



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

Name of designated centre:	Brentwood Manor
Name of provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 June 2018
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0022246

## About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into four units named Oak, Ash, Elm and Birch. Each unit has residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 32 single and eight double bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents.

The centre provides care to 48 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centred care approach.

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

Current registration end date:	23/05/2020
Number of residents on the date of inspection:	47

## 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
05 June 2018	09:30hrs to 18:00hrs	Geraldine Jolley	Lead

## Views of people who use the service

Residents and their families said that they were satisfied with the service provided and content living in the centre. The inspector spoke with six residents and two relatives. Residents described staff as kind, good humoured and interested in their welfare. They said that they felt safe and comfortable in the centre and that they could talk with staff about any concerns or problems that they needed help to sort out. Residents said that if they had concerns or complaints they would approach the person in charge or any of team as they found problems were always addressed promptly. They said that staff made time to talk to them during the day and enquired about their well being regularly.

Residents told the inspector that they were satisfied with their accommodation and said that the centre was warm and comfortable. Residents liked the privacy of their rooms and said they had good space to keep their personal clothing and belongings. They felt free to move around the centre and to sit in different areas when they wished.

There were several positive comments about the food and menu options. Residents said meals served were always tasty and that the variety was good.

Residents were happy with the social activities that were provided and said they liked having something to do every day. A number of residents said that they enjoyed being able to go out with friends and family. Relatives said that they found the emphasis on keeping residents independent and mobile very helpful and also said that staff were approachable and included them in their relative's care.

## Capacity and capability

This was a well run centre with effective leadership provided by the person in charge and the nurse participating in management. Staff were supported and supervised in their work and were clear about what was expected of them in their roles. Staff interviewed could describe their responsibilities and were confident that they could address residents' care needs to a high standard. There was an open culture of communication and residents and their families were confident that the care provided met residents' needs and enhanced their quality of life.

Overall there were sufficient numbers of staff with the right knowledge and skills to meet the needs of the residents living in the centre and care was found to be in line

with the statement of purpose. The activity coordinator was off duty when the inspection was completed and the inspector saw that staff took responsibility for ensuring that residents had social opportunities during the day.

The person in charge was a registered nurse with many years experience of working with dependent persons. They worked full time and were supported by a senior nurse who took responsibility for the day-to-day management of the centre in the person in charge was off duty. Both nurses had an active presence in the centre, were accessible to staff who needed advice and were known to residents and their families. There were clear systems for communication established between the provider representative and the person in charge. A review of a sample of staff records indicated that vetting disclosures were obtained before staff commenced work and all the required schedule 2 information was in place which conveyed that appropriate checks were made to ensure staff were suitable to work with vulnerable people.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care to residents. Staff who spoke with the inspector were able to describe key policies and procedures. They could describe the fire safety arrangements, how residents were protected and their responsibility to report any matter of concern.

The centre had completed a survey to determine residents' views on the service. This was noted to contain symbols as well as text to help residents who had communication problems to convey their views.

Residents and visitors who spoke with the inspector described staff as kind, caring and patient. They said that staff knew the residents well, helped them to remain as independent as possible and ensured that their personal choices in relation to daily routines were followed. Many residents felt that they had made good progress since their admission to the centre. They said that staff had got to know them and the support they needed which had helped them improve their self-care abilities, mobility and general well-being.

Families and residents told the inspector that when they had raised a complaint that this had been dealt with and they were satisfied with the outcome. The record of complaints was up to date and matters raised had been resolved.

Incidents were notified to HIQA as required and additional information was provided to the inspector when requested.

### Regulation 14: Persons in charge

The person in charge is a registered nurse who has worked in senior management roles prior to taking up this position. He works full time and has responsibility for the organisation of the staff team and the day to day services provided to residents who live in the centre. The person in charge knew all residents care needs well and had addressed complex care issues in accordance with good practice guidance.

