



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

## Issued by the Chief Inspector

Name of designated centre:	CareBright Community
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0042523

## About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. There is a gym, hairdressers and Yarn-Cafe in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, housekeeping and administrative staff. There is 24-hour nursing care provided.

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

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 January 2024	10:05hrs to 18:30hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs.

The inspector was greeted by a member of staff upon their unannounced arrival to the centre. Following an introductory with the person in charge, the inspector spent time walking through the centre giving an opportunity to observe and meet with residents and staff in their living environment.

Located in the village of Bruff, Co Limerick, CareBright Community provides long term care for male and female residents who are living with dementia. The designated centre is registered to provide care for a maximum of 18 residents and it was at full occupancy on the day of inspection. A house-hold model of care was employed in the centre and resident accommodation consisted of three bungalows, known as Butterfly, Lavender and Rosewood. There was a separate building adjacent to resident bungalows which contained the Yarn cafe, a day care service and facilities such as a hair-dressing salon and a spa bathroom.

As the inspector walked through the centre it was observed that the majority of residents were attending the social club in the Yarn cafe. Residents were seen to be enjoying the company of staff, visitors and members of the community who were visiting the cafe. Residents were able to enjoy a selection of refreshments from the menu and the atmosphere was bustling and welcoming. The inspector noted that a small group of residents who remained in one bungalow were enjoying a live music session in the sitting room. The inspector was greeted by a resident who was dancing happily with a member of staff and it was evident they were enjoying the entertainment. The atmosphere in each house-hold was calm and relaxed and the inspector observed that residents appeared comfortable in their environment.

The inspector noted that the front door of each bungalow was sign-posted with a gentle reminder for visitors to knock or ring before entering, to maintain resident privacy. Each front door opened into a spacious reception, which led to resident bedroom and living accommodation. Bungalows were tastefully decorated. Corridor walls were brightly painted and they displayed framed photographs of residents and staff. The inspector noted that resident bedrooms were very spacious and arranged to ensure there was ample storage space for resident furniture and personal possessions. Bedroom doors were decorated with images of interest to individual residents, such as animals. Each resident bedroom was personalised with items such as photographs, soft furnishings and ornaments. En-suite bathrooms were spacious and contained sufficient storage for resident equipment and personal care items. Overall, the inspector found that most bedrooms and en-suite bathrooms were exceptionally clean, however, the carpet surface in two bedrooms was noted to be stained and some bedroom wall surfaces were scuffed and damaged.

There were secure patio gardens located to the front of each bedroom and residents could access their own patio freely. Each space contained a table and chairs for additional comfort and residents had views of the grounds from their patios. The grounds were well maintained and there was an enclosure, where goats were kept for resident interest. There were views of an external visitors hub, located in the garden. This facility was wheelchair accessible and furnished with comfortable seating and an adjustable heating, light and sound system. Residents were supported to mobilise outside independently and one resident was seen to be enjoying a walk regularly throughout the day. The inspector observed that one resident had brought their dog to live in their bungalow and this arrangement was encouraged.

Resident communal spaces consisted of an open-plan kitchen, dining and sitting room. The inspector observed that resident meals were prepared and cooked in the kitchen of each bungalow and a shepherd's pie was cooling in one oven. Residents were supported to take their meals in the dining room and there was sufficient space to accommodate each resident. A utility room was located next to the kitchen, where residents' personal clothing was laundered by staff. There was a small alcove in each sitting room and this was observed to be a quiet space, for residents to relax and enjoy one to one time with staff, or independently. The inspector noted one resident was relaxing in this space, engaging with a member of staff who was providing a manicure.

Visiting was facilitated in line with national guidelines and the inspector observed a number of visitors coming and going throughout the day of the inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection 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 inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in April 2023.

This inspection found that residents were supported to live a good quality of life and the provider was committed to achieving compliance. Notwithstanding this positive finding, action taken following the previous inspection, to bring risk management and fire safety into full compliance was not sufficient, and further action was required to ensure the quality and safety of resident care.

