



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

Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	05 July 2023
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0040722

About the designated centre

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

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite and others that are not en suite to allow for manoeuvring assistive equipment. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia specific unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 July 2023	09:00hrs to 17:15hrs	Siobhan Bourke	Lead
Thursday 6 July 2023	09:00hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observations of the inspector, and discussions with residents, staff and visitors, Brookfield was a nice place to live where residents' choices were supported and respected. There was a welcoming and homely atmosphere in the centre. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. The inspector spoke with five visitors and 10 residents living in the centre. In general, residents and visitors gave positive feedback on the quality of care they received. Residents' stated that they were well looked after and that the staff were always available to assist with their care needs. A resident told the resident that there was "great company, great staff, and love for the residents" in the centre. Residents and staff also spoke highly of the new management team in the centre.

The inspector arrived unannounced to the centre and met with the person in charge on arrival. Following an opening meeting, the person in charge accompanied the inspector on a walk around of the centre. During the walk around, it was evident that the person in charge was well known to residents and they greeted her warmly.

Brookfield Care Centre had residents' accommodation and communal areas on the ground floor with 63 single rooms. Of these rooms, 36 bedrooms had en-suite toilet and shower facilities, 11 had en-suite toilets and the 16 bedrooms that were not en-suite had a hand washbasin. The centre was divided into three units; namely the Glenaboy Unit, the Blackwater Unit and Owenacurra Unit with accommodation for 21 residents in each unit. The Owenacurra Unit was designated as a dementia friendly, for residents living with dementia. There was an adequate number of shower and toilet facilities in the centre for residents whose rooms did not have ensuites.

The design and layout of the premises met the individual and communal needs of the residents. The inspector observed that bedrooms had ample storage space, and many bedrooms were decorated with residents' personal photographs, possessions and memorabilia. Some residents who were artistic and enjoyed creating artwork had these displayed in their rooms. The corridors had been recently painted throughout the centre and all had well maintained grabrails to assist residents who required it. The inspector saw that a number of bedrooms in the Owenacurra unit had brightly coloured bedroom doors that resembled front doors. Bedrooms and communal rooms had been fitted with new digital televisions that residents were seen to use during the days of inspection. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. There was good directional signage throughout the home to guide residents and staff. A number of bedrooms had been renovated since the previous inspection, however some paintwork on some other residents' bedroom walls was chipped and required repainting.

There were plenty communal spaces and rooms in the centre with a day room and dining room in each unit and a sunroom, a dayroom and activities room located near reception. Communal spaces in the centre were well maintained, had been recently painted and were warm and homely rooms. The inspector saw that renovations had been completed in the Glenaboy dining and day room with a new kitchenette installed along with bright décor and furnishings. A day room in Owenacurra had also been renovated and was a nice quiet space with soft furnishings for residents' use. The sunroom near reception opened out on to a well maintained courtyard space, which was furnished with seating, tables and parasols. A number of residents told the inspector how they loved tending to the raised beds and had chosen some of the plants, flowers and solar lights in the space. A number of residents also tended to the birds and kept the bird feeders well stocked during the day. A second outdoor space near Glenaboy had also been renovated and the residents who were keen on gardening told the inspector how they spent as much time as they could attending to this space.

The inspector saw that some of the spaces, such as the nurse's station, treatment room and linen room had been reconfigured in Owenacurra, therefore, increasing the day space area for residents. Upstairs in the centre was not used for residents' accommodation as it was designated as a staff changing and lounge area, offices and storage area.

The inspector observed many examples of kind and person-centred interventions throughout the days of inspection. Residents were very complimentary of the person in charge, staff and services they received. Residents' said they felt safe and trusted staff.

During both mornings, personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed that staff knocked on residents' bedroom doors before entering. The inspector observed that staff provided care and support in a respectful and unhurried manner during the days of inspection. The inspector saw that residents were neatly dressed in accordance with their preferences and appeared well cared for. Those residents who could not communicate their needs appeared comfortable and content.

All residents whom the inspector spoke with were very complimentary of the home cooked food and meals available in the centre. Residents stated that there was always a choice of meals, and the quality of food was very good. The inspector met with the centre's new chef who had many years of experience working in residential services. They told the inspector how they asked residents their likes and dislikes and worked to get them food they liked. The inspector saw picture menus on display that clearly displayed the choices available for the main course and deserts for the lunch time meals. The inspector saw two rounds of drinks and snacks each day during the inspection that were nicely presented. During the morning rounds, residents were offered homemade soup, fruit, yogurts and drinks and the afternoon round had home baked goods, fruit, yogurts and drinks. Residents told the inspector that the soup was "very good" and "lovely." A speech and language therapist was in

the centre providing assessments for residents who required it on the first day of inspection.

The lunch time meals appeared appetising and were served from hot trollies in each unit. A staff member was assigned in each unit to ensure all residents received their correct meal. The inspector saw that the majority of residents in all three units ate together at dining tables which enabled them to have a sociable dining experience. The inspector saw that some residents chatted together or with staff, while they enjoyed their meal. The inspector saw where residents enjoyed an alcoholic beverage, such as wine or stout, with their main meal, they were offered this. The inspector saw that residents who required assistance were provided with it in a discreet and unhurried manner. A small number of residents who required assistance, were served their meals at bedtables in two of the units, which did not ensure a sociable dining experience. The person in charge agreed to review this.

There was a schedule of activities in the centre over seven days of the week, that included games, movement to music, bingo, art therapy and external musicians also attended the centre. A number of residents participated in the gardening club where they were involved in planting and maintaining plants and flowers in one of the courtyards and outdoor space near Glenaboy unit. These residents told the inspector that the activity co-ordinator purchased the plants they selected for the raised beds on their behalf. Residents had also enjoyed a visit from animals from a local pet farm.

Residents were supported to attend day trips to local amenities such as the local garden centre and the Crawford Art gallery. Residents were supported and encouraged to attend outings with their families. A number of residents enjoyed walking on the grounds outside the centre that were also well maintained. A recent initiative where residents could book an afternoon tea with their relatives or friends in the sunroom had also commenced. Residents told the inspector how they had enjoyed a recent "bake off" held in the centre where cakes and pastries were created by the chef and decorated by residents to celebrate World Alzheimers Day. One of the residents told the inspector how the chef had arranged ingredients to help the resident bake specialist pastries in aid of the day.

On the first day of inspection, the inspector saw residents participate in a selection of games that included skittles and ball games with music. In the afternoon, a live musician played in Owenacurra unit and many of the residents appeared to enjoy this. The inspector saw the activity co-ordinator and staff provide residents with one-to-one activities for some residents who did not participate in group activities. For example, residents were having nail care or staff were sitting reading magazines with residents, or doing crosswords. Residents' views on the running of the centre were sought through regular residents meetings and surveys. A review of minutes of these meetings showed that actions were taken in response to feedback from the residents. For example, some residents requested more dishes like casseroles be added to the menu and issues raised regarding management of laundry were addressed and followed up by the person in charge. Residents had access to Advocacy services when required. Numerous visitors were seen coming in and out of

the centre during the inspection and visitors told the inspector that visiting was not restrictive.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out over two days 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 provider submitted an application to renew the registration of the centre and the inspection informed decision making in this regard. The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in October 2022.

Overall, findings of this inspection were that Brookfield Care Centre was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement such as, training and staff development, fire precautions, premises and food and nutrition. These will be detailed under the relevant regulations.

Brookfield Care Centre is a designated centre for older people, operated by Brookfield Care Centre Limited, who is the registered provider. The designated centre is part of the Care Choice group and nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. The chief executive officer was nominated as the person representing the registered provider. The provider is also involved in operating 13 other designated centres in Ireland. The centre benefits from access to and support from centralised departments, such as human resources, quality and compliance, finance and facilities.

There was a clearly defined management structure in place that identified the lines of responsibility and accountability in the centre. The management team onsite in the centre were supported by the CEO and the Quality and governance manager, who were available on a daily basis and attended the centre regularly, to provide governance support. A new person in charge had been appointed in October 2022 who had the required experience and qualifications for the role. She was supported in her role by an experienced assistant director of nursing and three clinical nurse managers, one for each unit in the centre. The centre also had a team of nursing and care staff, housekeeping and catering staff, an activities co-ordinator and an administrator. Since the previous inspection, two drivers had been recruited to transport staff who required it to and from the centre at change of shift times. The

inspector found that the number and skill mix of staff working in the centre was appropriate to meet the assessed needs of residents.

There were effective lines of communication between staff and management in the centre. Staff in the centre attended a safety pause to update on any key risks or issues with residents. Regular quality and governance meetings were held between the management of the centre and the provider's senior management team. The person in charge held regular meetings with nursing, care, catering and activity staff to communicate within the teams. Activity staff also attended group based meetings, which enabled sharing of learning and ideas to improve activities for residents.