Judgment: Compliant

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of the residents taking into account the size and the layout of the centre. There was two registered nurses and seven carers on duty with the person in charge during the inspection. A nurse and three carers were scheduled for night duty with a fourth carer available until 22.00 hours. Residents were observed to have prompt attention when they needed support during the day.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff are supported and supervised to carry out their duties and to residents have good quality care. The training programme ensured staff have the required competencies to manage and deliver person centre. Staff recruited had a range of competences that supported the delivery of a safe service that not only met residents current needs but ensured that they maintained or improved their level of independence. Staff conveyed good knowledge on dementia care practice, managing responsive behaviours and how to manage wound care problems.

Judgment: Compliant
<b>Regulation 21: Records</b>
The required records were maintained, were held securely and were up to date. The standard record keeping and administration was good.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
Valid insurance until 31 July 2018 was in place.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The designated centre has sufficient resources to ensure the delivery of safe and effective care for residents in line with the Statement of Purpose.</p> <p>There is a clearly defined management structure that identifies the lines of authority and accountability. Staff were clear about their roles, the responsibilities of senior staff and the reporting structures in place.</p> <p>There was a quality assurance system that included consultation with residents used to monitor that care and services were appropriate and met the needs of residents. safe and appropriate.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The required notifications were supplied in the timescales allowed.
Judgment: Compliant



## Regulation 34: Complaints procedure

There was a complaints procedure that provided clear information on the actions to take when making a complaint. Residents and their families were made aware of the complaints procedure and said that this information was conveyed to them at the time of admission. The person in charge addressed complaints and maintained a record of all complaints. Details of the issue raised, the investigation that took place and the actions taken to resolve the complaint were outlined in the record.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies and procedures listed in Schedule 5 of the regulations were in place. Policies and procedures were available to staff to guide their practice and were brought to their attention during their induction when they started work and during training. Policies and procedures had review dates to ensure information provided was current..

Judgment: Compliant

## Quality and safety

The inspector found that the centre provided a good standard of care to residents and found that there was emphasis placed on supporting residents to remain as independent as possible. The centre provided care to residents with dementia and to residents who had cognitive impairments due to brain injury, serious medical illness or alcohol problems. There were 10 residents who had acquired brain injury problems on the day of inspection. The majority were aged under 65. All residents had a comprehensive assessment of their health and social care needs prior to and following admission to the centre. The assessment included risk factors such as behaviour problems, falls risks and nutrition problems and safety issues. Nursing staff had developed good relationships with specialist teams from the physical and sensory disability service and mental health service to ensure residents had holistic care arrangements in place and to ensure that care was planned and reviewed as residents needs changed. Residents and family members were consulted

and contributed to the development of care plans that were found to describe the care interventions and services required to meet their identified needs and to promote their abilities and independence. The inspector saw that staff had made varied arrangements to ensure that residents maintained contact with their families and communities. Visits home had been arranged for several residents and safety plans were put in place where needed. Residents had choices in relation to all aspects of their life and their personal choices were respected by staff.

Assessments of residents' ability to make day to day decisions about their care were evident in care records and staff were noted to promote independence in areas such as making choices about clothing, meals and activities as well as promoting and prompting walking to maintain levels of mobility.

Staff conveyed positive attitudes about their roles in relation to enhancing the quality of life of residents. Specialist care needs were reviewed regularly by the multidisciplinary teams and care interventions were altered as residents' needs changed. Some residents were provided with additional supports from personal assistants for varied periods to enhance their quality of life and this reflected a person centred approach had been adopted.

Care plans and risk assessments were reviewed every three months or more often if the resident's needs changed. Residents and family members were invited to take part in the reviews if they wished to do so. The inspector reviewed a sample of care plans and found that they reflected the resident's current needs, daily routines and preferences.

Residents' needs were met through a range of nursing, medical and specialist health care services. Physiotherapy and occupational therapy input was available from in house staff employed by the provider. This ensured that staff had access to specialist advice and guidance that was supplemented by community multi-disciplinary staff and ensured that residents who had complex medical and cognitive problems were assessed and reviewed regularly to ensure appropriate care was delivered. Dietetics, speech and language therapy, psychiatry of old age and chiropody were available through a clear referrals process.

