



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

Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	05 October 2023
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0040351

About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care. palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 October 2023	09:45hrs to 18:15hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that residents received a high standard of care and that they were satisfied with the service provided. All residents spoken with gave positive feedback about the kindness of staff, and one resident told the inspector 'when you get to a certain age it is important to feel wanted, and I feel wanted here'. Other comments heard were 'I have no complaints' and 'this is the best place I have ever been in.'

This was an unannounced inspection carried out over one day. Upon arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector spent time walking through the centre with the person in charge, giving the inspector an opportunity to meet with residents and observe interactions between staff and residents.

Brooklodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre was a purpose built single storey building situated in a rural area of Ballyglunin, Co Galway. The designated centre was registered to provide care for 45 residents. On the day of this inspection, there were 41 residents living in the centre. Resident accommodation was provided in single and twin bedrooms. The inspector noted that many bedrooms were personalised, with items such as family pictures and soft furnishings. Residents told the inspector that they were happy with their rooms and one resident described how they had decorated their bedroom to make it 'their own'. Bedrooms were found to contain sufficient storage facilities for residents to store their personal belongings securely and for easy access to their personal items. All bedrooms contained televisions and call bells. A picture frame containing images of activities of interest to each resident was displayed beside their doors to help residents identify their own bedroom.

There were a variety of communal areas for residents to use including a spacious reception area, a communal sitting room, a dining room, an oratory and an activity room. There were also several alcove seating areas, located along corridors throughout the centre. The inspector noted that there was unrestricted access to an enclosed garden area which contained shrubs, apple trees and decorative windmills. The centre also kept animals such as llamas and hens, and these were a source of interest and enjoyment for residents. The inspector noted that the grounds of the centre were tidy and gardens were well maintained.

The centre was found to be well-lit and warm, making the environment homely and comfortable. 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. Corridor walls were decorated with colourful murals, depicting familiar images such as a cottage, a shop and a post office.

The dining room was spacious and contained sufficient seating for residents. Tables

were set neatly and menus displayed included a choice of dishes at every meal. Residents were offered soup mid morning and a selection of fruit portions was offered daily. Residents gave positive feedback about the meals provided and one resident spoken to described his breakfast as 'quality'. The inspector also spoke with a resident who had been provided with a refrigerator for their bedroom and they described how they enjoyed being able to access their own snacks and drinks independently.

On a walk around the centre, the inspector observed that staff were busy attending to the care needs of residents. The inspector noted that the majority of residents were up and about in the various communal areas. The atmosphere was calm and relaxed and residents seen by the inspector appeared to be comfortable and content. The inspector spoke with a number of residents in the communal sitting rooms and in their bedrooms.

Overall, feedback from residents was positive regarding the quality of life and the services that were provided. Staff interactions with residents were observed to be kind, friendly and gentle.

The centre was visibly clean and well maintained, however the inspector noted on the day that some resident equipment was stored inappropriately, and some wall and ceiling surfaces were in need of repair.

Visitors were observed attending the centre on the day of inspection and the inspector saw that visits took place in resident bedrooms and in the communal areas. The inspector spoke with one visitor who expressed their appreciation for the welcome they received from staff daily, and for the care provided to their relative, which they described as 'very good'.

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 inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on the last inspection in September 2022.

The inspector found that the quality and safety of services provided to residents living in this centre were of a good standard. The governance and management was well organised and there were effective oversight systems in place. The provider had taken action to address the actions from the previous compliance plan in relation to record management and the provision of information for residents.

However, some further action was required to bring the centre into full compliance with with regards to Regulation 24: Contract for provision of services, and Regulation 34: Complaints Procedures.

The registered provider of the centre was Brooklodge Nursing Home Limited. There was a clearly defined management structure in place. The person in charge was supported by the registered provider representative. Within the centre, the person in charge was supported by an assistant director of nursing, nurses, care staff, activities staff, catering, house-keeping, laundry, administration and maintenance staff. The assistant director of nursing deputised in the absence of the person in charge.

On the day of inspection, the inspector found that there was sufficient numbers of staff on duty to meet the care needs of the residents. Training records demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. Staff also confirmed their attendance of training programmes and were able to describe how they used learning gained from this training in their daily work routines, for example nursing staff were able to describe the actions they needed to take in the event of the fire alarm being activated. There were also systems in place for the supervision of staff.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. A sample of these audits were reviewed and were seen to monitor levels of compliance with the regulations, identify areas of improvement and set out actions to address any issues identified. There was evidence that meetings with staff and the management team took place to review clinical and operational data and communicate key information. Records of these meetings were maintained and detailed the attendees and the items discussed. The inspector viewed records of management meetings, attended by the registered provider and the management team. Agenda items included the premises, restrictive practices, clinical key performance indicators and staffing.

A review of a sample of contracts of care found that while each resident had a contract of care in place, the information contained did not clearly describe what services were included in the service fee. Furthermore, the contracts did not include the terms relating to the occupancy of the bedrooms in which the residents would reside in the centre. This is discussed under Regulation 24: Contracts for the provision of care.

A review of the management of complaints in the centre found that the procedure in place was not updated to comply with the changes to the regulations and, as such, those changes were not implemented by the management team. This is discussed under Regulation 34: Complaints Procedures.

The inspector reviewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of learning identified were implemented. All incidents involving residents, as specified in the regulations that required notification, were notified to the Chief Inspector.

An annual report on the quality of the service had been completed for 2022 and had been completed in consultation with residents . The annual review set out the service's level of compliance with the regulations, as assessed by the management team.

Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents and taking into account the size and layout of the centre. There were at least two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: 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 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 provider had management systems in place to ensure the quality of the service was monitored.

An annual review of the service was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care was reviewed. The following required to be addressed to ensure that contracts of care met the requirements of the regulation:

- the terms relating to the occupancy of the bedroom to be provided to the resident, was absent from all contracts reviewed by the inspector.
- residents were charged an additional weekly service charge, however, the contract of care did not clearly outline what services were included in this fee.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that the procedure in place for the management of complaints was not updated to comply with the changes to the regulations, and as result, those changes were not implemented. For example, a review of a sample of complaints records demonstrated that a written response was not issued to complainants, as required under Regulation 34(2)(c).

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the provider was delivering good quality clinical

care to residents, in line with their assessed needs. Residents reported satisfaction with the quality of the service provided. The inspector found that some action was required to ensure compliance with the requirements of Regulation 17: Premises. This is a repeated non-compliance from the previous inspection in September 2022.

Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as wounds, falls and nutrition were well monitored. Resident care records were recorded in a electronic system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the resident being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and noted that care plans were well detailed to guide care, and they contained information that was holistic and person-centred.

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. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Infection prevention and control measures were in place and reviewed by the management team. The inspector found that overall, the premises was clean and well maintained. While there was adequate storage for residents personal items, there was a lack of suitable storage in the centre for supportive equipment and this resulted in clutter in the communal areas of the centre, increasing the risk of falls and and reducing the ability to clean the areas effectively. This is discussed further under Regulation 17: Premises.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Mass was held on alternate weeks in the centre. There was an oratory available for resident use and there was a facility for ceremonies to be live streamed to resident bedrooms if preferred.

Residents' meetings were regularly convened and there was evidence that issues of concern raised by residents were generally progressed. Meeting records demonstrated that items discussed included care plans, activities, advocacy, restrictive practices and staffing. Residents' views on the quality of the service provided were also sought through satisfaction surveys. The inspector viewed a sample of resident questionnaires and noted that feedback recorded was positive. There was evidence that residents had access to independent advocacy if they wished. Residents had access to local and national newspapers, televisions and radios. Resident information guides were displayed in their bedrooms.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included bingo, music, exercises, spa therapy and gardening. The activities team also arranged day trips outside of the centre and

residents had attended outings to Salthill Aquarium and Knock. There was a variety of indoor communal and private space available to residents. Residents had access to secure and pleasant garden space that was appropriately maintained.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider did not act as a pension agent for any resident but had a procedure in place for the management of residents' petty cash. The inspector reviewed a sample of these transactions and found that they were accurate and reflected the balances, which were stored securely.

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the premises was in compliance with Schedule 6 of the regulations and this was evidenced by the following findings;

- Adequate storage for residents' assistive equipment and other equipment in the centre was not available. For example, resident mobility equipment and clinical supplies were being stored in a treatment room and in the hair dressing room. A number of wheelchairs were being stored in the smoking room. This impacted on residents being able to use these communal areas safely and independently. This is a repeated finding.
- There were holes in the ceiling surface of the laundry room and resident treatment room.
- Several corridor wall surfaces were scuffed and damaged.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26. The risk register identified risks and included the additional control measures in place to minimise these risks.

Judgment: Compliant

Regulation 27: Infection control

Overall, the building was found to be clean. Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre in the designated centre. Residents moved freely within the designated centre and they told the inspector that they had choice about how they spent their day.

Resident meetings were held on a regular basis. There was an independent advocacy service available to residents living in the centre.

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	
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	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brooklodge Nursing Home OSV-0005164

Inspection ID: MON-0040351

Date of inspection: 05/10/2023

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All current and future residents will be issued with a contract of care to include the occupancy of the bedroom they will be assigned. The additional weekly service charge will also be added to the contract of care.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure is updated. Going forward a written response informing the complainant of the come of the complaint is provided.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Adequate storage clinical supplies will be provided in the clinical room. extra shelving will be installed.</p> <p>A new system is in place where individual resident wheelchairs are stored in their own bedroom.</p>	

All wall surfaces will be cleaned and repaired.
The laundry room and treatment room ceiling holes has been repaired.

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 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.	Substantially Compliant	Yellow	31/01/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/01/2024

Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	20/11/2023