Report of an inspection of a Designated Centre for Older People

Name of designated centre: Bray Manor Nursing Home
Name of provider: Barravore Limited
Address of centre: 47 Meath Road, Bray, Wicklow

Type of inspection: Unannounced
Date of inspection: 12 December 2018
Centre ID: OSV-0000018
Fieldwork ID: MON-0022124
About the designated centre

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

Bray Manor Nursing Home is located close to the seafront in a residential area in Bray town. There is easy access to Bray town centre and to all of its amenities with the promenade and seafront a short walk away. Bray Manor caters for older adults generally over 65 years of age with varying levels of dependency from low to maximum and with varying needs including dementia. Accommodation is spread over three floors with access to the upper floors via a stairs and chair lift. Bedroom accommodation consists of single and twin bedrooms, some are en-suite and those that are not have a shared bathroom located nearby. Communal accommodation includes a conservatory, lounge, dining room and visitors room/lounge. There is access to a secure enclosed outside area to the side and rear of the centre.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 18 |
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 December 2018</td>
<td>09:35hrs to 17:30hrs</td>
<td>Liz Foley</td>
<td>Lead</td>
</tr>
</tbody>
</table>
**Views of people who use the service**

The inspector spoke to four residents during the inspection about their experience of living in Bray Manor. All residents spoke positively about their experiences in the centre. Staff were described as caring, attentive, helpful and kind. Residents were supported to make choices about how they spent their day, for example, what time to get up at or go to bed at, choice of meals and meal times and choice of occupational/social activities. One resident felt particularly supported in maintaining their independence despite the many physical and sensory challenges they faced. Another resident said that staff always had time for a chat and never felt rushed while being supported with their needs. Residents enjoyed the activities provided and felt respected when they chose not to attend activities. Residents knew the staff well including the management team and told the inspector they could raise a concern with any member of staff. Residents stated they liked the company provided by living in a community setting and felt safe and respected in the centre.

**Capacity and capability**

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspector also followed up on the actions required following the last inspection which were all completed.

The centre was well managed with an established management team in place. The person in charge worked full time in the centre. The registered provider representative worked in the centre two to three days per week and had another centre in the northwest. There were shared resources between these two centres that included administration, human resources, training and administration. There were robust systems in place to monitor the quality and safety of care which were comprehensive and informed quality improvement in the centre. There was a low turnover of staff with some staff working in the centre for a number of years. Staff were supported to perform their roles and felt they had adequate time to care for the residents. There was an extensive list of mandatory and non-mandatory training in the centre and the provider is planning on introducing further new training in 2019 in the area of person centred dementia care. Improvement was required in the reporting of quarterly notifications to the office of the Chief Inspector. Volunteers attended the centre to enhance the quality of life of the residents, however improvements were required in recording Garda vetting and roles and responsibilities of these volunteers. There were adequate resources to provide care to the residents as described in the centre’s statement of purpose.
Residents were familiar with all staff and knew how to raise a concern if required.

Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed needs of the residents on the day of this unannounced inspection. Staffing numbers matched the actual staff roster viewed. There were dedicated activities staff to provide meaningful activities over seven days. There was a minimum of one registered nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide range of training to enable them to competently perform their respective roles. All staff had completed mandatory training which included, manual handling, safeguarding, fire safety and behaviours that challenge. Mandatory training formed part of the staff induction programme and all staff had an annual appraisal. Staff has a good knowledge of safeguarding and fire evacuation procedures. Staff participated in online training and the provider is planning on introducing further additional training in 2019 on person centred dementia care.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources to ensure that care was delivered in accordance with the centre’s statement of purpose. The person in charge worked full time in the centre and was supported by the care team. The person in charge had both a clinical and management function in the centre and had 12 hours protected management time weekly which was confirmed on the roster. The registered provider representative was on site two to three days per week and both supported and deputized for the person in charge in her absence. The registered provider representative is also responsible for another centre in the northwest with administration and human resource supports shared between the two centres. There was a clearly defined management structure, of which residents and staff were familiar with. There were comprehensive systems in place that monitored all aspects of the service provided for example, clinical key performance indicators, safety, staffing, feedback from residents and complaints. Audits were completed
monthly and results were discussed at the centre’s quality management systems meetings which were held at a minimum of monthly and sometimes more frequently. Records of these meetings contained corrective actions completed and action plans detailing the follow-up actions and the named person responsible for completing them. These meeting along with the centre’s audits and feedback from residents informed continuous quality improvement in the centre.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers attended the centre to enhance the quality of life of the residents. All volunteers were appropriately supervised, but the provider could not confirm that all volunteers had been appropriately vetted. The roles and responsibilities of volunteers was not set out in writing.

Judgment: Not compliant

### Regulation 31: Notification of incidents

There was under reporting of restrictive practices in the centre. All other notifications as set out in schedule 4 were notified to the office of the Chief Inspector in a timely manner.

