<table>
<thead>
<tr>
<th>Centre name:</th>
<th>CareBright Community Centre</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005636</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardykeohane, Bruff, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 602 700</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:cryan@carebright.ie">cryan@carebright.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>CareBright Company Limited by Guarantee</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<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</td>
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<td>Number of vacancies on</td>
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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: 19 July 2019 10:30
To: 19 July 2019 19:30

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>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
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<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
Care Bright Community Residential care facility was located adjacent to the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents with early onset dementia. The community was designed to recognise people’s ongoing right to home and connectedness to their family and community. It catered for male and female residents aged 18 years and over, and was set up to provide long-term residential dementia care and palliative care. At the time of inspection care was provided for people with a range of low, medium and high needs.

This unannounced inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars.
and they were issued with guidance on dementia care and on the inspection process. The person in charge had forwarded their self-assessment tool on dementia care to the Chief Inspector of Social Services prior to the inspection. There were 16 residents in the centre at the time of inspection with two vacant places. The inspector followed the experience of a number of residents with dementia from admission to the present day. The person in charge said the ethos of the centre was to provide the best quality care and living experience for residents with dementia who resided there. The person in charge had undertaken relevant post-graduate studies which enhanced the ability of staff to develop a culture which promoted best evidenced-based practice. She reviewed work practices through audit and observation to ensure that they were relevant and supportive. Residents confirmed with the inspector that they enjoyed living in the centre, they said that they felt safe and they were happy with staff, the complaints process and their accommodation.

The inspector met with residents, visitors, the person in charge, the registered provider representative (RPR) and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, training records, allied health care records and policies. A sample of staff files and residents' files were checked for regulatory documentation. The inspector found the premises, fittings and equipment were of a very high standard. The three houses were seen to be beautifully decorated, bright and well maintained. All bedrooms were designed to protect residents' privacy and had a living area incorporated within each room. These rooms were single occupancy with en-suite shower and toilet facilities. Bedroom areas had individual patios which had views of the external or internal gardens. The patio areas were furnished with colourful outdoor seating and garden plants chosen and planted with residents' full involvement.

The Standards designed and set out 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. The inspector found that the centre was 'future focused', designed to prolong residents' inclusion in the external world of independent living. It was found to be generally compliant with the Regulations.

Some actions necessary to ensure full compliance were detailed in the compliance 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):
No actions were required from the previous inspection.

Findings:
A sample of care plans of residents who had been diagnosed with dementia were reviewed by the inspector. Prior to, and on admission to Care Bright Community each resident had a comprehensive, holistic assessment of their needs. Relatives spoke with the inspector about the importance of the pre-admission assessment by management staff and described how this helped the resident to settle in and provided support for all the family. Care plans were formulated with the resident to ensure a resident-focused, individualised approach. All assessments and care plans were reviewed by the nursing staff every four months or as residents' needs changed. Residents were encouraged to be actively involved in their care planning. Family involvement was also encouraged with the resident’s consent. Clinical assessments such as, behaviour, falls, nutrition, cognition and pain were undertaken for, and with, each resident with dementia. Residents’ right to refuse treatment was documented and brought to the attention of the GP, as required. These was good communication between the dietitian and the staff in each house, where relevant. The inspector spoke with a number of the staff who were found to be familiar with residents' nutrition needs, special diets and preferences. Food choices were impressive and residents decided weekly what food to buy and prepare.

Residents appeared to live active, busy lives in the centre with personal choice and independence being supported. Staff were seen to encourage residents to go out with family members, to engage in household chores and activities appropriate to their abilities and assessed needs. An activities programme was in place for those who would like to engage in external, home-based or new activities and socialisation opportunities. Specialist services and allied health care services such as physiotherapy, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be availed of. The chiropodist attended residents on a monthly basis and documentation confirming this was reviewed by the inspector. Residents had the option of retaining the services of their own general practitioner (GP) or changing to the GP service which residents were able to access in the nearby town, when required. Residents with dementia were facilitated to attend psychologists, the pharmacist or psychiatrists where indicated.
An electronic documentation system was used, in conjunction with paper-based records, to document care plans and the medical care received by residents. Consultant, public health nurse and GP letters were available on file. Staff, with whom the inspector spoke, stated that daily handover reports provided them with a comprehensive update on residents' wellbeing. Staff, had a good knowledge and understanding of the holistic needs of residents. They stated that consistency of staff allocation supported the residents who responded well to security, kindness and familiarity. There were opportunities for residents to participate in a great number of meaningful and varied activities and outings, the cost of which was detailed in the contract of care and was extra to the accommodation costs. These activities were outlined and discussed under Outcome 3: Residents' rights, dignity and consultation.

PRN (when necessary) medications were not in use at the time of inspection and the use of psychotropic drugs was audited by the person in charge and pharmacist. The pharmacist assisted staff in good medication practice and documentation. Residents with behaviour issues, as a result of the behaviour and psychological symptoms of dementia (BPSD), were assessed by staff, who were trained in the recognition and management of this behaviour, using non-pharmaceutical methods where possible. A number of care plans had been developed which outlined the needs of residents who communicated in this way and staff had been made aware of these.

