

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

## Issued by the Chief Inspector

Name of designated centre:	Brookvale Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Hazel Hill, Ballyhaunis, Mayo
Type of inspection:	Announced
Date of inspection:	04 March 2025
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0046402

## About the designated centre

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

Brookvale Manor Nursing Home is a purpose-built single-storey premises located in a residential area a short drive from the town of Ballyhaunis. The centre is registered to provide long and short term care for 50 residents, both male and female, over the age of 18 years. Twenty-four-hour nursing care is provided. Residents' accommodation comprises of single rooms and double rooms all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents' privacy is provided in the shared bedrooms. The centre has a variety of communal space and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room to the front of the building, an additional sitting/activity area that is centrally located and a foyer at the front that some residents use to read or to see their visitors. Other rooms include a laundry, sluice facilities, kitchen and staff areas and offices. There is a safe secure outdoor garden for residents to use and this was accessible from several points of the building. It was well cultivated, provided with appropriate seating and had interesting features such as a summer house where residents could sit in the shade.

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

Number of residents on the date of inspection:	36
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## 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:**

Date	Times of Inspection	Inspector	Role
Tuesday 4 March 2025	09:00hrs to 16:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

This announced inspection took place over one day. The inspector met and spoke with many residents living in the centre, to gain a greater insight into their experiences living in Brookvale Manor. The overall feedback from residents was that they were content living in the centre, staff were exceptionally kind and caring, and they felt safe. They could tell the inspector who they would talk to if they had a concern or complaint. One resident told the inspector that "they are very good to me here", and another resident said "i enjoy all the food and the company". This was also validated in several questionnaires completed by residents living in the centre.

On arrival to the centre, the inspector was welcomed by members of the management team. The atmosphere was calm and relaxed. The inspector observed a number of residents attending activities, whilst others were observed having their breakfast in their rooms or the dining room. Residents could choose to have a lie in and attend the dining room for breakfast whenever they wanted.

There were activities provided throughout the day. A number of residents were observed engaging in individual activities as well as attending a group exercise class. The inspector observed residents making pancakes together, as part of their activities that day. The inspector observed residents enjoying this activity, and heard them reminiscing with each other, and with staff, about how they used to make their pancakes years ago. Residents also enjoyed an afternoon of live music, with residents encouraged and supported to participate.

All residents spoken with commented on the high quality of the food and confirmed that they were offered choice at every meal. The dining experience was observed to be relaxed and sociable. The dining area was clean and well-designed to create a positive dining experience for residents. Staff interactions with residents were attentive, respectful and kind.

The inspector observed the communal and bedroom areas of the centre were exceptionally clean. There was a well maintained, enclosed garden available for residents to use. Residents could access their garden and all communal areas of the centre, freely without any restrictions. Residents' accommodation was arranged in single-occupancy bedrooms and in twin-occupancy bedrooms with en-suite facilities. Bedrooms were personalised with photographs and personal belongings. Handrails were in place on both sides of all corridors. The registered provider had upgraded flooring in many bedrooms and corridors and there was a programme of refurbishment in progress. Bedrooms and communal areas were well maintained and residents' equipment was clean and in good working order. Sitting rooms were spacious and tastefully decorated with a homely interior. These rooms were in constant use by residents throughout the day of the inspection which helped to create a sense of community in the centre.

There were a number of designated storage rooms in the centre, and the inspector observed that items were organised and stored appropriately to ensure that good standards for infection prevention and control were maintained.

Residents were seen to receive visitors throughout the day and those visitors and residents who spoke with the inspectors were satisfied with the arrangements that were in place.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found high levels of compliance on this inspection across all areas of regulation. There was a positive response by the provider in implementing their compliance plan submitted as part of the previous inspection. There were effective management systems in place in this centre to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

This was an announced inspection carried out 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) and follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in February 2024.

The inspection was facilitated by the person in charge and a regional and quality manager who participates in the management of the centre. Information requested was made available in a timely and organised manner.

The person in charge was well established in their role and demonstrated good leadership and effective oversight of key clinical areas. The person in charge worked full time in the centre and was well known to residents, staff and relatives.

The registered provider for this centre is The Brindley Manor Federation of Nursing Homes Limited. This company is part of emeis Ireland, which consists of 24 nursing homes that operate in Ireland. There was a clearly defined management structure in place with clear lines of authority and accountability. The management team consists of a person in charge, a team of nursing staff, health care assistants, hospitality and catering staff. The person in charge is supported in their role by a regional director and director of the company.

The provider had robust management systems in place to monitor the quality and safety of the service provided. A review of documentation evidenced that there were clear governance arrangements in place; for example, there were clinical and

corporate meetings held monthly which discussed key information and resource planning.

The provider had a risk register for monitoring and managing known risks in the centre. An audit schedule covered medication management, infection control, falls management, restrictive practices, responsive behaviours, wound care, call-bells, dining experience and complaints. The inspector noted that the data collected during the auditing process was being used to identify risks and develop time-bound corrective action plans to address deficits. This centre also had the support of a human resources department which assisted with recruitment and training.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector observed skilled staff providing care for residents and staff were knowledgeable regarding the resident's needs. Staff providing one to one care for residents' were spoken with and demonstrated their understanding of the residents' needs, likes and dislikes.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspector saw evidence of the consultation with residents and families reflected in the review.

#### Regulation 14: Persons in charge

The person in charge met the criteria. They demonstrated a good, clear understanding of their role and responsibilities. They were well known to residents and staff in the centre and had established a responsive workforce.

