



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

Issued by the Chief Inspector

Name of designated centre:	Brookvale Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Hazel Hill, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0038237

About the designated centre

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

Brookvale Manor Nursing Home is a purpose-built single-storey premises located in a residential area a short drive from the town of Ballyhaunis. The centre is registered to provide long and short term care for 37 residents, both male and female, over the age of 18 years. Twenty-four-hour nursing care is provided. Residents' accommodation comprises of single rooms and double rooms all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents' privacy is provided in the shared bedrooms. The centre has a variety of communal space and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room to the front of the building, an additional sitting/activity area that is centrally located and a foyer at the front that some residents use to read or to see their visitors. Other rooms include a laundry, sluice facilities, kitchen and staff areas and offices. There is a safe secure outdoor garden for residents to use and this was accessible from several points of the building. It was well cultivated, provided with appropriate seating and had interesting features such as a summer house where residents could sit in the shade.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Wednesday 15 February 2023	09:30hrs to 16:45hrs	Michael Dunne	Lead
Thursday 16 February 2023	09:15hrs to 15:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

This inspection took place over two days. The inspector met with the majority of residents living in the centre throughout the inspection days, and spoke with a number of residents in order to gain an insight into their daily life and experiences of living in Brookvale Manor Nursing Home. The overall feedback from residents was that they were happy living in the centre, staff were exceptionally kind and caring and they felt they were committed to their care.

On arrival to the centre, on both days of inspection the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. The systems in place were comprehensive and included hand hygiene and temperature monitoring. The inspection was facilitated by a regional director on both days of the inspection and included a tour of the premises.

Brookvale Manor Nursing Home is a designated centre for older people, registered to accommodate 37 residents, which included access to eight short stay beds by the Health Service Executive (HSE). There were 35 residents living in the centre on both days of this inspection. The centre is situated on the outskirts of Ballyhaunis, in County Mayo. The premises is a single storey construction, the inspector observed that the premises was redecorated since the last inspection in June 2022 and was bright, clean and well maintained.

Bedroom accommodation consists mainly of single bedrooms with en-suite attached and a small number of twin bedrooms, all with en-suite facilities. The inspectors saw that some bedrooms were personalised, with items such as family pictures, and soft furnishings. Residents told the inspectors that they were happy with their rooms and they found they were comfortable. Bedrooms were found to contain sufficient storage facilities for residents to store their personal belongings securely and for residents to easily access their personal items. All bedrooms contained televisions, with headphones provided in twin rooms for residents to enjoy their programming without impacting on the other occupant of the room. The corridors in the centre were long and wide and provided adequate space for residents to walk around, with handrails attached to assist residents with their mobility.

The design and layout of the centre comprised of two spacious lounges which were found to be well used during the day. There was an adequate amount of comfortable seating and large televisions provided for the resident's entertainment. Resident's were observed enjoying music in these lounges during the day. There was also a third lounge which was located in the green acres area of the centre which was not used as much by residents. A large dining room provided adequate space for residents to enjoy their meals. Although there were some complaints recorded on the complaints register regarding food, all residents spoken with said that the food provided was good. Residents also confirmed that they could have their meals in their room if they wished and that they liked having this choice.

The inspector observed lovely person centered interactions between residents and staff during the inspection, and it was obvious that staff knew residents and were aware of their needs. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful to their needs and wishes. Staff whom the inspectors spoke with were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse. Residents spoke of the friendliness and kindness of staff. Residents who spoke with the inspector said that staff help them with their personal care, keeping their room tidy and making sure that they had clean clothes to wear. The inspector observed that residents were well turned out on both days of the inspection. Residents were observed to be wearing clean clothes and suitable footwear. Some residents were seen mobilising using mobility aids which were also clean and well-maintained.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services over two days to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in June 2022.
- to review the providers actions to achieve compliance with the regulations with regard to a restrictive condition.

Overall the findings of this inspection indicated that the registered provider had taken a number of actions to achieve compliance with the regulations. The inspector found high levels of compliance on this inspection across all areas of regulation. There was a positive response by the provider in implementing their compliance plan submitted as part of the previous inspection. There were effective management systems in place in this centre to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

The registered provider for this centre is The Brindley Manor Federation of Nursing Homes Limited. This company is part of Brindley Health care which consists of a total of nine nursing homes that operate in Ireland. The management team consists of a recently appointed person in charge, two acting assistant directors of nursing and a team of nursing staff, health care assistants, hospitality and catering staff. The designated centre is also supported by activity, administration and maintenance personnel. Additional governance support was provided by a newly appointed associate regional director. The provider also recruited an assistant director of

nursing who was due to start in a number of weeks.

At the time of this inspection the registered provider had submitted an application to renew the registration of the centre to the Chief Inspector and had requested to increase the numbers of residents accommodated in the centre from 37 to 50. The inspector reviewed the vacant rooms which the provider had requested to be registered and found them suitable and ready for use.

The provider had invested resources regarding the upgrade of storage facilities in the designated centre, this allowed for the segregated storage of clinical and non clinical items. Communal areas had been repainted in a lighter colour and this improved the overall ambiance of the centre. In addition a number of twin bedrooms had been redesigned and redecorated to provide single occupancy accommodation.