Residents told the inspector that they enjoyed their meals and that the food was good. There were sufficient staff available at meal times to support and encourage residents to enjoy their meals and to ensure that they were able to take adequate food and fluids. Drinks and snacks were served throughout the day and were available in all communal rooms.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one-to-one activities for those residents who needed a higher level of supervision and support.

Residents told the inspector that they felt safe in the centre and that they were able to talk to staff and nurses if they had any concerns. Staff attended safeguarding training during 2017 according to records provided to the inspector and new staff

were scheduled to attend training. The person in charge was one of the designated staff trained by the Health Service Executive to deliver training on the safeguarding vulnerable adults procedures.

There were comprehensive fire safety procedures in place and staff working in the centre had attended fire safety training and fire drills. Staff were aware of what to do to keep residents safe in the event of a fire. There were regular checks of fire safety equipment and means of escape. Some residents had requested that their bedroom doors be left open and this was recorded in the summary information on residents needs should an evacuation of the centre be required. These doors did not have self-closure devices which would ensure that they would close in the event of the fire alarm being activated and this created a risk as staff would be unlikely to be able to close all the doors in a timely way in an emergency. The record of fire equipment was incomplete as it did not include fire extinguishers.

Residents told the inspector that they were comfortable in the centre and that their accommodation met their needs. Residents' bedrooms were organised according to their choice and privacy curtains were available in rooms occupied by more than one person. Residents had adequate storage space for clothes and personal belongings. Some residents had personal items such as photographs and ornaments on display in their rooms.

There were communal toilets and bathrooms in each unit. Toilets and bathrooms had grab-rails and call-bells in place however in view of the dependency needs of residents and the emphasis on promoting independence the provision of grab rails required review in some areas to ensure residents had a rail on each side to support themselves safely. Call bells also needed to be identified clearly as in some areas they could be confused with light cords. Each unit had a comfortable sitting and a dining room. There were small seating areas in each unit where residents could sit quietly on their own.

The centre had a centrally located courtyard garden. There was seating available so that residents could sit outside in comfort.

### Regulation 10: Communication difficulties

Several residents had communication problems and communication needs were described in care plans with the appropriate interactions that were required to support the resident to communicate freely and to their maximum ability.

Judgment: Compliant

## Regulation 11: Visits

The centre had an open visiting policy and the inspector saw that visitors were welcomed at varied times of the day. There was a private area available where residents could meet with their visitors in private if they wished to do so.

Judgment: Compliant

## Regulation 12: Personal possessions

There were clear policies and procedures in place to ensure that residents had access to and retained control over their personal property, possessions and finances.

The inspector noted that all rooms had wardrobe and chests of drawers that were adequate for the storage of their clothing and personal belongings.

Judgment: Compliant

## Regulation 17: Premises

The following premises issues were noted to need attention:

- Call bells in some toilets needed to be identified more clearly to ensure residents could distinguish them from light pull cords
- The carpet in a sitting area was uneven in some areas and required attention to prevent trips
- The ventilation in the smoking room required improvement as the smell of smoke intruded into the adjoining hallway
- The provision of handrails in toilets required review as some had a handrail on one side only and may not support frail residents adequately

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Menus offered plenty of variety and were altered seasonally. Residents who had specific dietary needs were provided with appropriate meals and drinks in line with their care plans.

There were adequate staff available to assist residents at meal times and at times when drinks and snacks were offered throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

Residents confirmed that they were given information about the centre before and after admission. There was a statement of purpose and a residents' guide that described the services and facilities available.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and associated procedures to guide staff on risk management as required by Schedule 5 of the regulations. The policy included the arrangements in place for recording incidents and adverse events. There was a plan in place to guide staff actions if there was an emergency and the centre needed to be evacuated.