End-of-life care plans were in place for the sample of residents' files reviewed. These were seen to be comprehensive, easily accessible to staff and were updated on at least an annual basis. Residents attended Mass in the local Church on either Saturday or Sunday and staff said that the local community were very supportive and helpful. After mass residents went to the local shop for the Sunday papers and provisions.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect and safeguard residents with dementia. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that staff had received training on recognising and responding to elder abuse. Residents spoken with said they felt safe in the centre and that staff were supportive and respectful. The policy on the prevention of elder abuse supported best evidence-based practice and was seen to be based on the most up to date information available.
There was a comprehensive policy in place to guide staff in interventions for any resident who experienced the behaviour and psychological symptoms of dementia (BPSD). Related care plans on behaviour issues and on communication strategies were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents throughout the day and this was discussed in more detail under Outcome 3: Residents' rights, dignity and consultation in this report.

There were no bedrails or lapbelts in use in the centre. The person in charge stated that the centre aimed to be a restraint-free environment. An alarm mat was placed next to one bed to alert staff in the event that the resident required support when getting up from bed.

The person in charge stated that receipts and invoices were given to residents for hairdressing, pharmacy, chiropody and care fees, where relevant. Residents had access to an account in the local shop and were supported to shop for personal items, medicines and provisions.

All documents required to be available for staff were not available prior to employment, for one sample file seen. The staff member commencing employment in the week prior to the GV form being received. This omission was addressed under Outcome 5: Staffing.

**Judgment:**
Compliant

### 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:
Life story information was used to ascertain residents' activity choice and daily preferred routine. Activities included music, art, gardening, chair-based exercises, pet care, card games and personalised activities such as hand massage and cooking. Staff spoken with by the inspector explained how activities were designed according to the assessed needs and preferences of residents. The staff team were seen to spend individual and group time with residents facilitating for example, walking, music sessions, reading and baking. In addition, the inspector observed that residents who liked current affairs were provided with daily newspapers and access to radio and television. Residents spoke with the inspector about which activities they enjoyed. Most of the residents spoke about the summer garden walks, the outings, swimming, and walking their three pet goats, which were kept in a paddock in the garden. They were also seen to enjoy snacks in the community 'hub' café with their friends or relatives. One resident’s dog lived in the...
centre and was a great comfort and interest for all residents. He was seen to sit by residents' chairs and was taken on walks by visiting children during the inspection.

The inspector met with a number of relatives. They praised the staff, the managers and the care. They stated that they could bring concerns to the management staff and they expressed confidence that these would be addressed. They said that all residents had visitors on at least three days in the week and this commitment was expected as part of the agreement to take up residency. This regular visiting arrangement had a very noticeable positive impact on residents' psychological and physical well being. Relatives also spoke with the inspector about the benefits which their relatives experienced as a result of being encouraged to go out with them to restaurants, the garden, their homes and on holidays. Photographs were on display which had been taken at a number of celebratory events. Relatives were seen to have dinner with residents and to join them for entertainment sessions in the sitting room. If private visits suited some residents the inspector observed that there were plenty spaces available both inside and outside the homes to accommodate this.

The person in charge informed the inspector that all residents were consulted with and participated in the organisation of the centre, through daily interaction and attending resident meetings. An external advocacy service was available. Residents with dementia were enabled and facilitated to make personal choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and actions were outlined at the following meeting. In addition, there were resident surveys carried out. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to walk around the centre, the gardens and the local town.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. At intervals 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 sitting room areas and in the dining rooms in the houses. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room interactions were positive and meaningful. Staff were seen relating to residents in a calm and kind manner. Residents were referred to by name and were seen to communicate with other residents in the group. Staff engaged in social conversation and spent time with individual residents. Tea, drinks and snacks were offered by staff in the afternoons following the music session. Visitors were present with residents and their presence added to the wellbeing of residents who invariable encouraged their family member to join them in singing. Staff in each house were seen to engage attentively and to let residents get on with household activities such as putting on personal washing, peeling potatoes and setting the dinner tables. An unhurried approach was seen to be fostered in the daily experiences. A third observation took place in the sitting room. Staff circulated around the group speaking with individuals and supporting those who wished to go out to visit friends in the other houses. Residents were consulted
about their choice of movie for the evening and staff were seen to prepare popcorn with them for movie night, which took place every Friday. While there were some periods of neutral care observed by the inspector this was generally at times of rest, and the overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

**Judgment:**
Compliant

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### 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:**
Policies and procedures were in place for the management of complaints. There was a transparent open approach to listening and dealing with complaints, even though there had been no complaints received at the time of inspection. The process was displayed in a prominent place and residents stated that they had no concerns about speaking with staff.

The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome. Visitors told the inspector that they were confident that any complaint would be addressed promptly.

