# Health Information and Quality Authority

## Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Brookfield Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000206</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Leamlara, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 464 2112</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nursing@brookfieldcc.ie">nursing@brookfieldcc.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brookfield Care Services Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>62</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 07 March 2018 09:45
To: 07 March 2018 18:45

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This inspection of Brookfield Care Centre was undertaken by the Health Information and Quality Authority (HIQA) as part of the dementia thematic inspection programme. The inspection was unannounced. Prior to the inspection the provider had been asked to submit a self-assessment questionnaire on the care and support available to residents' with dementia. In addition, the providers had been invited to attend information seminars on the process at which supporting documents had been made available to them by HIQA.

On this inspection there were 62 residents in the centre and one vacant bed. The person in charge informed the inspector that approximately 50% of residents had a diagnosis of dementia. There was a dementia specific unit available in the centre where 21 residents lived and residents with dementia were accommodated within the other two units also. Each of the three units, the Owenacurra, the Blackwater and
the Glenaboy had separate dining and sitting spaces and residents also shared a large inter-linked communal sitting room. In addition, there was an oratory, a kitchen, a large bathroom with an assisted bath and a visitors' room in the centre. It was a designated non-smoking centre and was well maintained. The décor was high quality and the furniture was suitable for residents with different requirements and varying needs.

Staffing levels were reflected on the roster which was made available to the inspector on the day of inspection. Staff were found to be knowledgeable of the policies in relation to the prevention of elder abuse, risk management, dementia care and managing the behaviour and psychological symptoms of dementia (BPSD). Relatives and residents spoke highly of the care provided by staff in the centre. They praised the food, the medical care and the facilities available to them. Residents said that they enjoyed living there due to their relationship with staff and the access to visitors and the wider community.

During the inspection the inspector met with residents, relatives, the person in charge and a number of staff from all roles. The inspector observed practices and reviewed documentation such as care plans, allied health care records, policies and the activity programme. A sample of staff files and residents' files were checked for relevant documentation. The complaints policy and the fire safety procedures were seen to be displayed prominently in the centre.

The standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended, and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. These findings were set out in the action plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A pre-admission assessment of residents’ health and social care needs was undertaken prior to admission to ensure that the centre had the capacity to care for any specific needs related to dementia. Residents and relatives where appropriate were involved in developing the care plans which were based on knowledge of residents' life stories, medical and social needs. These were revised by the resident's named nurse at four-monthly intervals. The sample of care plans seen by the inspector was individualised and was seen to be implemented in practice. End of life care plans were being developed with residents and staff had training in this aspect of care.

Residents had access to a general practitioner (GP) service and appropriate treatment and therapies. This access had improved since the previous inspection according to the person in charge. Documentation seen indicated that residents' medicine was regularly reviewed by the GP and residents were medically assessed at suitable intervals. 'South Doc' services were accessed in the evening to support the current GP cover. The pharmacist carried out a medicine audit in the centre regularly, particularly to review the use of psychotropic drugs. The inspector found that medication management was robust and staff were aware of their responsibilities in relation to their professional body.

A sample of care plans of residents' who had been diagnosed with dementia were reviewed by the inspector. Allied health care services such as physiotherapy, psychotherapy, palliative care, dental and dietician services were available. The chiropodist attended on a two-monthly basis. Relevant care plans were based on the guidelines suggested by the specialist services and were informative for staff and residents. Clinical assessments such as skin, cognition, mobility, pain and nutritional status were carried out. The Malnutrition Universal Screening tool (MUST) was used to assess the risk of malnutrition. Residents' weight was recorded monthly. Residents who required modified diets were accommodated by the kitchen staff who were aware of residents' nutrition needs and special diets. The food available to residents was varied and residents said that they had a choice of meals each day. Snacks were seen to be available and in the dementia specific unit staff explained that residents were offered a choice of mealtimes. Residents here were seen to be supported to maintain their
independence when dining and staff also helped with kindness and gentle encouragement. There were opportunities for residents to participate in a number of activities. These were discussed in more detail under Outcome 3.

Staff were seen to interact well with residents and relatives and a good rapport had been established according to relatives, residents and staff.

**Judgment:**
Compliant

---

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke were knowledgeable of what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training and refresher courses. Records were received following the inspection and confirmed that training had been updated. Systems were in place to safeguard residents’ money and these were monitored by the provider and the administrator. Residents' money and any valuables were securely stored in a safe. Documentation and consent forms on the use of bedrails was maintained. These records indicated that bedrails were checked regularly when in use. The inspector viewed the associated risk assessments carried out for each resident.

A policy on managing the behaviour and psychological symptoms of dementia (BPSD) was in place. Documentation was available to indicate that distraction and de-escalation techniques were employed as a first response and medication was only used if other approaches had failed. Staff spoken with were aware of the policy. Staff stated that they had received updated knowledge and skills in this area through relevant training. However, the inspector found that a staff member spoken with had yet to receive appropriate training in this aspect of care even though she worked with residents in the dementia unit.