Judgment: Compliant

#### Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' care and support needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

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

The management structure of the centre was clearly defined. The management team demonstrated an awareness of their roles and responsibilities.

The centre had clear and robust management systems in place to ensure that care delivery was safe, consistent and effectively monitored. These systems included audits, surveys, resident, staff and management meetings. There was a schedule of audits in place for the coming year. The inspector reviewed completed audits which included clinical audits such as responsive behaviour management, falls, infection control, wound care, and restrictive practice. All audits reviewed had identified learning from interventions that had worked well, and also quality improvement issues from interventions that did not work well. Recommendations and action plans were in place for each audit reviewed. The issues found at the last inspection had been addressed by the provider.

An annual review of the service provided for 2024 was complete and available, and it incorporated residents feedback.

Judgment: Compliant



## Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, residents were provided with good standards of nursing, social care and had timely access to healthcare in line with their assessed needs. Residents' rights were respected and the service was person-centred. The provider had made improvements and was committed to bringing the designated centre into compliance with the regulations.

Residents' records and their feedback to the inspector confirmed that their needs were comprehensively assessed and they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care, advocacy services and allied health professionals as necessary.

Residents' quality of life in the centre was promoted with a meaningful and varied social activity programme. A review of residents meetings found that residents had attended a mock wedding day celebration in the centre and residents and staff recalled this event to the inspector with much delight and laughter. Residents also had the opportunity to attend a forest park, a local hotel and a local garden centre for some lunch and Christmas shopping.

Residents were facilitated to access the very well designed and landscaped enclosed garden as they wished. The access to safe outside space positively impacted on residents' health and well-being. Residents told the inspector that they liked going out into their garden to relax and have fresh air.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed safely into the centre.

The provider had effective measures in place to protect residents from risk of abuse. Residents confirmed that they felt safe and secure living in the centre. All staff had appropriate garda vetting disclosures in place prior to commencing their employment in the centre.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt

needed improvement in the service were addressed. Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre and the record of the residents' committee meeting confirmed that the purpose and availability of this service was discussed at this forum.

Comprehensive assessments had been completed for all residents on admission and reflected the needs of residents identified. Care plans were detailed and easy to follow. They were person centred and had been updated when there was a change to the residents condition and reviewed in a timely manner as set out in the regulations. Regular safety pause meetings took place, and staff were updated and discussed any outstanding care needs or concerns identified when providing clinical care.

The layout of residents' communal and bedroom accommodation met residents' needs to a good standard. The premises was well maintained and refurbishment works were on-going.

The provider had effective measures in place to protect residents from risk of infection including staff training. Cleaning schedules were in place for all parts of the premises and overall were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices.

The laundry facility was clearly segregated into clean and dirty zones and clean items were stored separately. Cleaning schedules were updated daily and there was adequate staffing resources daily to maintain a consistent service. The laundering of clothes was of a high standard and overall residents were satisfied with this service. Residents could choose to send their clothes home to be laundered by family members if that was their preference.

Measures were in place to ensure residents were protected from risk of fire. The provider had procedures in place to assure themselves regarding residents timely and safe emergency evacuation in the event of a fire in the centre. Fire exits were clear and fire equipment serviced accordingly. Staff spoken with by the inspector were able to detail what they would do in the event of a fire. Personal emergency evacuation plans were completed and up dated accordingly. There were measures in place to actively promote fire safety in the centre, there were good levels of oversight in place which included the provision of regular fire safety training and the carrying out of simulated fire evacuations.

## Regulation 25: Temporary absence or discharge of residents

A record was maintained regarding residents' temporary absence and discharge from the centre. Relevant information regarding residents' health and care needs was completed to ensure their needs were clearly communicated on transfer to hospital.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy in place as set out in Schedule 5. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

### Regulation 27: Infection control

The provider and person in charge had ensured that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. Furthermore, management were aware of the current guidance from the Department of Health regarding early detection and screening for signs and symptoms of respiratory virus and their was a proactive approach to reducing the risk these infections by early detection, isolation and treatment, if suspected.

Infection prevention and control practices and procedures were delivered to a high standard. The centre was visibly clean throughout and the inspector observed good infection prevention techniques demonstrated by staff.

Healthcare equipment was clean and stored appropriately to avoid cross-contamination.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Training records evidenced that simulated fire evacuation drills were completed cognisant of night time staff levels and the size of compartments. A sample of fire doors checked by the inspector were in good working order and had adequate seals in place. All residents had personal emergency evacuation plans in place which accurately reflected the care needed in the event of a fire emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they met the requirements of Regulation 5. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Residents' nursing and healthcare needs were met to required professional standards and residents had timely access to their General Practitioners (GPs). An on-call GP service was available to residents out-of-hours as needed.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse:

- ? Any incidents or allegations of abuse were subject to prompt investigation and review.
- ? All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- ? The centre was acting as a pension agent for two residents. There were appropriate and secure systems in place for the management of residents' finances.
- ? The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services as they wished. One resident who had lived in the centre for several years was an ambassador and representative for residents in their home.

Residents' rights were respected and residents were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them.

Residents were supported to practice their religions and beliefs, and clergy from the different faiths were available to meet with residents as they wished.

Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents' were supported by staff to go on outings into their local community.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The use of restrictive practices in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

The inspector observed staff were responsive to residents that displayed challenging behaviour, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff demonstrated their knowledge in their approach and response to care for residents with additional behavioural needs. It was evident that staff had received additional training in responsive behaviours.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant