



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

Issued by the Chief Inspector

Name of designated centre:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0039683

About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents. The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
--	----

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 18 May 2023	09:30hrs to 18:20hrs	Catherine Rose Connolly Gargan	Lead
Thursday 18 May 2023	09:30hrs to 18:20hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Overall, the inspectors found that significant improvements had been made since the last inspection in November 2022 and the quality of life for residents living in the centre had improved. This was validated by feedback from residents and their families on the day of the inspection.

Following the introductory meeting the person in charge accompanied the inspectors on a walk around the centre. This gave the inspectors opportunity to meet with residents and staff and to observe life in the centre as they prepared for the day. The inspectors also spent time observing residents' routines and care practices throughout the day to gain insight into their experience of living in the centre.

There was a welcoming atmosphere in the centre. Care was led by the needs and preferences of the residents who appeared happy and content in their lived environment. Inspectors spoke with many residents and four visitors on the day of inspection. All were very complimentary in their feedback and expressed their satisfaction regarding the standard of care and support they received and the upgrades made to the environment. The inspectors observed that residents' call bells were answered promptly by staff and that residents were supervised at all times including in the communal rooms.

The inspectors observed that residents were moving freely and without restrictions throughout the centre and were able to access the outdoor enclosed gardens through the unlocked doors as they wished. This was an improvement from the previous inspection. Inspectors also saw that a number of residents were mobilising independently during the day and they could choose where and how they spent their day.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were observed to be attentive kind and responsive to residents' needs. Staff took opportunities to engage residents in conversations about their interests, past lives and their families and to encourage them to participate in the social activities taking place in two of the sitting rooms. Staff were also observed to chat with and walk along the corridors and outside in the grounds with some of the residents including a resident who walked without purpose. The inspectors noted that these residents were enjoying the company of staff and that the interactions were positive and person centred.

Many of the residents rested in two communal sitting rooms in the company of the activity coordinator and staff who were facilitating group activities while, other staff were walking with residents or doing one-to-one activities with them. Two residents had additional one-to-one staff support for a number of hours each week and both residents were being each supported by a designated member of staff. One of these residents liked to feed the centre's chickens and the staff member was supporting them with this activity. Two residents liked to spent time chatting over a cup of tea

in the newly refurbished dining room. Another resident liked to spend time with the centre's receptionist who involved them in doing some small clerical tasks. Varied activities were taking place in the sitting rooms and it was evident that the residents were enjoying participating in them. These activities included bowling, singing and a rings game amongst others.

Since the last inspection four small rooms which were used as dining rooms were changed to additional sitting rooms for residents. Each of these sitting rooms had access out into the enclosed gardens. The outdoor gardens had been upgraded since the last inspection and they provided residents with interesting, therapeutic and safe areas for their enjoyment and relaxation. A variety of shrubs, flowers and trees were planted along the paths including in raised beds. Garden ornaments and other memorabilia created points of interest for residents as they walked around the gardens. A large wooden shed in one of the gardens was used by residents who smoked. Non combustible seating, a smoking apron, call bell and fire extinguisher were available in it to ensure residents' safety.

Inspectors saw that a room that was previously used as a general activity room, staff changing room and a visitor's room was repurposed as a large dining room for the residents. The room was nicely decorated, tables were covered with tablecloths and were well spaced out. Residents' meals were served by a chef and catering assistant. Residents were offered a choice of menu at mealtimes and modified diets were seen to be well presented and looked appetising. Condiments were provided on each of the tables. Inspectors saw that there were sufficient staff to provide assistance to residents as necessary., Staff provided this support in a respectful and dignified manner which ensured that the residents' mealtime was a social occasion for them.

Brentwood Manor Nursing Home is a single-storey building with residents' accommodation on ground floor level throughout. Residents' bedroom accommodation comprised 36 single rooms and 10 twin bedrooms all of which had en-suite toilet, shower and wash basin facilities. The centre was arranged in five units called Elm, Oak, Birch Ash and Rowan units.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2023. This was welcomed by staff and management in the centre as improved communication was achieved with residents since the masks had been removed. Staff told the inspectors that the removal of face coverings signaled a return to normality which would in turn lead to improved socialisation for residents. A small number of staff said that they had opted to continue wearing surgical masks to protect themselves and residents. This continued use by staff had been risk assessed by the centre's management.