The inspector found that the registered provider had maintained staffing levels in line with numbers of staff identified in the designated centre's statement of purpose. Discussions with staff on the day of the inspection confirmed that they attended an induction programme prior to commencing in their role. Staff had a good awareness of their defined roles and responsibilities. Staff also confirmed their attendance at numerous training programmes and were able to describe how they used learning gained from this training in their daily work routines, for example staff were able to describe the actions they needed to take in the event of the fire alarm being activated.

There was evidence of good communication between clinical and care staff to ensure that residents needs were addressed. Staff records reviewed on inspection confirmed that staff had an appropriate Garda vetting disclosure in place before commencing employment. Staff members from overseas also had an additional police clearance certificate from their country of origin. This helped to ensure that the provider recruited suitable staff in line with their regulatory responsibilities.

The registered provider ensured that the complaints policy was accessible and was displayed in the designated centre. Residents spoken with said that they could raise a concern with any member of the staff team. The majority of complaints reviewed on inspection were in relation to catering, however these complaints had been addressed by the provider. In addition complaints were reviewed as part of the monthly governance meeting in order to improve the service provided. There were two open complaints which were still under review by the provider.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the designated centre to the Chief Inspector. All relevant documents including fees, floor plans, statement of purpose, company information, required under the regulations were also submitted.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary a condition on the registration of the designated centre to the Chief Inspector. All relevant documents including fees required under the regulations were also submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was recruited to the role in November 2022 and was found to meet the requirements of the regulations in terms of qualifications and experience. Residents were familiar with the person in charge who was solely involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was an adequate number of staff available with the required skill mix to provide timely support to the residents taking into account their assessed needs and the layout of the centre. Staff were observed assisting residents with their individual care needs in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses including manual handling, safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had also attended training in infection prevention and control, including hand hygiene and the donning and doffing of PPE.

A review of records confirmed that new staff were supported in their role through the provision of an induction programme, which included information on relevant policies and procedures currently in use, in addition to other information such as

access to training information in order to assist the employee in their new role.

Judgment: Compliant

Regulation 21: Records

Records required to be available for inspection purposes were generally well maintained and easily accessible. A review of records on this inspection included, records relating to risk, incidents, complaints, staff files, training records and residents' care records.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which was due to expire on 31 July 2023. A review of this policy indicated that cover was in place against injury to residents, staff and visitors and included insurance against other risks such as loss or damage to residents property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was provided with sufficient resources to ensure effective delivery of care in line with the centre's statement of purpose. There was a clearly defined management structure in place with identified lines of accountability and authority. The inspector spoke with numerous staff over the course of the two days and found that staff were knowledgeable in their roles.

There was an audit schedule in place to monitor falls, wound care, complaints, incidents and care plans. Information gathered through audits was discussed at monthly clinical meetings. Actions plans were found to be developed where improvement was identified and followed up in a timely manner by the clinical team.

There was an annual review of quality and safety in place for 2022 and contained information gathered in a comprehensive resident and family satisfaction questionnaire.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose dated the 08 February 2023 had been updated and contained all the required details outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There were eight complaints logged since the last inspection, two complaints were still open and were been followed up by the registered provider in line with their policy.

Judgment: Compliant

Quality and safety

Overall, residents were encouraged and supported to have a good quality of life which was respectful of their individual wishes and choices. There was evidence that residents were consulted on a regular basis and that the registered provider actively encouraged resident feedback regarding the quality of the service provided.

There were a number of actions carried out by the registered provider since the last inspection to improve the delivery of care provided to residents. These included a review of the existing care planning process to ensure it was more person centred and changes to the centre's wound care policy to improve the treatment of wound care which included guidance on when to access the expertise of tissue viability nursing (TVN) in relation to treatment and to the prevention wound formation. However despite these improvements there were omissions identified in the provision of appropriate care for one resident on a short term placement where a specific health care need which was identified at pre admission assessment but for which no care plan was developed to address the resident's need.

The inspector reviewed a number of resident files and found evidence to confirm that care plans were more person centred. In addition the care plans showed that, where appropriate, members of the residents family were involved in developing appropriate care interventions was sought. This had a positive impact on the quality of care provided and ensured that residents individual preferences were recorded.

Residents had access to general practitioner (GP) services. There were arrangements in place for GP's to attend the centre on a regular basis. A review of residents care records confirmed that GP's carried out medication reviews. There were established arrangements in place for accessing specialist medical and nursing services including psychiatry of old age, community palliative care and allied health care professionals as and when required. The centre's pharmacy also visited the centre every four weeks. This promoted effective medication stock management where used medication was returned on a regular basis.

The inspector found improvements in the management of restrictive practices. Records confirmed that the least restrictive options were trialled in the first instance. Low entry beds were found to be provided to residents prior to the introduction of bed rails. There was clear rationale in place to assist in the decision process to use bed rails. In addition, there were regular risk assessment and reviews to see if they were still required as part of the care plan intervention. A review of care documents confirmed that consent was also sought and documented prior to their use.