Staff had access to a comprehensive training programme that facilitated both face to face and online training. During the inspection, nine staff attended on site dementia care and managing responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) training. Administrative staff monitored the uptake of mandatory training and staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities with regard to safeguarding residents from abuse, infection prevention and control and fire safety. There was good supervision of staff in place and a clinical nurse manager or assistant director of nursing was rostered to support and supervise staff at weekends. There was an induction process in place and the provider was updating this process at the time of inspection. While the majority of staff were up-to-date with mandatory training, a number of staff required training in fire precautions and safeguarding as outlined under Regulation 16; Training and staff development.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans. High levels of compliance with audits undertaken by the management team were reflected in the findings of the inspection. There were good systems in place to ensure that key risks to residents such as pressure ulcers, infections, antimicrobial usage, weight loss and falls were monitored in the centre. There was a low level of pressure ulcers acquired in the centre. Restrictive practices such as bed rail usage was also monitored and risk assessed.

From a review of the incident log maintained electronically at the centre, incidents were notified to the Chief Inspector in line with legislation. The person in charge had investigated and responded to the complaints raised by residents and their relatives in the centre. These complaints were recorded and under investigation in line with the centre's policy and procedure.

A review of staff files indicated that they contained the information required by Schedule 2 of the regulations. Assurances were provided that all staff were Garda vetted prior to commencing employment in the centre.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction surveys were completed to help inform ongoing improvements in the centre.

A comprehensive annual review of the quality and safety of care provided in 2022 had been completed by the provider.

There was a complaints policy for the centre that had been recently updated. The person in charge investigated and responded to the complaints raised by residents and their relatives in the centre in line with the centre's policy.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post since October 2022. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was reviewed and discussed with the management team. Assurances were provided that the roster was constantly reviewed to meet the needs of residents. One of the activity co-ordinators for the centre had recently resigned and a new staff member was on boarding at the time of inspection to fill this position and a newly recruited nurse was undertaking an induction programme. On the day of inspection, the number and skill mix of residents was appropriate to

meet the needs of the 58 residents living in the centre. There was a minimum of three nurses rostered 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw that while the uptake of training was monitored in the centre and staff had access to appropriate training, two staff required fire safety training and four were due refresher training. There was no records of six staff completing safeguarding of vulnerable adults training. The provider assured the inspector that this would be addressed.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained electronically and it contained the information required, by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Garda vetting was in place for staff prior to commencement of employment in the centre. The inspector found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same.

The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose.

There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. An annual review had been completed for 2022, which complied with the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on inspection to reflect the correct layout and room sizes in the centre and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained electronically in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was updated and in line with the regulations. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Brookfield Care Centre were supported to have a good quality of life and their rights and choices were promoted and respected by staff. Residents told the inspector that they felt safe and well cared for. Some improvements were required in areas such as fire precautions, premises as detailed under the relevant regulations.

Residents were provided with a high standard of nursing and health care and records indicated residents had regular medical reviews. A General practitioner was on site in the centre twice a week to review residents as required. Residents also had access to allied and specialist services, such as speech and language therapy, dietetics, psychiatry of old age, community mental health and physiotherapy. Medical records reviewed included detailed notes of residents' care. Where medical or allied healthcare professional recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records.

Residents' nursing and healthcare records were maintained electronically. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of

validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process and developed in consultation with residents where possible. The inspector reviewed a sample of records and found that care plans were detailed enough to direct care and were person centred.

Residents' nutritional care needs were assessed to inform the development of nutritional care plans. These care plans detailed residents' dietary requirements, monitoring of residents weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition. A speech and language therapist was onsite the first day of inspection providing assessments for residents who required it. Some action was required to improve the dining experience for residents as outlined under Regulation 18 Food and Nutrition.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre had significantly reduced since the previous inspection. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident concerned, where possible.

Overall, the inspector saw that there had been further improvements to the premises and the dining dayroom in Glenaboy had been renovated as well as areas in Owenacurra. The courtyard garden was easily accessible for residents and was well maintained. A second outdoor garden near Glenaboy had also been renovated and a number of residents with an interest in gardening had chosen plants flowers and outdoor lights for these areas. The communal spaces and corridors were warm, clean and bright throughout the centre. Paint on the walls in a number of residents' bedrooms were marked and chipped and required repainting as outlined under Regulation 17: Premises.

There were good systems in place to ensure infection prevention and control standards were met in the centre. The inspector saw that the centre was clean and there were sufficient staff on duty to ensure that rooms could be cleaned daily and that rooms were deep cleaned regularly. There was good oversight of environmental and equipment cleaning and monitoring of residents' multi-drug resistant organisms (MDRO) status. The inspector saw that the centre's sluice rooms had been renovated since the previous inspection, with white rocked walls and installation of new bedpan washers. A number of new hand hygiene facilities in the centre had been installed to ensure that clinical hand wash basins complied with relevant guidance.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure

means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. In general, fire doors were well maintained and there were no gaps observed. While regular fire drills were occurring in the centre, the inspector identified that further action was required with certain aspects of fire safety which is outlined under Regulation 28, Fire precautions.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. For example a number of residents participated in a gardening club in line with their interests. Resident meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas. Visits to residents were not restricted.