Residents who were able to speak with the inspectors said they liked their bedrooms. However the inspectors found that the layout of two twin bedrooms did not meet the needs of the residents living in them and did not ensure their privacy and rights could be upheld. These findings are discussed under the relevant regulations in the Quality and Safety section of the report.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection completed over one day to assess the provider's progress with completion of their compliance plan from the last inspection in November 2022 and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on unsolicited information received since the last inspection. The inspectors' findings partially substantiated the information received and the findings are discussed throughout this report.

This inspection found that actions taken and implemented in all areas of the service by the provider put residents central to service provision and promoted a more person-centred culture in the centre. Improved management and oversight of the service ensured that the service was safe and responsive to residents needs.

The inspectors found on their follow-up on progress by the provider with completion of the compliance plan from the last inspection that actions were satisfactorily completed to bring three of the twelve regulations identified into compliance. However, more focus and effort were now required to ensure that the improvement actions required to bring the centre into full compliance with the regulations were completed in a timely manner.

The provider states in their statement of purpose dated 08 February 2023 that Brentwood Manor nursing home is a dementia specific nursing home. While, the majority of residents living in the centre on the day of this inspection had dementia, other residents were admitted for long-term care with acquired brain injuries and mental health disorders. Nine residents in the centre were aged under 65 years, two of whom had additional funded personal assistant hours each week.

The registered provider of this designated centre is the The Brindley Manor Federation of Nursing Homes Limited. The provider company's chief operating officer (COO) was assigned to represent them. As the provider is involved in operating several residential services for older people, Brentwood Manor nursing home benefits from access to and support from centralised human resources, information technology, staff training and finance departments.

The person in charge has been in the role since February 2016 and meets regulatory requirements. The person in charge had senior clinical support from a regional manager, an associate manager and an assistant director of nursing and clinical nurse manager locally who assisted with auditing and staff supervision. The assistant director of nursing is also supernumerary to the staff team caring for

residents on a daily basis and deputises during leave by the person in charge.

Monitoring and oversight systems had improved since the last inspection in the centre and there was evidence that areas identified in audits as needing improvement were addressed without delay. While, a number of the inspector's findings had already been identified through the centre's own quality and safety monitoring systems with improvement actions in progress, the systems in place were not identifying all deficits that needed improvement. For example, many of the deficits in the assessment of residents' needs and care documentation were not identified in the centre's own care plan audits.

Infection prevention and control audits covered a range of topics including sharps safety, environment and equipment hygiene and hand hygiene. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. However other elements of standard infection prevention and control audits including aseptic technique, waste and linen management were not routinely audited.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place. The housekeeping supervisor had recently completed a nationally recognised specialised hygiene training program for support staff working in healthcare.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. However inspectors were informed that there were no residents with infections or MDRO colonisation in the centre on the day of the inspection. The volume, indication and effectiveness of antibiotic use was monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under regulation 27

There was adequate numbers of appropriately skilled staff working in the centre on a daily basis to meet the increased care and support needs of residents in the centre. The removal of the internal restrictions to access within the environment had improved staff effectiveness and efficiency.

Since the last inspection, a review of the staff training programme had been completed to ensure all staff had appropriate skills and knowledge to meet the needs of residents with dementia and acquired brain injury. Staff had been facilitated to complete mandatory training and training including on dementia and management of responsive behaviours and care planning was completed. All staff had completed human rights training and the provider had put a requirement in place that this training must be completed by all prospective staff prior to commencing employment in the centre. Inspectors saw that training was implemented in staff practices and staff-resident interactions were therapeutic and person centred and this approach fostered opportunities and supported residents

with positive risk taking and making personal choices regarding their lives in the centre. This was a significant improvement from the previous inspection in November 2022 and it was evident that resident outcomes had improved as a result of improved access to training in these areas for staff.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff had completed mandatory infection prevention and control training.