Visitors were observed attending the centre on both days of the inspection and were subject to infection prevention and control checks before gaining entry to the centre. There was a visiting policy which described the timing of visits and information about not attending the centre if unwell. At the time of this inspection there were no restrictions in place for residents to receive their visitors.

There was a weekly schedule of activities in place for residents to attend. Notice boards displayed relevant information on local events including information on how to access advocacy. The complaints policy was advertised in prominent location around the centre. The Annual report and satisfaction was also available for access. Resident meetings were held on a regular basis, residents had recently elected a resident ambassador to represent their views at these meetings.

Infection prevention and control measures were in place and reviewed by the management team. There were a number of improvements put in place to reinforce these arrangements since the last inspection which included the addition of clinical hand wash sinks and improvements to storage facilities in the centre.

There was good oversight of fire safety arrangements in the centre. Staff were up to date with their fire safety training and were able to account for how they would evacuate residents safely in the event of a fire emergency. The provider was found to have installed an additional set of compartment fire doors as committed to in their compliance plan for the inspection held in June 2022, this reduced the size of fire compartments and improved horizontal evacuation procedures in the event of a fire.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in layout and size to meet the assessed needs of the residents. Inspectors observed that the registered provider had an ongoing programme of works to ensure the premises were well-maintained, which included

- the re-organisation of storage facilities to improve the segregation of clinical and non clinical items.
- the redevelopment of seven twin rooms in order to provide single accommodation for residents.
- painting and decorating of communal areas which improved the overall ambiance of the designated centre.
- Improved ventilation in an assisted bathroom.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and the registered provider had arrangements in place to ensure infection prevention and control strategies were implemented to maintain an infection free environment. The inspector found that the provider had,

- Installed new clinical hand wash sinks in both sluice facilities in addition to new racking to assist in the storage of toileting equipment.
- Improved storage facilities which allowed for the safe segregation of clinical and non clinical items.

The inspector also found that the registered provider had continued to,

- facilitate staff attendance at infection prevention and control training.
- review the centre's contingency plan to ensure that it was effective to manage a future infection outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were noted in the oversight of fire safety within the centre. This included a review in the use of ski sheets to ensure that they were effective in the event of an evacuation. The provider also installed a set of fire compartment doors which ensured that the numbers of residents residing in a fire compartment did not go above eight.

Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Training records evidenced that simulated fire evacuation drills were completed cognisant of night time staff levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that there was a pre-admission assessment in place prior to the admission for both long and short term residents. While risk assessment and care plans were in place for residents, the inspector noted that one residents care plan was not developed in relation to a known health care need. A resident who was admitted to the centre on a short term basis and who presented with high blood sugars did not have a corresponding care plan in place to monitor their condition or to provide appropriate interventions.

Judgment: Substantially compliant

Regulation 6: Health care

Through a review of residents clinical records and conversations with residents, inspectors were assured that arrangements were in place for residents to access their general practitioner (GP) when required or requested. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and occupational therapy services.

A review of residents care records confirmed that where treatment was recommended by a medical practitioner or other health care services that residents had access to such treatment, for example a residents' care record described treatment provided as advised by psychiatry of later life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence found that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were cared for in a dignified manner. In instances where restrictive practices were in place there was clear rationale for their introduction and use. For example a small number of residents had bed rails in place.

A review of care records confirmed that the provider had trialled the least restrictive option such as low entry beds prior to the introduction of bedrails. Care records also confirmed that additional safeguards were in place to ensure that restrictive practices were proportionate, such as acquiring consent where possible and carrying out regular reviews of the restrictive practice.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable in recognizing and responding to all forms of abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns regarding residents' safety. Residents confirmed with inspectors that they felt safe in the centre and would be comfortable to speak with staff if they had concerns.

Training records reviewed showed that all members of staff had up to date training in safeguarding residents from abuse. The provider acted as pension-agent for a

small number of residents' where they required support in managing the social protection payments such as state pensions. A review of financial records indicated that the provider had robust arrangements were in place to protect residents finances, this included the well-maintained financial records as well as the provision of regular financial statements to residents and their representatives where appropriate.

A number of schedule two records relating to staff were reviewed and confirmed that those staff had the required paperwork in place which included a current Garda vetting disclosure.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents are consulted with and participate in the organisation of the designated centre. Inspectors reviewed a resident survey and minutes of residents' meetings and saw that the provider had taken actions to respond to feedback from residents such as a review of the menus.

Residents have access to an independent advocacy service with information including contact numbers displayed around the centre.

Residents were observed attending communal activities arranged in both day rooms which included the transmission of a mass service , a music session and an ball exercise game. Some residents preferred to remain in their rooms and pursue their own individual interests. Over both days of the inspection staff were observed spending time with these residents and facilitating their involvement in their preferred activities such reading, listening to music or just chatting about events in the home.

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookvale Manor Private Nursing Home OSV-0000325

Inspection ID: MON-0038237

Date of inspection: 16/02/2023

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Following the inspection, the approach to care planning was revised which now ensures that the care needs of all residents are fully recorded and clearly documented in care plans thereby providing the most appropriate interventions for staff to follow when delivering care.	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	17/02/2023