CareBright Company Limited by Guarantee is the registered provider for CareBright Community. The management team consisted of a person in charge who had

recently been recruited to this post. The person in charge was supported in their day-to-day role by a general manager, who worked full-time in the centre. The person in charge was also supported by a senior staff nurse and a team of nurses, care staff, activities staff, catering, house-keeping, laundry, administration and maintenance staff. The senior staff nurse deputised in the absence of the person in charge.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 18 residents being accommodated at the time. The inspector was informed that the provider had an ongoing recruitment plan in place and staff meeting records evidenced that staffing and resident dependency levels were discussed, to ensure resident care needs were met.

Training records demonstrated that staff had access to a varied training programme including safe-guarding, patient moving and handling, and infection control. The provider was focused on a person-centred approach to care and staff were being provided with enhanced training in a model of dementia care at the time of the inspection.

The provider had a quality assurance system in place and there was an audit schedule in place. The inspector viewed a sample of clinical and environmental audits. Overall, records demonstrated that audits identified where improvements were required, however the findings of this inspection regarding infection control had not been identified through the centres' audit process. Additionally, risk management systems were not robust as the emergency plan in place did not detail the action to be taken by staff in the event of a power outage in the centre. This was categorised as a high risk event within the centres' own risk management policy. This is a repeated finding.

The provider ensured that a contract for the provision of care was in place for all residents living in the centre. A review of a sample of resident contracts demonstrated that they contained all of the required information, as set out in Regulation 24: Contracts for the provision of care.

A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The registered provider had undertaken annual review of the service for 2023.

## Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

Records demonstrated that staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such as safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 23: Governance and management

Action was required to ensure that the management systems in place ensured that the service was safe and effectively monitored. For example,

- Identification and oversight of infection control and fire safety risks was not adequate, as detailed under Regulation 27: Infection control and Regulation 28: Fire Precautions.

The compliance plan submitted following the previous inspection was not fully implemented resulting in repeated non compliance with Regulation 26: Risk management.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported to live their lives according to their own capabilities. Staff were knowledgeable of resident care needs



and there was an emphasis on providing person centred care. However, the inspector found that action was required to ensure that the centre into full compliance with Regulation 27: Infection prevention and control and Regulation 28: Fire precautions.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. A review of a sample of residents' care plans found that they accurately described the interventions necessary to support residents with their assessed needs.

Residents were supported to attend a general practitioner (GP) from the local practices and out-of-hours GP services were available when needed. Residents had access to wider health and social care services such as physiotherapy, occupational therapy, dietitians and speech and language therapy.

There were fire safety precautions in place and the designated centre had fire-fighting equipment, emergency lighting and a fire detection and alarm system. Fire records evidenced that equipment was being serviced at appropriate intervals, however, the inspector found that the daily checks of emergency lighting and fire doors were incomplete. Furthermore, residents' support needs were not clearly documented in personal evacuation plans viewed by the inspector. This may impact the timely evacuation of a resident in the event of an emergency. This is discussed under Regulation 28: Fire precautions.

Overall, the centre was clean and well-maintained. Each bungalow was noted to be well-lit and warm and the environment was homely and comfortable. Resident accommodation was individually personalised and generally very clean, however the inspector observed that some areas of the centre were not cleaned to an appropriate standard, or were not amenable to cleaning due to being in a poor state of repair. This is detailed under Regulation 27: Infection control.

Residents personal clothing were laundered in the designated centre. The person in charge ensured that residents had access and control over their clothing and personal possessions.

There were records of resident satisfaction surveys and resident and relative meetings, giving opportunities for feedback to the management team on the quality of the service. Residents had access to television and newspapers. Residents were supported to practice their religious faiths and were supported to attend mass in the local chapel. Activities in the centre included music therapy, gentle exercise, baking, pampering and movement and dance. Residents were supported to attend the social club in the Yarn cafe, which took place four days per week. The inspector found that residents were supported to exercise choice in how to spend their day and residents were generally seen to move freely within the centre.