Although the training and supervision of staff had improved since the previous inspection more actions were required to ensure that nursing staff completed and maintained care plans to the required standards and that wound management practices met national best practice guidance. These findings are discussed further under Regulations 5; Individual Assessment and Care Plan and 6; Health care in the Quality and Safety section of the report.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no restrictions on visiting in place and public health guidelines on visiting were being followed. Visits and outings for residents were encouraged and practical precautions were in place to manage any associated risks.

All incidents as specified by the regulations were notified to the Chief inspector as required.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding residents' individual needs and were responsive to residents needs for assistance and support without delay. The inspectors were informed by the operations manager that recruitment of another member of staff was at an advanced stage to ensure residents' social activities were coordinated over seven days each week.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that wound care training for nursing staff was necessary to ensure that wound care practices were in line with evidence based procedures.

Supervision and oversight of staff practices in the centre was improved since the last inspection however, further actions were necessary to ensure the following;

- that measures in place to maintain residents' skin integrity were implemented by staff.
- that residents' care documentation was completed to a high standard
- that wound care practices and procedures by staff mitigated risk of infection and promoted wound healing.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that there were sufficient resources available to bring the centre into compliance with the regulations in a timely manner. For example;

- Not all actions identified in the compliance plan from the last inspection had been addressed in line with the time frames given by the provider and as a result a number of regulations remained non compliant again on this inspection.

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored.

- For example, disparities between the high levels of compliance reported in the centre's own care plan audits and environmental audits did not reflect the inspectors' findings during the inspection. This is a repeated finding from the last inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life and their rights for the most part were respected.

Although there was a high incidence of residents falling, the provider had a comprehensive falls management process in place which reflected current best practice guidance in falls management. However the provider was having difficulty sourcing physiotherapy and occupational therapy services for the residents including those residents who were entitled to receive these services under the national Medical Card scheme. There was clear evidence that this was creating delays in residents accessing specialist assessment and support and was impacting on outcomes for these residents.

Care of residents was person-centred and resident focused to meet the residents' needs and preferences for care and daily routines. Residents' nursing and social care needs were being met to a better standard on this inspection which was leading to better outcomes for residents. Residents had good access to timely health care from their general practitioner (GP) and psychiatric services as necessary. A community nurse specialist supported staff with reviewing residents who had repeated falls. However actions were still required to improve the standards of residents' care plan documentation and wound care procedures.

The layout of some of the twin bedrooms and residents rights to privacy, dignity and choice were negatively impacted. This is a repeated finding from the last inspection. However, the significant changes that had been implemented following the last inspection had ensured that overall residents' rights were respected and residents were supported to make decisions regarding their daily life in the centre. Residents' quality of life was optimised with unrestricted access to all areas of the centre and the outdoors. In addition, improved access to social activities enabled residents to continue to pursue their past interests, enjoy new interests, engage in positive risk taking and live their best lives in line with their capacities. The social activity programme for some residents including residents aged under 65years also supported some residents to safely integrate with the wider community.

This centre is a dementia specific designated centre and residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) were well supported on this inspection by

staff. The majority of staff had completed training facilitated by an external trainer since the last inspection on care of people with dementia and on effective management of responsive behaviours. This training was scheduled for the small number of staff who had not yet completed this training. There was a positive approach taken by staff with managing any responsive behaviors experienced by residents and this optimised residents' health, well-being and their quality of life. Residents predisposed to experiencing responsive behaviours were appropriately supervised and supported. All residents who experienced responsive behaviours had a care plan in place to mitigate risk of their behaviours occurring or when they occurred. Residents' behaviour support care plans detailed the most effective person-centred strategies to de-escalate their behaviours and mitigate risks to other residents.

Measures were in place to ensure residents were safeguarded from abuse, the systems in place were found to be effective and robust monitoring by the centre's management was in place to ensure there was no risk to residents of institutional abuse.

A number of restrictive practices on residents' daily routines that were negatively impacting on their lives at the time of the last inspection in November 2022 had been removed. This helped to ensure that residents' rights were respected and that their quality of life and well-being were optimised.

The centre were in the process of transferring residents' care documentation to an alternative computerised data management system and it was password protected. This inspection found that actions were necessary to ensure residents' needs were appropriately assessed and that care plans were developed and implemented to address any needs identified. Furthermore woundcare procedures did not reflect evidence based practices and the inspectors found that one resident's wound was not been dressed as recommended by the tissue viability nurse specialist.