Judgment: Compliant

Regulation 13: End of life

From a review of a sample of residents' records, end of life care assessments and care plans included consultation with residents and where required their relatives. End of life assessments and care plans were person centred. Relatives were facilitated to be with residents who were approaching end of life. The inspector saw that there were suitable supports and practices in place to support residents as they approached end of life, on the days of inspection.

Judgment: Compliant

Regulation 17: Premises

While it was evident that painting and renovations were ongoing in the centre, walls in a number of residents' bedrooms were chipped and marked and required renovation.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that in one of the dining rooms, while many residents were seated at dining tables, a number of residents were served their meal on a bed table placed in front of them. This did not facilitate residents to have the choice of a social dining experience where they could have their meal served on a dining table and they could socialise with other residents.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. An updated emergency plan was also available for staff in the centre. The inspector saw that the provider had recently installed a new generator to ensure continuation of electricity for the centre in the event of a power cut.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective systems in place for the implementation of infection prevention and control standards. The provider had ensured that staff had access to infection prevention and control advice, through a dedicated staff member. Staff were knowledgeable on effective cleaning practices in the centre and the centre was adequately resourced to ensure high standards of cleaning were maintained. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The inspector found that outbreaks were appropriately managed and the provider ensured that outbreak reports were prepared following same to ensure any learning could be shared within the service. The provider monitored the use of antimicrobials and care plans reflected if residents colonised with MDROS required any special precautions.

Judgment: Compliant

Regulation 28: Fire precautions

- Simulations of evacuations of the largest compartments in the centre cognisant of night time staffing levels were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. This was important as the centre has a number of new staff working in the centre to provide assurance to the provider that residents could be evacuated in a safe manner in the event of a fire in the centre. The provider assured the inspector that this would be undertaken following the inspection.
- A smoke seal around the sun room door was loose, this was replaced immediately during the inspection.
- Two staff required fire precautions training to ensure they could safely respond and assist with evacuation of residents in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Actions were required in relation to the documentation of discarded controlled drugs. The inspector saw that where half an ampule of a controlled medication was administered as prescribed, records maintained in the centre did not record that the remaining half was discarded in line with best practice professional guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of residents need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives. A sample of care plans reviewed were found to have sufficient information to guide the staff in the provision of health and social care to residents, based on residents individual needs and preferences and were person centred.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that a GP visited the centre twice a week and as required. The inspector saw that the GP was in the centre on the second day of inspection.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, optician, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up to date knowledge and training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). It was evident to the inspector that a restraint free environment was promoted with reductions seen in the use of restrictive practices since the previous inspection. Residents had risk assessments completed by nursing staff prior to any use of restrictive practices and alternatives to these were in use. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Residents reported that they felt safe living in the centre. Any incidents or allegations of abuse were reported investigated and managed by the person in charge. The provider was a pension agent for a number of residents. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in regular residents meetings and taking part in resident surveys. Minutes of residents meetings reviewed indicated that residents suggestions were reviewed and actioned by the management team.

Residents who spoke with the inspector stated that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookfield Care Centre OSV-0000206

Inspection ID: MON-0040722

Date of inspection: 06/07/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Additional fire safety training sessions were held on 24/07/23 and the 03/08/23 to ensure all staff have the required up to date training, including refresher training. • Additional Safeguarding training sessions will be provided on 09/08/23 with any outstanding staff due to attend this face to face training. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <p>On-going maintenance programme in place to paint any resident's bedrooms as noted by the inspector that require renovation and this will continue as scheduled.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <p>Dining room space available for all residents to avail of having their meals at the dining table as per resident choice. Residents are encouraged to dine in the dining areas to enhance the dining experience.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Full compartmental evacuation completed with night duty staffing levels on 24.07.23 in the largest compartment. • Smoke seal in the sun room replaced on the day of inspection and regular fire checks completed. • Two staff who were outstanding fire safety training completed training on 03/08/2023 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Recording system now put in place for discarding controlled drugs with two signature RGN sign off on same, in line with best practice professional guidelines. Nurse education provided regarding same.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/08/2023
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	31/03/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	07/07/2023
Regulation 28(1)(d)	The registered provider shall make	Substantially Compliant	Yellow	03/08/2023

	arrangements for staff of the designated centre to receive suitable training in fire 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(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	24/07/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from	Substantially Compliant	Yellow	06/07/2023

	other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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