting rooms. The environment was homely, clean and decorated beautifully. Armchairs chairs were available in all communal areas and corridor alcove areas. Residents had access to a large reception area, two large

dining rooms, an oratory, visitor's rooms, an aromatherapy room and a hair salon. The centres production kitchen, laundry, staff changing facilities and maintenance rooms were situated to the rear of the centre. There was an indoor smoking room for residents who chose to smoke. There was an on-going schedule of works taking place to upgrade the premises. The inspector observed that parts of the centre had been painted and flooring replaced in one of the bedrooms since the previous inspection. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

Residents had access to enclosed courtyard garden areas from all wings and an outdoor space to the front of the building. The courtyards had level paving, comfortable seating, tables, and flower beds. The inspector was informed that residents were encouraged to use the garden spaces.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the days of inspection. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents very complimentary of the person in charge, staff and services they received. Residents' said they felt safe and trusted staff.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily menu was displayed in both dining rooms along with a detailed four week menu. There was a choice of two options available for the main meal. The inspector observed the dining experience for residents in the Oak dining room on the first day of inspection. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed home made soup and home baked snacks been offered to residents outside of meal times.

Residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards on all wings. Some residents told the inspector that could leave the centre to go into the local town with their families if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, knitting and engaging in conversation. Residents, were observed to enjoy friendships with peers throughout the days of inspection. On

the first day of inspection, residents were observed attending live streamed mass and a current affairs newspaper discussion. On the second day residents were observed attending the hair salon. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents' told the inspector that they were looking forward to the summer barbecue which was due to take place following the inspection.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2023. Residents, visitors and staff expressed their delight since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going over the course of the inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found significant improvements in the management systems in the centre since the previous inspection. Overall, the inspector found this was a well-managed centre where the residents were supported and facilitated to have a good quality of life.

The inspector followed up the compliance plan provided and notifications submitted to the office of the Chief Inspector of Social Services since the inspection in January 2023. The provider had progressed the compliance plan following the previous inspection in January 2023, and improvements were found in Regulation 9: residents rights, Regulation 16: training and staff development, Regulation 17: premises, Regulation 21: records, Regulation 23: governance and management, Regulation 28: fire precautions and Regulation 31: notification of incidents. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 27: infection prevention and control, and Regulation 28: fire precautions.

The registered provider had applied to renew the registration for Brookhaven Nursing Home. The application was timely made, appropriate fees were paid and

prescribed documentation was submitted to support the application to renew registration.

Brookhaven Nursing Home Limited were the registered provider for this centre. There were five directors in the company, one of whom was the registered provider representative. The centre was part of a group of five nursing homes and had access to group resources, for example; finance and human resources. The person in charge was supported by a team consisting of an assistant director of nursing, a clinical nurse manager, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. Since the previous inspection, changes had been made to the management structure and the person in charge had additional support from a regional manager who attended the centre two days a week and a quality and compliance manager who attended the centre one day a week. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks. Out of hours on call for emergencies was provided on a rotational basis by the person in charge and the assistant director of nursing.

Staff turnover had reduced since the previous inspection. The provider had recruited a clinical nurse manager and healthcare assistants to maintain safe and consistent staffing levels. The inspector was informed that following a review of incidents of falls and complaints received; an additional health care assistant was commencing on night duty from the 10th July 2023. The inspector noted that staffing levels were in accordance with the centre's statement of purpose. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Improvements were found in the supervision of staff in the centre. The person in charge and assistant director of nursing provided support and supervision for staff and the recently recruitment of a clinical nurse manager provided an addition 2 days of supervision and support for staff. Staff spoken with confirmed this welcome additional support. There was improvements in the annual appraisal system in the centre and it was evident that there was a schedule for staff annual appraisals and 24 staff had undertaken an annual appraisal to date in 2023. The inspector noted that a safe guarding workshop was scheduled to take place in the weeks following the inspection.

Records and documentation, both manual and electronic were well presented,

organised and supported effective care and management systems in the centre.

Improvements were found in the governance structure and management systems in the centre. There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care plans, restrictive practice, medication management, wound care, observational, infection prevention control, and incidents of falls were completed monthly. Audits were objective and identified improvements. There was evidence of trending of audit results for example; monthly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The centre had an extensive suite of meetings such as local management meetings, head of department meetings and staff debriefing meetings. There were high staff attendance at meetings in the centre. Meetings took place monthly in the centre. Meeting records were detailed containing agenda items, discussion which took place, actions required, the person responsible and the time frame to complete the outcome of the item. The person in charge had introduced a weekly report which included items such as key performance indicators (KPI's), training, fire safety, actions required from audits, complaints feedback and clinical risks. This report was developed by the person in charge and assistant director of nursing. There was evidence that this report was discussed at weekly board meetings and communicated at staff handover. The person in charge had good oversight of care practices in the centre and had introduced a point of care delivery checklist which was observed in all residents bedrooms. It was evident that the centre was striving to identify improvements and learning identified on feedback from resident's satisfaction surveys, post falls analysis, complaints received and audits. The annual review for 2022 was available during the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies. Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were a minimum of two registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire safety, management of behaviour that is challenging and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a

safe and accessible manner.
Judgment: Compliant
Regulation 22: Insurance
There was a valid contract of insurance against injury to residents and additional liabilities.
Judgment: Compliant
Regulation 23: Governance and management
Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.
Judgment: Compliant
Regulation 3: Statement of purpose
Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Brookhaven Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were noted in relation to the premises, infection prevention and control, fire precautions and residents rights since the previous inspection. On this inspection improvements were required in the area infection prevention and control, and fire precautions

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, physiotherapy, dietitian and speech and language, as required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

Improvements were found in the condition of parts of the premises since the previous inspection. For example; all resident equipment was functional and in working order. Some areas of the centre such as walls, skirting boards had been painted in corridor, bedrooms and bathrooms. The centre was cleaned to a high standard and tidy. Store rooms and ancillary rooms were observed to be clean and free of clutter on the days of inspection. The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms.