The inspectors found that residents received their correct medicines, however some residents' prescription charts did not clearly set those medications that were to be administered as crushed medications. Furthermore improvements were required in the storage and preparation area for medications and clean and sterile supplies such as needles, syringes and dressings

The provider had commenced a programme of refurbishment and had improved maintenance in the centre since the last inspection. The provider was working on repainting and repairing all surfaces in the internal environment. The inspectors observed that although this refurbishment work was taking place in the centre which included painting of the walls along the corridors, these works were not impacting on residents' safety or well-being. A large number of bedrooms had been redecorated with fresh paint on walls since the last inspection. A shower had been installed since the last inspection in a bedroom with an en suite toilet and wash basin facility and this meant the resident living in this bedroom no longer had to travel to another corridor to access a communal shower room. Carpets had been replaced with laminate flooring in several bedrooms and on some corridors and inspectors were told that remaining carpets were scheduled for replacement. The

inspectors were also told that further decor to all areas of the centre would be completed as part of the refurbishment to create a therapeutic and dementia friendly environment for residents. The centre's multi-sensory was closed on the day of the inspection and a specialist company contracted to redesign and re-equip this room were due to commence this work on the week of the inspection.

Measures were in place to protect residents from risk of infection since the last inspection and the general environment and residents' bedrooms, communal areas and toilets inspected appeared visibly clean. Clean linen was stored in designated cupboards and transported in enclosed mobile trolleys. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

Hand washing sinks for staff use were available within easy walking distance of resident rooms. All clinical hand washing sinks complied with the recommended specifications for clinical hand wash basins. Alcohol-based hand-rub was available in wall mounted dispensers along corridors. However additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care for staff.

Four of the centre's five units had sluice rooms for the holding of bedpans and urinals and dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. These areas were observed to be visibly clean. However, only one of the four sluice rooms had a bedpan washer for reprocessing of bedpans, urinals and commodes. The inspectors were told by the centre's management that another bedpan washer would be installed

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had also nominated two staff members to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Infection prevention control advice and support was also provided by an infection prevention and control specialist nurse as required.

Inspectors identified some examples of good practice in the prevention and control of infection. For example staff applied Standard Precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Care was provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care in both units to collect used laundry and linen.

The recent removal of mandatory mask wearing gave the provider flexibility to ensure ongoing COVID-19 measures in the centre were proportionate to the risks of infection within the centre. A small number of staff choose to continue wearing masks. Ample supplies of personal protective equipment (PPE) were available.

While measures were in place to protect residents from risk of fire, actions were necessary to ensure residents' cognitive wellbeing was assessed as part of their emergency evacuation plan procedures. Although, checks to ensure fire safety equipment was operational was in place, a record of weekly checks on the fire alarm system was not maintained to provide assurances that this equipment was operational at all times.

Regulation 11: Visits

Visits by residents' families and friends were facilitated and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in some twin bedrooms had limited space to store their clothes. The inspectors observed that the wardrobes provided in twin bedrooms were half the size of the wardrobes provided for residents in the single bedrooms and as a result their clothes were packed tightly into the wardrobe space available. Furthermore, as some residents' wardrobes were placed along an opposite wall outside their bedspace, they could not maintain control of their personal clothing and possessions and could not be assured that the other residents in the room would not access their wardrobe space.

Residents in twin bedrooms did not have a suitable surface or shelf to display their personal photographs in their bedrooms if they chose to do so. For example, residents in the beds closest to windows were using the window ledges as a surface to place their photographs on. Photographs belonging to both residents in one twin bedroom were displayed on the wall behind their beds. This meant that these residents did not have their personal photographs located within their view when resting in bed.