**Judgment:**
Compliant

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### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
Appropriate staff numbers and skill mix were seen to be rostered on the days of inspection to meet the assessed needs of residents. Staff had up-to-date mandatory
training and this matrix was maintained for review. Staff also had access to a range of appropriate training to fulfil the requirements of their roles: for example, training in manual handling, medicines management, infection control and food hygiene. Staff appraisals were undertaken and staff were subject to a supervised probationary period. Staff spoken with were found to be knowledgeable of dementia care, of the associated behaviours and of the relevant care plans of residents with dementia. They described their training as relevant, comprehensive and said that it was underpinned by the principles of person-centred practices.

A sample of staff files viewed by the inspector were seen to be, generally, in compliance with the requirements of Schedule 2 of the Regulations. Staff were required to obtain the regulatory Garda Síochána vetting (GV) clearance prior to taking up employment. A finding of non-compliance in this area, related to GV for one staff member, was addressed under Regulation 2: Safeguarding and Safety. The person in charge and the RPR assured the inspector that this issue was an oversight and processes were in place to prevent this happening again. The person in charge confirmed that GV clearance had been received for all employees.

Moreover, the inspector found that, as the centre had almost reached full occupancy, there was a need for extra night staff. At night one staff member was required to stay with residents in each of the three houses. At this time the nursing staff member on duty would be required to work between the three houses. These night duties included supervising staff, administering medicines and supporting the other staff members, as a number of residents required the support of two people for care provision. The RPR stated that staffing levels would be reviewed particularly for the hours from 20.00 to 08.00 with a view to augmenting the staff levels.

**Judgment:**
Non Compliant - Moderate

**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 building was maintained to a high standard with residents’ rooms individually decorated and personalised. Each resident’s bedroom door was painted a different colour. These had decorative door furniture which gave the doors an appearance of a front door. In one house each bedroom door decoration consisted of a large ‘door-size’ photograph chosen by each resident and ordered on line. These were then pasted on to the door and staff said there were no issues for residents when it came to find their rooms. Examples of these photographs included a picture of a resident's dog and a
favourite golf course. Prior to admission the person in charge went to visit the resident’s home and photographed the resident’s favourite room. This was then replicated within the sitting area of the relevant bedroom with support from family, who brought in treasured items belonging to the resident. All this preparatory work was done prior to the resident taking up residency. Staff, residents and family said that this eased the transition into supported care as the practice ensured that residents experienced a sense of familiarity with the home-like surroundings.

The premises was warm and comfortable with effective heating, lighting and ventilation throughout. Laundry facilities were available in the utility room of each house and were seen to be clean and well managed. The environment and atmosphere overall was relaxing, homely and person-centred. There was adequate space for visitors and activities in the large open plan, sitting and dining rooms. Large TVs, a dresser, bookshelves and a music centre were available in each house for residents’ entertainment. Since the previous inspection the layout had been enhanced with added furniture, pictures and lovely décor. The dining rooms opened on to the kitchens in each house, where residents could be seen filling the dishwasher, cleaning up after the dinner and making tea. These was an open door out to the garden from the sitting room.

There was a gym, hairdressers and canteen in the on-site "HUB". Residents had full access to the restaurant on this site and were seen to mingle in the restaurant with family and friends from the community, for coffee and at mealtimes. There was a large room in "HUB" which was used for movie nights and for celebratory events in the centre. Administration, management and staff facilities were also housed in the "HUB". Residents felt that the location of the centre was lovely as it was surrounded by green areas while being accessible to the local town. There were numerous open exit doors and individual furnished patios providing external access to residents. Throughout the day they were seen walking outside enjoying the sunshine on the day of the inspection. They said that they were happy to see their coats available on the hall stand which supported one aspect of the ethos of the centre; that residents would maintain a sense of freedom to go out to visit other residents and to go to the "HUB" independently.

The gardens were accessible and very well maintained. There were three main 'raised' flower beds which had been planted by the gardener with help from the residents, community and friends: One flower bed was a wild garden, one was filled with summer blooms and the third bed was filled with lettuce, cabbage, onions and herbs, among others. There was a winding garden path around the gardens and this was always busy with walkers from the resident, visitor and staff population. The garden had a large paddock where the centres' three pet goats were accommodated. Residents and their relatives enjoyed feeding and walking these and they were a source of conversation and occupation for residents.

**Judgment:**
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
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<tr>
<td>Date of inspection:</td>
<td>19/07/2019</td>
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<td>16/08/2019</td>
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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 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

At night an extra staff member was required to stay with residents in each house. At this time the nursing staff member was required to work between the three houses, supervising staff, administering medicines and supporting the other staff members where a resident required the support of two people for care need provision.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Staffing has been reviewed and increased to provide more supervision to meet resident needs at night-time. In addition CareBright has installed and electronic monitoring system alerting staff as soon as a householder starts to get out of bed or requires attention.

**Proposed Timescale:** 30/08/2019

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
All documents required to be available for staff were not available prior to employment, for one sample file seen. The staff member commencing employment in the week prior to the GV form being received.

2. **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:**
Same addressed immediately. PIC have put adequate measures in place to make sure employee’s personal files are completed before commencing their employment.

**Proposed Timescale:** 16/08/2019