Judgment: Compliant

### Regulation 27: Infection control

Staff interviewed were familiar with the cleaning procedures and how to ensure good infection control practice.

Judgment: Compliant

## Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place. All fire equipment and means of escape were checked regularly. The inspector noted that information was provided for staff on the residents rooms where they had expressed a wish to have their doors left open. These doors did not have a self-closing devices and would not close in the event of the fire alarm sounding without staff going around to close them which created a risk. This arrangement required review.

The required record of fire equipment was incomplete as equipment such as fire extinguishers had not been included.

All staff received fire safety training and this was supplemented by regular fire drills. The majority of staff were trained to fire warden standard and completed in October, November and December 2017.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Each resident had a comprehensive pre-admission assessment prior to admission to ensure that the centre could meet their needs. Following admission nursing staff completed a further assessment of the resident's health, personal and social care needs. A care plan was developed with the resident and their family within 48 hours of admission. Care plans were reviewed four monthly or more often if the resident's needs changed.

Care plans for problems such as wound care and epilepsy were noted to provide appropriate guidance for staff . Wound care problems were assessed, managed well and referred for specialist advice where needed. Wounds were noted to be responding well to the care interventions in place.

Judgment: Compliant

## Regulation 6: Health care

The provider had ensured that residents had good access to a wide range of health services to meet their individual needs. Specialist services were actively involved in

the care of the majority of residents and care needs, progress and future plans were reviewed regularly.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a low use of restraints such as bed-rails. Appropriate assessments, reviews and safety precautions were in place when they were used.

There were few instances responsive behaviours and staff had appropriate care plans and techniques in place to support residents in line with the resident's care plan.

Judgment: Compliant

### Regulation 8: Protection

All staff interviewed were aware of their role and responsibility to protect residents and could describe how they would report an incident of abuse. Staff had received training on safeguarding and further training was scheduled.

The person in charge investigated any allegation or incident of abuse in line with the centre's policies and procedures. Extensive records of all incidents, investigations and outcomes of investigations were maintained. Residents who had ward of court arrangements in place were protected according to the safeguards established to protect them.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights, spiritual needs and personal choices of residents were respected.

The centre had an activity schedule in place. Residents could choose which activities

to take part in and where they declined to do an activity this was respected by staff.

Judgment: Compliant



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

Regulation Title	Judgment
<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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brentwood Manor OSV-0000322

Inspection ID: MON-0022246

Date of inspection: 05/06/2018

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• S – 1. Call bells, present in all toilets, will be more clearly identified as such.               <ol style="list-style-type: none"> <li>2. The carpet in one sitting area will be reviewed and re-layed as appropriate.</li> <li>3. Ventilation will be improved in the smoking room and staff will be reminded to keep the door closed.</li> <li>4. A review of additional handrail requirements based upon resident need will be undertaken.</li> </ol> </li> <li>• M – (1-4) An audit of call bell identification in toilets, one carpet area, smoking ventilation arrangements and handrail requirements will be undertaken by the PIC and a further maintenance plan initiated. This will be further reviewed by the Regional Manager for completeness.</li> <li>• A – Through monitoring reviews.</li> <li>• R – Realistic and achievable.</li> <li>• T – 17<sup>th</sup> August 2018</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• S – 1. A review will be carried out by the PIC of residents who request their bedroom door to remain open and of any self-closing devices required.               <ol style="list-style-type: none"> <li>2. Albeit the record of fire equipment was available on the day of inspection, including fire extinguisher daily checks, an additional document will be added to the record of fire equipment</li> </ol> </li> <li>• M – Ongoing monitoring by PIC and the Regional Manager.</li> <li>• A – Through rigorous audit and monitoring.</li> <li>• R – Realistic and achievable.</li> <li>• T – 17<sup>th</sup> August 2018.</li> </ul>	

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	17 <sup>th</sup> August 2018 and ongoing.
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	17 <sup>th</sup> August 2018 and ongoing.
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Yellow	17 <sup>th</sup> August 2018 and ongoing.