In one twin bedroom the bedside lockers were placed along an opposite wall in which meant that the residents residing in this bedrooms could not access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Not compliant

Regulation 17: Premises

While the significant improvements made to the premises since the last inspection is acknowledged, further actions by the provider were necessary to ensure that the layout and design of a number of twin bedrooms met the needs of residents in accordance with the centre's statement of purpose. This was evidenced by the following findings repeated from the last inspection;

- One side of one bed in each of the two twin bedrooms viewed by the inspectors was placed against an adjacent wall which meant that these bedrooms were not laid out in a way that facilitated residents who needed to use assistive equipment to move around their bed safely and to rest in their comfortable chair by their bedside without disturbing the resident in the bed next to them.
- As one bed in each of the twin bedrooms were placed against a wall with the window in it, access to natural light from the window in both of these rooms was reduced for the other resident when the resident closest to the window had their privacy curtains closed. The inspectors observed that natural light was reduced when the screen curtain was closed around the beds closest to the window.
- Due to the location of the bed closest to the window the other resident in the room could not access the window or open/close the window without reaching over the bed closest to the window.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' meals were served in a spacious dining room where they had adequate space and opportunity to dine together. Residents were provided with a varied menu and inspectors confirmed that they could have alternatives to the menu offered if they wished. Residents' needs for special dietary requirements were communicated to the catering staff and their food was prepared in accordance with their preferences, assessed needs and the recommendations of the dietician and speech and language therapist. A variety of snacks and other refreshments were available to residents throughout the day, in addition to fresh drinking water.

The inspectors observed that mealtimes were unhurried and were a social occasion for many of the residents who were seated together as they wished. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available in the dining rooms at mealtimes and they provided residents with discreet encouragement and assistance as needed.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Weaknesses were identified in infection prevention and control and antimicrobial stewardship governance and environmental management.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- While antibiotic usage was monitored, there was no evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- A review of transfer documentation found that when residents were discharged from the local acute hospital all relevant infection prevention and control information about the resident was not routinely obtained from the hospital.

Equipment and the environment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings did not support effective infection prevention and control practices. For example, this room was cluttered with non clinical items including staff clothing, beverages, documentation and items including a syringe and drinking glasses were drying on a tea towel on a draining board. There was no dressing trolley available to support completion of clinical procedures requiring an aseptic technique such as residents' wound care procedures.
- A dedicated specimen fridge for the storage of laboratory samples awaiting collection was located in a room for the storage of medications, clean and sterile supplies. This posed a risk of cross-contamination.
- The location and layout of the only sluice room in the centre containing a bedpan washer did not support effective infection prevention and control practices. Staff informed inspectors that in the absence of an accessible bedpan washer on one wing a small number of urinals were emptied and manually rinsed. This increased the risk of environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further actions were required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and that the centre was in compliance with regulation 28, Fire precautions

This was evidenced by the following findings;

While each resident's emergency evacuation needs were regularly assessed and documented, this assessment did not take into account individual the resident's cognitive and communication difficulties. This finding was a particular concern for the inspectors as the majority of residents in the centre were impacted by dementia or acquired brain injuries. Consequently there was a risk that their individual support needs in the event of a fire in the centre would not be communicated to all staff and emergency services in the event of a fire.

Although, records of fire safety equipment checks were available, the records available did not give assurances that the fire alarm system was tested weekly. Although, inspectors were told that the fire alarm system was checked each week by a designated staff member, no records were available to confirm completion of this procedure to ensure this emergency system was operating as required at all times. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Although, inspectors were assured that residents received their correct medicines, action was found to be necessary to address the following finding;

- medicines administered by nurses as a crushed preparation for a small number of residents were not individually prescribed for administration in a crushed format. This created a risk that medications which are not suitable for crushing may be administered incorrectly.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a number of residents' assessments and care plan documentation and found that actions were necessary to ensure residents' needs were appropriately assessed and that care plans were developed and implemented

to address any needs identified. This was evidenced by the following findings;

- The information in some residents care plans was not sufficiently detailed to clearly direct staff on the care they must provide to meet these residents' assessed needs. For example, care interventions recommended by the dietician for a resident with unintentional weight loss were not clearly detailed in this residents' care plan. This posed a risk that this pertinent information would not be effectively communicated to all staff caring for this resident.
- The information in some residents' care plans was not person-centred and therefore did not provide assurances that the care and supports provided by staff to meet residents' needs was reflective of the their individual routines, preferences and wishes.
- Some residents' social activity needs were not assessed to ensure they had meaningful opportunities to participate in social activities that met their individual interests and capacities.
- One resident had two wounds but did not have a care plan in place for each wound detailing the care interventions required to effectively guide and direct the care needs for each wound. Consequently, the inspectors found that a resident's wound was not been dressed as recommended by the tissue viability nurse specialist.

Although, residents or their families were consulted with regarding a change in the resident's care needs, residents' records did not record that they and where appropriate, their representative were involved in the regular care plan reviews.

Judgment: Not compliant

Regulation 6: Health care

Residents did not have adequate access to physiotherapy and occupational therapy services to meet their needs. For example, referrals sent by the person in charge on 01 February 2023 for four residents requiring review by a physiotherapist further to them experiencing frequent fall incidents were returned to the centre without an appointment for these residents. Two residents referred on 01 February 2023 for urgent seating assessments by the occupational therapist had not been reviewed up the time of this inspection and sadly one of these residents had died. This is a repeated finding from the last inspection in November 2022.

The provider and person in charge did not ensure that residents received a high standard of evidence based nursing care to meet their needs. This was evidenced by the following findings;

- While repositioning was referenced in care plans developed for residents with assessed high risk of developing pressure related skin damage, the repositioning frequency they required was not referenced.
- Furthermore, the pressure relieving mattress to be used or the pressure that

it should be set at in accordance with each resident's weight was was not referenced. As a result, the inspectors found that the settings on two residents' pressure relieving mattresses significantly exceeded the recommended setting for their individual body weights. This finding posed a significant risk to these residents' skin integrity and did not reflect high standards of nursing care.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach to responding to and managing residents' response behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) While, staff focused their care and support of residents on preventing residents' responsive behaviours occurring, they were aware of the most effective strategies to effectively de-escalate individual resident's behaviours. There was a very low number of restrictive full-length bedrails in use in the centre and practices in place reflected the National Restraint Policy guidelines. The centre were managing identified risks to a number of residents' safety with sensor alert mats, low profile beds and foam mattresses placed by residents' beds as an alternative to a full-length bedrail. Records showed that where restrictions were in use, an assessment was completed which included a multidisciplinary approach with the resident or their family, as appropriate, the resident's general practitioner (GP) and the physiotherapist. Procedures were in place to ensure residents safety was monitored when any restrictive equipment was in use and to ensure that use was not prolonged.

Judgment: Compliant

Regulation 8: Protection

Actions taken by management since the last inspection ensured residents were protected from abuse, including institutional abuse. These measures included completion of training on respecting human rights training by all current staff and new staff prior to commencing employment and increased supervision by senior staff. Staff spoken with were knowledgeable regarding the various types of abuse and the reporting structure in the centre. Staff clearly articulated knowledge of their responsibility to report any incidents, allegations or suspicions of abuse. Arrangements were in place to ensure all incidents, allegations and suspicions of abuse were addressed and managed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents could carry out personal activities in private in some twin bedrooms. This was evidenced by:.

- The privacy curtains were positioned closely around the residents' beds in two twin bedroom viewed by the inspectors and as one side of one bed in each room was placed against the wall, this did not allow for staff or residents to move freely within the bedspace. As a result the inspectors were not assured that the space available and the layout of these bedrooms would ensure residents' privacy would be maintained during transfer into and out of bed or during personal care activities.
- Furthermore, the positioning of bedside lockers along one wall in a twin bedroom meant that one resident had to pass through the other resident's bed space to access the en-suite toilet and shower.

Residents rights to exercise their choice was impacted by the following;

- The provision of one television set in one twin bedroom occupied by two residents did not afford each resident in this bedroom with personal choice regarding their television viewing and listening. This finding is repeated from the last inspection.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0039683