Notifications were sent to HIQA when an allegation of suspected abuse was received. These incidents and associated documentation were reviewed by the inspector and the person in charge who assured the inspector that there was a zero tolerance approach to all forms of abuse in the centre. He stated that allegations were investigated, notified to HIQA and addressed.

**Judgment:**
**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Closed circuit television (CCTV) was utilised at the entrance to the building, in corridors and in the grounds. The CCTV policy supported the use of these cameras and signage was in place.

Community involvement was encouraged through visitors, musicians, local school children, concerts and staff conversation. TV, DVD and mobile phones were available for residents’ use. Mass was said in the centre and the staff said that communion was available weekly. All religious denominations were catered for. Visiting time was unrestricted and there were a number of sitting areas where residents could meet visitors in private.

The person in charge informed the inspector that there were opportunities for all residents to participate in activities which suited their assessed needs and interests. The minutes of residents' meetings were reviewed which indicated that concerns or requests were addressed. Resident surveys were carried out and residents were seen to be consulted at various events during the day. Residents with a cognitive impairment were supported to enjoy music sessions, baking, card games, singing, art and wheelchair access to the garden. On arrival in the centre the inspector found that there was a baking session underway and later that day the cakes were shared between residents. A music and educational quiz session was seen to be planned for later that day and this proved to be very popular and well attended. Residents who were interested in news and current affairs were able to enjoy quite reading space and access to radio and television. There was a spacious well equipped hairdressing salon on the premises which residents said they enjoyed attending. The inspector observed that residents who were accommodated in the dementia specific unit were accompanied by a family or staff member when leaving the unit, for safety reasons. Staff said that in the warmer months residents could go outside to the garden with staff.

Photographs were on display which had been taken at events both inside and outside the centre. One resident informed the inspector that it had been her birthday the previous day and staff had baked a cake for her. The dining room was seen to be accessible all day for residents. Residents were provided with snacks and tea as they required, throughout the day. There were a group of staff engaged in the facilitation of activities and two staff member co-ordinated the activities to provide choice and variety. A staff member facilitated a "Men's Club" on a fortnightly basis which was very popular.
with male residents and supported their gender identity. One activity staff member was assigned to the dementia unit where staff were seen to spend social time with residents throughout the day. This staff member informed the inspector that attendance at activities was recorded and this documentation was reviewed. She stated that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Outings were planned and these proved very popular according to residents.

Life stories were available in each resident's care plan and this documentation included details of residents' individual interests, level of communication, preferences and background. This information was used to create individual activity choice for each resident. Residents with dementia were seen to be treated in a calm and supportive manner. The inspector spoke with the clinical nurse manager (CNM) of the dementia specific unit who explained the person-centred ethos of the centre and the high expectations she had for staff who worked with these residents. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia. Staff had appropriate training and the CNM stated that one staff member was attending a dementia studies course in Bradford university to support the advocacy function.

Staff availed of opportunities to socially engage with residents. During the inspection, the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the dining room area and sitting room area of the dementia specific unit and also during an activity in the main communal room. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were kind and fun. Staff members and family members facilitated dancing and singing among residents. Residents were referred to by name and there was meaningful conversation and laughter between staff and residents. During the music session residents were encouraged to respond according to their abilities and capacity. The activity was designed to encourage and facilitate successful responses. Residents sang along to familiar songs and answered interesting quiz questions posed by the enthusiastic musician. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Two other observation periods were undertaken throughout the day in the dementia specific unit. Staff in the dementia specific unit were seen to support residents who required help to eat their meals and to speak to each resident individually before any support was offered. Residents who had dementia were seen be helped to maintain independence at meal times and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room. There was a calm and happy atmosphere in the room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents and staff throughout the period of observation. A further observation period took place in the lounge area where staff were seen to support residents wishing to use the toilet, to chat to residents who were knitting, to read through books and do board games with
residents. The inspector found that the majority of interactions in the dementia specific unit during the 30 minutes observation periods involved positive connective care.

Notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. The inspector saw minutes of residents' meeting where the advocacy group and HIQA were discussed and explained. Overall, the inspector found there were systems in place to support residents with dementia and their representatives to participate in their care planning and live fulfilled lives in the centre.

Judgment:
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had an updated policy and procedure for making, investigating and handling complaints. The process was displayed at the entrance to the centre. The contact details of an independent appeals person was available on the complaints process and contact details for the ombudsman were also available.

A review of the complaints log indicated that complaints were responded to promptly. Actions taken following complaints were documented. Details of these complaints and actions had been entered in the complaints book. However, the satisfaction of each complainant was not recorded on all occasions.

Judgment:
Substantially Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There were sufficient staff on duty during the inspection a number of whom were spoken with. They were found to have the appropriate skills and experience to meet the assessed needs of residents. Supervision and skill-mix of staff were under review according to the person in charge. Staff appraisals had commenced, however similar to previous findings a number of staff were awaiting appraisal. On this inspection the inspector found that management staff had undertaken training in facilitating the process which the CNM stated was time consuming but progressively being addressed. Supervisory staff had been appointed and the person in charge stated that this meant that staff had mentors in place to support them in delivering appropriate care to residents. However, while the person in charge stated that he held frequent staff meetings the required documentation was not available to support this. The inspector viewed the minutes of CNM and staff meetings which the person in charge was aware of and he stated that he met the CNMs following these meetings to discuss issues which may have arisen.

A sample of staff files for each role was reviewed. The files contained the documentation required under Schedule 2 of the Regulations. There was evidence of vetting by An Garda Síochána (GV) for the staff files reviewed. However, one member of staff on duty on the day of inspection did not yet have the required Garda Vetting clearance. The person in charge was asked to comply with the requirements of the relevant regulations until vetting clearance had been obtained. This was addressed immediately. Records were available confirming that nurses on the roster were registered with An Bord Altranais agus Cnáimhseachais na hEireann as required.

Staff had received appropriate and mandatory training in the prevention of elder abuse, aspects of dementia care, fire management, infection control and safe moving and handling. Professional development courses such as medication management, health services management, appraisal training, end of life care and wound care were also availed of by staff. Training in manual handling, infection control and fire drills was facilitated in-house as the centre had suitably qualified staff to deliver this training. A training matrix was maintained to identify training requirements for each staff member and this was forwarded to the inspector following the inspection.

Judgment:
Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre was furnished to a high standard and was well maintained. There was a spacious entrance area available where residents could sit and meet incoming visitors. The design of the three units allowed for easy access to the various lounge and dining rooms. A large number of residents were seen to sit together in the main dining room at mealtimes which increased sociability in the centre. Residents with dementia also joined other residents for meals which added to their sense of well-being. This inclusion and involvement also supported the maintenance of communication and social skills.

Most bedrooms had en-suite facilities. The person in charge stated that a number of residents particularly in the dementia unit enjoyed a bath rather than a shower. The inspector saw the large assisted bath which was accessible by using hoist equipment. There was adequate assistive equipment available to meet the needs of residents such as electric beds, hoists, pressure relieving mattresses and wheelchairs for which servicing records were maintained. Adequate safe garden space was available to residents and this was equipped with external seating and suitable planting. In the dementia care unit a secure garden was accessible for residents and was used when the weather was amenable. The layout and signage in this unit allowed residents to walk around independently and avail of the seating areas and communal rooms. Toilet doors were clearly marked to support residents in maintaining continence and bedroom doors were personalised to support orientation within the unit.

The inspector spoke with the person in charge about the lack of suitable well designed signage around the hallways of the main units. The corridor walls of each unit were painted the same colour and as found on previous inspections it was difficult to for residents with dementia to circulate independently along the hallways which led to each unit as the hallways interlinked in various areas. A proposal to examine the issue of lack of signage had not been progressed since the previous inspection.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Provider’s response to inspection report

Centre name: Brookfield Care Centre
Centre ID: OSV-0000206
Date of inspection: 07/03/2018
Date of response: 20/06/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A staff member spoken with had not received training to update her knowledge and skills in managing behaviour that challenges, as required by regulation.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that is challenging.

**Please state the actions you have taken or are planning to take:**
We run dementia training and behaviour that challenges training twice a year. This training is scheduled for the 8th of May.

**Proposed Timescale:** 08/05/2018

---

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Not all complaints records reviewed specified the outcome of complaints and whether or not the complainant was satisfied.

2. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
all complaints will be processed in a full and exacting manner and the satisfaction of the complainant will be documented.

**Proposed Timescale:** 08/03/2018

---

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The required Garda vetting clearance records were not available for a staff member working in the centre on the day of inspection.

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The practice of fully supervised trial shifts as part of the interview process has historically been used as a quality control measure in our recruitment process. Our
recruitment policy requires the individual to present in-date Garda Clearance from their current employer to allow for this supervised trial shift. Our interpretation of the relevant legislation was such that we believed this provision was adequate for the purpose of skills/attitude assessment prior to employment offer. We also believed all measures were in place to safeguard our residents. We were advised us this is in fact a breach of legislation. We will going forward use standard interview process as a basis for employment offer.

**Proposed Timescale:** 08/03/2018

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The use of the colour scheme needs to be enhanced to support the needs of residents with dementia.
Signage and cues in the centre were not sufficient or adequate to aid orientation and independence for residents with dementia.

**4. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The inspector was happy with the signage and wall orientation art in our dementia specific unit. We will engage the services of a signage expert and endeavour to make our other two units easier to navigate for those with a dementia

**Proposed Timescale:** 30/09/2018