



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

## Issued by the Chief Inspector

Name of designated centre:	CareBright Community Centre
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	24 April 2023
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0039881

## About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. There is a gym, hairdressers and Yarn-Cafe in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, housekeeping and administrative staff. There is 24-hour nursing care provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	18
--	----

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
Monday 24 April 2023	10:05hrs to 17:50hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from interactions with residents and staff, it was evident that residents were supported to have a good quality of life in CareBright Community Centre. The inspector observed a relaxed, homely and unrushed atmosphere in the centre. The inspector met with many of the residents during the inspection and met with relatives who were visiting the centre.

The inspector arrived to the centre unannounced, in the morning. Following an initial meeting with the person in charge, the inspector was accompanied on a walk around of the premises. It was evident to the inspector that the person in charge was knowledgeable regarding each resident's care needs and she was well known to the residents. She was the person in charge in the centre since it opened in 2018.

CareBright Community Centre is located in Bruff in County Limerick on a four acre site. It is a purpose built centre for residents with a diagnosis of and living with dementia. The centre comprises three separate houses with six spacious bedrooms with ensuite shower and toilets in each house. The centre is based on a household model of care with cooking and laundry utilities in each house, namely, Rosewood, Butterfly and Lavender houses. Each resident's bedroom was very spacious and personalised with residents' own furniture, personal belonging and pictures. A number of residents' beds were double beds similar to home. The inspector saw that doors to residents' bedrooms were personalised with locations, animals or items or activities of significance to residents.

Each home had their own communal areas with a kitchen/ dining room, sitting room and a snug or nook. One of the houses was filled with lovely smells of the lunchtime meal cooking in the slow cooker. The houses' hallways also had seating areas where residents could rest or relax. Each resident's bedroom had an enclosed patio garden, while residents could also access a large garden where three pygmy goats lived in their own pen. The inspector was informed that one of the residents assisted with caring for the goats during the day. A large enclosed outdoor garden hub with heating, lighting and a sound system, had been recently installed, where residents, relatives and staff could rest and relax and enjoy the outdoor surroundings. Residents could also access the Yarn Café that was open from Wednesday to Sunday. Here residents, members of the community attending day care and locals could socialise together and avail of refreshments such as tea, coffee, breakfast, lunch and home baked goods. Residents could also access the jacuzzi bath and spa and hairdressers in the centre. The inspector was informed that the hairdresser attended the centre once every two weeks.

The inspector saw that residents' bedrooms were very clean and well maintained. The inspector met with the designated cleaning staff during the morning and they confirmed that they cleaned every room every day. The three houses in the centre were warm, homely and clean throughout. During the walk around, the inspector saw that a fire door between the utility and the kitchen dining room in one of the

houses was not closing fully and the person in charge arranged for this to be repaired immediately. One resident had their own dog living with them and the dog was well loved by residents and staff alike. Another resident had regular visits from their dog to the home.

There was ample time between meals and the inspector observed a relaxed approach to breakfast and observed some residents enjoying a late breakfast in accordance with their personal preference. The inspector observed the lunchtime meal and saw that staff ensured that residents who required assistance were provided with it in a dignified and respectful way. Staff and residents sat around the kitchen/dining room table and residents were prompted and encouraged to eat or assisted if required. The inspector saw that the lunchtime meal was a sociable and enjoyable experience for residents. The lunch time meal looked wholesome and appetising. Following lunch, the inspector saw a resident in one house assist with the wash-up and tidy up the kitchen like they would do at home.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents were dressed in their own style and appeared well cared for. A small number of residents who spoke with the inspector were positive regarding their care and staff working in the centre. Those residents who could not articulate for themselves appeared comfortable and content. Staff who spoke with the inspector were aware of residents' likes and dislikes and how they wished to spend their day.

The inspector saw that activities were scheduled each day with both staff working in the centre and external staff providing these. During the morning of inspection, a music therapist attended the the centre and residents participated in both one-to-one and group gentle music with singing and different musical instruments. The inspector saw residents react in a positive way to the music therapy and appeared to enjoy the interactions. In the afternoon, a number of residents from the three houses attended one of houses to participate in a baking session where cupcakes were baked and decorated by residents and staff. The inspector saw one of the residents had enjoyed a relaxing jacuzzi bath in the spa room in the morning. Other activities scheduled included art therapy, gentle exercises or movement therapy, spa and beauty therapy. A number of residents were accompanied to attend weekly mass in the local church.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability 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 inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in April 2022. Overall, the inspector found that many of the findings of the last inspection had been addressed and there were good overall governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection.

CareBright Company Limited by Guarantee is the registered provider for CareBright Community centre. There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre is governed by a board of directors one of whom represented the provider. The person in charge was full time in position and reported to the company's chief executive officer who was onsite on the day of inspection. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was effective oversight of the quality of care provided to residents.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A schedule of clinical and environmental audits were in place to monitor, evaluate and improve key aspects of service. This included audits of infection prevention and control practices, medication management, incidents and falls, and end of life care. A sample of completed audits were reviewed and were found to be effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans.

There was an adequate number and skill mix of staff available to meet the assessed needs of the 18 residents living in the centre. There was a registered nurse rostered 24 hours a day. A second senior nurse was rostered for clinical supervision hours once a week and to assist the person in charge with clinical audit.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. The overall provision of training in the centre was good and staff were up-to-date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control. Staff were also provided with face-to-face training on end of life care by education staff from a local hospice centre. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse.

Based on a review of the electronic accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident and relative meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. There was an annual review of the quality of care in the

centre prepared for 2022.

### Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience required by the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

There was an adequate number and skill mix of staff working in the centre to meet the needs of the 18 residents living in the centre on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. The training matrix was examined and mandatory training such as fire safety training, manual handling and safeguarding vulnerable adults was up-to-date for all staff. Staff who spoke with the inspector were knowledgeable regarding residents' care needs.

Judgment: Compliant

### Regulation 21: Records

Requested records were made available to the inspector, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. There were sufficient resources in place in the centre, on the day of the inspection, to ensure effective delivery of high quality care and support to residents. A comprehensive annual review of the quality and safety of care provided to residents in 2022 had been completed by the person in charge.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

## Quality and safety

The inspector found that that residents were supported and encouraged to have a good quality of life in CareBright Community Centre, where management and staff promoted residents' rights. There was evidence that residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that action was required in relation to fire precautions, to ensure residents' safety was promoted at all times.

Care planning was person centred and residents' needs were assessed using

validated tools to inform care plans. Residents' health care needs were promoted through access to local general practitioner(GP) services. Residents were also provided with access to other health care professionals, such as speech and language therapist, dietitian, podiatry and physiotherapy in line with their assessed need. The inspector saw that residents appeared to be well cared for.

The inspector saw that the centre was clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily. Each house had allocated cleaning staff seven days a week. The premises was warm and homely and well maintained to meet the residents' needs.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with meals that appeared varied and wholesome.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident and relative meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre without restrictions and visitors could meet their relatives in their rooms or in the communal rooms in the centre.

Fire safety training had been provided to staff and was updated on an annual basis. The inspector found that staff who spoke with the inspector were knowledgeable and clear about what to do in the event of a fire. The provider ensured that simulation of evacuation of residents with minimal staffing levels occurred to ascertain if residents could be evacuated in the event of a fire. The inspector saw that residents had personal emergency evacuation plans (PEEP) in place that were up to date. Fire fighting equipment was serviced annually and there was evidence that quarterly servicing of fire alarm system was undertaken. However action was required in relation to maintenance of fire doors and ensuring weekly checks were consistently completed. These along with other findings are outlined under Regulation 27: Fire precautions.

## Regulation 11: Visits

Visiting was facilitated in the centre in line with national guidance. The inspector met with two visitors who confirmed that there was no restrictions on visiting their relatives.

Judgment: Compliant

## Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were clean, well-maintained and well laid out to support residents' needs. There was an ongoing programme of maintenance at the centre.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. There was sufficient staff available at mealtimes to assist residents with their meals. The inspector saw that the lunch time meal appeared nutritious and wholesome.

Judgment: Compliant

## Regulation 26: Risk management

The centre's emergency response plan required review as it did not reflect the required action for staff to take in the event of a power cut or lack of electricity in the centre. The plan referenced an onsite generator that was not available, rather than the arrangements that were in place should a power cut occur.

Judgment: Substantially compliant

## Regulation 27: Infection control

The inspector found that there were effective infection prevention and control procedures in place at the centre. The inspector saw that the environment and equipment in use in the centre was clean on the day of inspection. Staff were knowledgeable on effective cleaning practices in the centre. There was no resident using urinals or bedpans on the day of inspection, however if residents needs changed to require this, the provider was aware that appropriate sluicing facilities

would be required.

Judgment: Compliant

### Regulation 28: Fire precautions

Action was required by the registered provider in relation to the following to ensure adequate precautions were taken in the centre against the risk of fire

- A fire door between the utility room and kitchen/dining room was not closing correctly and therefore could not contain the spread of smoke in the event of a fire; this was repaired on the day of inspection.
- There were gaps in documentation in the records of the weekly checks of fire precautions.
- There was no record of the annual and quarterly checks required of emergency lighting.
- The annual certificate of servicing of the fire alarm was not available in the centre.
- The signage in each house beside the fire alarm panel was not easy to read to ensure that staff were clear of their location in the event of a fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans on the centre's electronic record system, it was evident to the inspector that care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were person-centred and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

### Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. Residents could attend the local general practitioner as required or the GP attended the centre if the resident was unable to visit the local health centre. There was

evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans. Management and staff promoted the principles of a restraint free environment. There were no bed rails in use in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected by staff and management working in the centre. Residents and relatives meetings were held where residents views were sought on the running of the centre. Residents had close links with the community and a number of residents attended mass in the local church and attended the café attached to the centre. Residents had access to an independent advocacy service. Residents had access to occupational and meaningful activities. On the day of inspection, a music therapist engaged with residents in one-to-one and group format with music and singing. In the afternoon a large group of residents participated in a baking session.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareBright Community Centre OSV-0005636

Inspection ID: MON-0039881

Date of inspection: 24/04/2023

## 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 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: <ul style="list-style-type: none"> <li>• Emergency response plan is reviewed and updated .</li> <li>• Current plan is updated with prescriptive actions to be taken in case of a power cut. It also includes the phone numbers of people to be contacted to hire a generator in those emergency situations .</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Weekly checks of fire register are rectified. A staff is allocated to carry out the fire alarm checks in the absence of the maintenance man.</li> <li>• Emergency light is checked and signed off by an electrician On 15th of May 2023 .</li> <li>• Fire alarm was serviced on 15th of May 2023 and certificated obtained.</li> <li>• Each house is provided with a clear, legible map to enable staff to locate the fire easily .Our fire panel will also display the accurate location of the fire.</li> </ul>	



## 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 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	15/05/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/05/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	15/05/2023

	building fabric and building services.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/05/2023