Date of inspection: 18/05/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>By 31st July 2023, all nursing and in-house management staff will have received update training on wound care to ensure that care provided is fully aligned with best practice.</p> <p>Continued SSKIN assessments will be completed and reviewed by the PIC/ADON to ensure that any needs are identified and reflected in the resident’s individual care plan.</p> <p>The PIC/ADON will conduct weekly reviews on all aspects of resident skin integrity to ensure that the care plan is up to date and to guide staff. This review will also ensure that tasks identified are completed to the highest standards.</p> <p>A monthly review of all wounds will be completed by the Regional Team to ensure the plan of care in place is in line with best practice.</p> <p>By 31st July 2023, all nursing staff will have completed training on care documentation to ensure that care delivery is in accordance with best practice and guides care practices in the mitigation of risk including infections.</p> <p>From 1st August 2023, the monthly governance meeting, which is attended by the Regional Team, will review training records to ensure that staff training is complete. The team will also review reported falls, audits, incidents, complaints, hospitalisations, infections, fire drill reports and tissue viability records to identify any additional training needs arising that month. The Registered Provider will monitor records of these meetings for actions arising, to ensure adequate oversight is in place and to confirm that actions are addressed in a timely manner.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Immediately following the inspection, the Registered Provider reviewed the actions taken to date and in conjunction with the PIC and PPIMs has agreed the necessary resources to bring the centre into full compliance.</p> <p>The Registered Provider has introduced a new system of audit which will be fully integrated by 31st July 2023. Training is being provided to our in-house management team to ensure that audits are completed correctly, risks are clearly identified and mitigation put in place where required.</p> <p>The Registered Provider in conjunction with the Regional Team will review all additional audits to monitor the actions in place to bring the home into full compliance.</p> <p>From 1st August 2023, the monthly governance meeting, which is attended by the Regional Team, will review training records to ensure that staff training is complete. The team will also review reported falls, audits, incidents, complaints, hospitalisations, infections, fire drill reports and tissue viability records to identify any additional training needs arising that month. The Registered Provider will monitor records of these meetings for actions arising, to ensure adequate oversight is in place and to confirm that actions are addressed in a timely manner.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A comprehensive review of all shared rooms was completed by 30th June 2023 and each resident's bed space now contains the equipment stipulated in the relevant regulations. Additional shelving has been installed where indicated to facilitate the display of photographs, mementoes, and other items of personal interest. Residents and families have been consulted on the placement of photographs in bedrooms to ensure they are more readily visible and reflect individual preferences.</p> <p>From 1st August 2023, a weekly check of all shared rooms will be undertaken to ensure that each resident has control of their clothing and personal possessions. This will be reviewed by the ADON and improvements identified will be actioned by the ADON and communicated to the clinical team through the weekly team meeting.</p> <p>From 1st August 2023, a weekly review will be completed to ensure that each resident</p>	

has access to their locker when resting in bed. This will be reviewed by the ADON and improvements identified will be actioned by the ADON and communicated to the clinical team through the weekly team meeting.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The layout of all shared rooms has been revised to ensure that residents are able to use assistive equipment and bedroom chairs without causing disruption to the other person sharing the room. This includes the realignment of beds to maximise lighting.

By 30th June 2023, a full review and realignment will be completed for all beds in the shared rooms to ensure that both residents have access to the window. From 24th July 2023, this will be reviewed and monitored weekly by the ADON and feedback on improvements identified will be communicated back to the clinical team at the weekly team meeting.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A full review of IPC practices took place immediately following inspection and a number of initiatives have been introduced to enhance care practices. These include for example, improved monitoring of antibiotic use, engagement with local hospitals to ensure MDROs are clearly identified on transfer documents, a deep clean and declutter of the medication room (including repositioning the specimen and medication fridges), the acquisition of a new dressing trolley and an additional bed pan washer. It is intended that all initiatives will be fully complete by 31st August 2023.

Going forward, IPC practices will be monitored by the Regional Team to ensure standards are maintained.