Measures were in place to safeguard residents from abuse. Safeguarding training was up-to-date for staff. All staff interactions with residents, observed by the inspector, were kind and caring. The provider did not act as a pension agent for any

resident.

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

### Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector found that residents had adequate storage in their rooms for their personal possessions. Residents' personal clothing was laundered regularly and returned to each resident.

Judgment: Compliant

### Regulation 26: Risk management

The emergency plan in place for responding to major incidents such as the loss of electricity, did not detail the action required by staff in the event of a power cut in the centre. The plan referred to a generator, however there was no generator available in the centre and there was limited information in the emergency response plan to enable staff to respond effectively, should a power outage occur. This is a repeated finding.

Judgment: Not compliant

### Regulation 27: Infection control

Action was required to ensure compliance with Regulation 27. This was evidenced by;

- Paintwork was chipped and damaged on wall surfaces and in some resident

- bedrooms, this did not support effective cleaning.
- There were inadequate arrangements for the management of clinical waste sharps.
  - Carpet and chair surfaces in two resident bedrooms were not cleaned to an appropriate standard.
  - The kitchen in one bungalow was not cleaned to an acceptable standard.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Arrangements for providing adequate means of escape including emergency lighting required improvement. For example;

- There were no records of the weekly visual inspection of the emergency lighting system.
- An emergency light in one bungalow was not functioning at the time of inspection.

From a review of fire drill records, the inspector was not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner, with the staff and equipment resources available. Simulated fire evacuation drill records did not detail the fire scenario, the equipment being used and learning identified.

A number of personal evacuation plans (peeps) reviewed by the inspector were not accurate. They did not reflect the number of staff and correct fire safety equipment required to evacuate the resident. This posed a risk in relation to the safe and timely evacuation of residents in the event of a fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents were supported to attend general practitioners in the local community.

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, psychiatry of later life and palliative care.

Judgment: Compliant

### Regulation 8: Protection

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

Judgment: Compliant

## 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for CareBright Community OSV-0005636

Inspection ID: MON-0042523

Date of inspection: 25/01/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have in place a robust auditing system and schedule which has been disseminated to all nursing staff. Audits will be carried out monthly, reviewed and actioned where required. An action plan has been completed and implemented in relation to Medication Audit carried out in January 2024. An environmental audit and action plan will be completed by 29/02/24 in line with our audit schedule.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Our Internal and External Emergency plan has been reviewed and updated to contain current steps to be taken in the event of a Power outage. The services of a local Electrical Company have been obtained to provide a back-up generator 24/7, details of which are documented in the plan. All staff have been made aware of the updated plan. We are currently fundraising for the generator and plan to purchase the generator by 30/09/2024.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An auditing schedule is now available for staff to ensure regular auditing and action plans are actioned. We will have an Infection control audit completed by 29/2/24. An action plan will be completed and actioned.</p> <p>We are planning to have painting and decorating of two houses completed by September 30/2/24. Lavender Home was painted last year.</p> <p>All carpets are scheduled to be deep cleaned by May 31st, 2024; this occurs on an annual basis.</p> <p>Specific attention has been applied to kitchen areas regarding acceptable cleaning standards.</p> <p>Arrangements have been made with our clinical waste company to collect, dispose, and replace our sharps bins.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Daily emergency light checks have been in place since 02/02/2024.</p> <p>New easy to read residents PEEPS are in place since 02/02/2024.</p> <p>The emergency bulb was replaced on 26/1/24.</p> <p>A new Fire Drill Evacuation report has been in place since 02/02/2024.</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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/02/2024
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Not Compliant	Orange	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/05/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	02/02/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/02/2024