Judgment: Substantially compliant

### Quality and safety

Residents received a good standard of care in the centre. There was good access to medical and allied health professionals and some residents had assistive equipment which was recommended by allied health professionals. Residents were supported to make choices about may aspects of their daily life in the centre. Residents had access to religious services. Residents told the inspector they felt safe and comfortable in the centre and spoke positively about the staff. Staff were observed throughout the day engaging and sitting quietly with residents at various times. Staff said they had time to provide care that was person centred and unhurried. Residents' choice and privacy was respected in the centre. Residents were encouraged and supported to remain involved with the local community. Volunteers regularly visited the centre and some residents regularly left the centre to visit
The centre was clean, warm and comfortably furnished and residents were encouraged to personalise their bedrooms. There was adequate dementia friendly signage with some bedroom doors personalised to allow the resident to easily recognise their room. There was a proactive approach to risk management, however improvement was required in the identification and control of the risk associated with the use of the stairs and chair lift. There was a residents' committee and minutes of these meetings were discussed by the management team and used to inform improvements in the centre. Residents were observed enjoying a choice of home cooked meals, snacks and drinks throughout the day. Medications were safely managed and securely stored in the centre however improvements were required to ensure medication prescription kardex's contain sufficient information to guide the nurse on safe medication administration. The provider had completed all of the actions in relation to fire safety from the previous inspection and was proactively managing fire safety in the centre. Improvements were required to ensure that all dedicated night staff completed simulated night time fire evacuation drills.

All staff had attended training in safeguarding and staff on duty were familiar with procedures for reporting abuse. The provider was not a pension agent for any resident.

### Regulation 17: Premises

The centre was clean and warm and comfortably furnished. The building had been changed and adapted over time to meet the needs of the residents. Residents’ bedrooms were personalised and there was adequate lighting and signage. Call bell facilities were available in all bedrooms, bathrooms and communal rooms and grab rails were located in all bathrooms and toilet areas. Access to the upper floors was via a stairs and chair lift. Service records were viewed for assistive equipment and serviced in accordance with the requirements with the exception of the chair lift. The was no service record for the chair lift however the inspector viewed the diary entry where the technician visited. There was adequate storage for residents personal possessions and communal space consisted of a conservatory, lounge, dining room and visitors room/lounge. There was access to a secure enclosed outside area to the side and rear of the centre.

**Judgment:** Substantially compliant

### Regulation 26: Risk management

There was a proactive approach to risk management in the centre. The centre’s risk
register detailed all actual and potential risks with controls in place to eliminate or reduce the impact of identified risks. The provider failed to identify the risks associated with the use of the stairs and chair lift in centre. Arrangements were in place to identify record, investigate and learn from incidents/accidents in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All actions from the focused thematic inspection on fire in July 2017 were completed with the exception of one redundant emergency light that had not been removed. This light was removed during the inspection and is now complete.

The inspector reviewed the building with the person in charge, with regard to areas with single means of escape. The number of beds on the upper floor had been reduced to five beds and the middle floor with a single means of escape had four beds. All residents residing in these rooms were independently ambulant and if their level of mobility changed they would be moved to the ground floor. Assistive and fire fighting equipment was available and located in appropriate areas to evacuate in the event of an emergency and staff had been trained in their use. The centre's fire detection system was managed by an external fire consultant and serviced every quarter. Simulated fire drills had been done to include night time staffing levels however not all night staff had simulated a night time evacuation. All staff carried keys to all external doors in the centre and in the event of an emergency keys were located in break glass units beside each emergency exit door. Daily fire safety checks were completed by the nurse in charge. There were two fire wardens trained in the centre and another was in the process of training. Local fire emergency services had visited the centre as part of the centre's emergency plan. The centre had also collaborated with other local nursing homes in developing an emergency plan. Staff on duty had a good knowledge of emergency fire procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The supplying pharmacist visited the centre monthly and was available to the residents. Records of three monthly reviews of residents' individual medications by the pharmacist, the person in charge and the medical doctor were comprehensive. The reviews contained corrective actions that included removing "as required" medicines that were not in use. Medicines were stored securely in the centre. Medication prescription kardex's were transcribed and did not consistently contain sufficient information in relation to maximum daily dose of "as required" medications.
and indications for use of regular medications. Medication fridge temperatures were consistently recorded but did not contain control temperatures to guide staff on reporting faults.

Judgment: Substantially compliant

### Regulation 6: Health care

There was evidence of good accesses to medical and allied health services for example medical doctor, psychiatry of later life team, palliative care team, dietician, speech and language therapy and tissue viability nurse. There was a registered nurse on duty at all times on the centre to administer and assess resident's needs. The centre provides weekly access to a physiotherapist. Some residents retain their own medical doctor but failing this there are two other doctors who regularly attend the centre. Residents also have access to the community intervention team who can provide more acute services in the centre and therefore reduce the need to transfer residents to the acute hospital.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a person centred approach to managing behaviours that challenge in the centre. A large percentage of residents in the centre had a diagnosis of or a suspected dementia. Staff were observed discreetly supporting residents throughout the day and knew their needs very well. Staff were adequately guided and trained to support residents that had increased needs in relation to behaviours associated with dementia. Staff knew residents' triggers and how to prevent and distract behaviours that were challenging. The use of restrictive practices was at a minimum in the centre and was in line with the national policy. Comprehensive risk assessments were carried out on each resident that requested or required a restrictive device along with consultation with the resident and or their family. There were ongoing audits on the use of restrictive practices in the centre and efforts to reduce in particular the use of bed rails were ongoing.

Judgment: Compliant

### Regulation 8: Protection

The centre's safeguarding policy was viewed and all staff were trained in the
Staff had a good knowledge of the indicators of abuse and how to report a concern.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were respected in the centre. Residents were supported to make choices about their daily life in the centre. Two activities staff were employed to provide meaningful activities for residents based on their assessed needs and individual capabilities. Activities were provided seven days per week and included evening entertainment. The timetable for activities was displayed and available to residents. Activities provided included Sonas, music, arts and crafts and bingo. Residents told the inspector they enjoyed the activities provided. There was access to TV, radio and newspapers. Residents were supported to undertake activities in private and those in shared accommodation had their privacy protected by the use of curtains. There was a locked door policy in the centre and residents could access the outside space or leave the centre with the assistance of a staff member.

Religious services were facilitated in the centre and there was access to religious services on the mass channel on TV. Community volunteers attended the centre to provide various services including, Eucharistic ministry and prayer group. Students in transition year from a local school attended and supported the residents with activities under the supervision of the activity coordinator. Minutes of residents meetings were viewed and suggestions from the meetings were discussed at the governance and management meetings and informed quality improvement in the centre. An independent advocate was available to the residents through SAGE advocacy services and their details were displayed in the centre.

Judgment: Compliant
## Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Not Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 30: Volunteers:
A job description is in place for all volunteers and outlines the

- roles & responsibilities of volunteers
- Activity and purpose of the volunteer
- Compliance with policy & procedure
- Code of conduct
- Accountability Requirement to report to PIC

This will be signed by each current and future volunteer

Furthermore, we have asked volunteers to provide proof of Garda vetting and all future volunteers must undergo Garda Vetting before being considered suitable

We have this substantially in place but await the return of vetting for attending chaplains

Timeframe for completion 31st March 2019

<table>
<thead>
<tr>
<th>Regulation 31: Notification of incidents</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
In line with Regulation 31 all quarterly returns will include all instances where bedrails are raised, including when they have been assessed as an enabler (ref National Policy on Restraint) and in cases where they are specifically requested by a resident as a comfort measure.
At all times any resident who has bed rails in situ will have the times of usage recorded and all routine safety checks will be documented.

**Regulation 17: Premises**

<table>
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<tr>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
The chairlift had been serviced but the certificate was not to hand on day of inspection. The certificate has been forwarded to the inspector. An annual contract for inspection and service of the chairlift is in place.

**Regulation 26: Risk management**

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<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 26: Risk management:
A full risk assessment has been carried out associated with the use of the stairs and chairlift in the home, as part of the Health & Safety Statement. It has been compiled by independent risk assessors and the document has been forwarded to the inspector.

**Regulation 28: Fire precautions**

<table>
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<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All staff have completed mandatory fire training. All night staff except one have completed a simulated night time evacuation drill. This staff member has been scheduled to attend this training with the fire warden on return from scheduled off duty. It will be completed by the 31st January.

**Regulation 29: Medicines and pharmaceutical services**

<table>
<thead>
<tr>
<th>Substantially Compliant</th>
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</thead>
</table>
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
We have had a governance meeting with the pharmacy in December 2018. The required information was added by the 18th December. All medication cardexes have been reviewed to ensure the details are correct. Following the next multi-disciplinary team medication review and an audit will then be carried out to ensure complete compliance.
This will be completed reviewed and audited by 31 March 2019.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/01/2019</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/01/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/01/2019</td>
</tr>
</tbody>
</table>
prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 31/01/2019 |

<p>| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice | Substantially Compliant | Yellow | 31/03/2019 |</p>
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Description</th>
<th>Compliance Status</th>
<th>Color</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>30(a)</td>
<td>The person in charge shall ensure that people involved on a voluntary basis</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>31/03/2019</td>
</tr>
<tr>
<td></td>
<td>with the designated centre have their roles and responsibilities set out in writing.</td>
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<tr>
<td>30(c)</td>
<td>The person in charge shall ensure that people involved on a voluntary basis</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2019</td>
</tr>
<tr>
<td></td>
<td>with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.</td>
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<tr>
<td>31(3)</td>
<td>The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/01/2019</td>
</tr>
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