From 1st August 2023, the monthly governance meeting, which is attended by the Regional Team, will review training records to ensure that staff training is complete. The team will also review reported falls, audits, incidents, complaints, hospitalisations, infections, fire drill reports and tissue viability records to identify any additional training needs arising that month. The Registered Provider will monitor records of these meetings for actions arising, to ensure adequate oversight is in place and to confirm that actions are addressed in a timely manner.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A full review of PEEPs has been completed and updates made where indicated to ensure they fully reflect each individual resident's cognitive and communication needs. From 24th July 2023, Fire Simulation Drills will be completed monthly by the in-house management team using the updated PEEPS for guidance to ensure staff are aware of each residents' individual emergency evacuation needs. Feedback and learning from each drill will be shared with staff at the weekly team meeting. All PEEPS will be reviewed monthly by the Regional Team to ensure they are completed, up to date and guide staff appropriately. Following the inspection, the fire panel check completed by nursing staff was reviewed and updated. Going forward, this is now completed by our on-site maintenance team. The Regional Team will monitor the weekly fire panel checks including the sounding of the fire alarm to ensure it is operating effectively. Weekly reviews of fire record keeping will be completed by the ADON to ensure complete record keeping.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Immediately following the inspection, a comprehensive review of medication kardexes was completed to confirm that medications individually prescribed for administration in a crushed format are clearly documented so as to ensure they are administered in accordance with the prescription. All nursing staff were also reminded of the need to adhere to the prescriber's instructions in relation to medications that require crushing.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: By 31st July 2023, all nursing staff will have received one-to-one training from the ADON on completing care plans effectively. This will ensure each care plan is person-centred</p>	

and provides clear direction to staff on the actions to be taken to meet the assessed needs and wishes of each individual resident. The care plan update will also ensure that each resident has access to meaningful opportunities to participate in social activities that meet their individual interests and capabilities.

Care plans will be audited monthly by the Regional Team to ensure they are up to date and in line with residents individual needs. The results of these audits will be discussed at the monthly governance meetings to identify support required for individual staff, emerging training needs and any additional learning or risk to resident safety.

By 31st July 2023, all nursing staff will have received update training on wound care management and documentation so as to ensure wounds are dressed as recommended by the tissue viability nurse specialist.

Wound care plans will be audited monthly by the Regional Team in conjunction with the Registered Provider to ensure they are up to date and provide correct guidance on the specific wound and plan of care provided. This audit will also identify that the appropriate input is sought from the TVN and GP as required. The results of these audits will be discussed at montly governance meetings.

By 31st July 2023, all care plan meetings with residents and nominated representatives will be completed.

From 1st August 2023, the monthly governance meeting, which is attended by the Regional Team, will review training records to ensure that staff training is complete. The team will also review reported falls, audits, incidents, complaints, hospitalisations, infections, fire drill reports and tissue viability records to identify any additional training needs arising that month. The Registered Provider Representative will monitor records of these meetings for actions arising, to ensure adequate oversight is in place and to confirm that actions are addressed in a timely manner.

Regulation 6: Health care	Not Compliant
---------------------------	---------------

Outline how you are going to come into compliance with Regulation 6: Health care:
 Referrals have been sent/re-sent for all residents who require access to physiotherapy and occupational therapy services. In the event that an on-site visit is not possible, residents will be faciliated to access the service in the local community.
 All repositioning care plans and documentation sheets have been revised to clearly identify the frequency of repositioning and any other care needs required.
 The frequency of pressure-relieving mattress checks has been changed to daily to ensure that the setting on the mattress always reflects a resident’s weight. These checks are completed by the ADON or the senior nurse on duty.
 Monthly audit is undertaken by the Regional Team in conjunction with the Registered Provider to ensure that all actions are completed and maintained as residents’ needs change. The results of this audit will be discussed at monthly governance meetings.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A comprehensive review of all shared rooms was completed by 30th June 2023 to ensure that each resident is provided with sufficient space around their bed. This includes a review of access to the en-suite facilities. The divider curtains are aligned to ensure there is a clear walkway to the en-suite facilities without imposing on another resident's space.</p> <p>From 24th July 2023, this will be reviewed and monitored weekly by the ADON and feedback on improvements identified will be communicated back to the clinical team at the weekly team meeting and at their monthly governance meeting attended by the Regional Team</p>	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(1)	The registered provider shall ensure that the	Not Compliant	Orange	30/06/2023

	premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/08/2023

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	24/07/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/05/2023

Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/07/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2023
Regulation 6(1)	The registered	Not Compliant	Orange	31/05/2023

	<p>provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
Regulation 6(2)(b)	<p>The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.</p>	Substantially Compliant	Yellow	31/05/2023
Regulation 6(2)(c)	<p>The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.</p>	Not Compliant	Orange	31/05/2023
Regulation 9(3)(a)	<p>A registered</p>	Substantially	Yellow	30/06/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Compliant		
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2023