Improvements were found in infection prevention and control since the previous inspection. Shower chairs and commodes containing visible rust had been replaced, shower drains were clean, all resident ensuite bathrooms had waste bins, falls mats were found to be clean and armchairs that were damaged or had worn covers had been replaced. Additional bins had been placed discreetly in corridor areas. Personal protective equipment was readily available to staff. Staff were observed to have good hygiene practices practices and were not wearing face coverings which was in line with recent changes to national guidance recommendations. Alcohol hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the days of inspection. Intensive cleaning schedules and regular weekly

cleaning programme were available in the centre. The centre had a cleaning schedule for curtains. Decontamination stickers were observed in use to ensure that equipment did not pose a risk of cross-infection. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. The centre had a monthly IPC audit schedule which included, auditing of the laundry, equipment , the environment and hand hygiene. There was an up to date IPC policy which included COVID 19 and multi-drug resistant organism (MDRO) infections. The centre had an antimicrobial stewardship register and the person in charge had good over sight of antibiotic usage.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed in the residents' dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The inspector observed the dining experience in the oak dining room on the first day of the inspection. The dining experience was relaxed and there were adequate staff to provide assistance to ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy which had been recently reviewed. The risk management policy contained actions and measures to control specified risks and met the criteria as set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with absconding, residents who were at risk of falling and the risks associated with manual handling.

The centre did not act as a pension agent for any of the residents. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre in 2023. Staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on two separate electronic systems. Residents' assessments, validated assessment tools and nursing progress notes

were kept on one system and residents care plans were maintained on the other. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and infections. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months. There was evidence of ongoing communication with relatives of residents on each unit, using an invitational letter to meet residents' relatives to inform them of updates and changes to care plans.

Improvements were found in fire safety since the previous inspection. The centre had automated door closures on all compartment doors, all bedroom doors on Rosconnell wing and a small number of bedroom doors on Donoughmore wing. The inspector was informed that the provider had employed a fire safety engineer to complete a fire door audit since the previous inspection and that recommended works would be undertaken to replace fire doors in the centre. All staff had completed fire training in the centre. There was evidence of an on-going schedule for fire safety training. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centres emergency lighting had been serviced since the previous inspection. Fire doors were checked on the days of inspection and all were in working order. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment with night time drills taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and supervision required at the assembly area. There was fire evacuation maps displayed throughout the centre, in each compartment and in the residents bedrooms. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the day of the inspection there were three residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire aprons, fire blanket, fire extinguisher and fire retardant ash tray were in place in the centre's smoking area.

The inspector found improvements in residents rights and that there were very good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There was access to a varied programme of activities that took place in different areas of the centre and with different size groups. Residents spoke positively about how these arrangements improved their quality of life. Residents meetings took place and topics seen to be discussed were

the dining experience, entertainment and tasting events, laundry, safeguarding and activities. There was evidence that one to one meetings were taking place with residents who preferred not to attend the residents committee meeting. The residents had access to an independent advocate and SAGE advocacy services in the centre. The advocacy service details and activities planner was displayed near the reception area. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place once a month in the centre but was live-streamed daily for residents. Musicians attended the centre regularly.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- Sharps bins containers in the sluice room on Attanagh unit did not have temporary closures in place.
- The house keepers room on Kilminan wing did not have a hand wash sink.
- A review of the centres bed tables and lockers was required as some were visible worn and damaged which posed a risk of cross contamination as staff could not effectively clean. The provider had identified this deficit and a plan was in place for the repair or replacement of this furniture.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required by the provider to provide assurances regarding the effectiveness of fire doors in place. For example:

- Assurances are required that works will be completed as identified and recommended in a fire door audit completed by a competent person in May 2023.
- The Attanagh wing, Kilminan wing and some doors on the Donoghmore wing did not have automated closure devices. Properly working automated closing devices would ensure that smoke or fire could be contained in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care

interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0040130

Date of inspection: 28/06/2023

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The temporary closures are now engaged on all sharps bin throughout the home. This will be monitored by the ADON and CMM daily and during the monthly IPC/ health and safety walk through of the home. • The housekeeper’s room on the Attanagh wing has been reviewed by an external contractor and the registered provider is awaiting a quote for the work required. These works will be completed depending on the contractor’s availability. • Post the inspection a review of bed tables and lockers has been completed. These items have been included in the Capex budget and will be replaced as part of the Capex plan for Brookhaven. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Provider has an ongoing focus on fire safety and engaged the services of an external fire consultant earlier in the year. A thorough inspection of the centre was completed and provided a comprehensive report. The Provider is currently addressing actions identified by the external fire consultant. This log of action items is available for inspection. Some of the identified actions require completion by an external fire specialist and the provider is actively working to source contractors/ specialists to complete the work. Due to the demand for remedial fireworks across the nursing home sector, the provider is being advised by fire specialists that there are multi month wait times for contractors to be available to visit the site to access the works and further multi month delays for them to commence works. The Provider is aiming to have all fireworks completed by 13.05.24. 	

- As above, the provider is awaiting a contractor to supply and fit the automatic door closures that are required in the Attanagh wing, Kilminan wing and Donoghmore wing as part of the fire safety action plan for the home.

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 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	15/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/05/2024