

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	ORG-0000325
<b>Centre address:</b>	Hazelhill, Ballyhaunis, Mayo.
<b>Telephone number:</b>	094 963 1555
<b>Email address:</b>	brookvalemantor@brindleyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brindley Manor Federation of Nursing Homes
<b>Provider Nominee:</b>	Amanda Torrens
<b>Person in charge:</b>	Evelyn Doyle Douglas
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	14

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
25 March 2014 10:30	25 March 2014 18:00
26 March 2014 10:00	26 March 2014 19:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, risk management documentation, accident and complaint logs, and medication charts. The inspector also read the questionnaires which had been completed by residents and relatives and these indicated a high level of satisfaction with the service.

Since the last inspection, the provider and person in charge had been working to address the issues identified in the last inspection report and the inspector found that the required actions had largely been addressed. Issues around fire safety, assessment and care planning had been addressed, while allocation of staff responsibilities, medication management and policies required some further

development.

The building was warm, clean, comfortably furnished and residents had access to a safe and secure outdoor area. Residents' health and social care needs were well met, there was a good standard of catering and the provider had measures in place to promote the safety of residents.

At a feedback meeting at the conclusion of the inspection, the provider and person in charge stated the issues requiring improvement would be addressed.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was an up-to-date statement of purpose that accurately described the service provided in the centre and included the requirements of Schedule 1 of the Regulations. It was kept under review by the person in charge and was available to residents.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge confirmed that each resident had a contract of care. The inspector viewed a sample of contracts of care which were in line with legal requirements and detailed the fee to be charged, the services that were included in the fee and services that required an additional payment.

The contracts viewed were suitably agreed by the person in charge, on behalf of the provider, and the residents.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. She kept her skills and knowledge up to date by attending nurse training days and reading nursing journals and online publications. Since the last inspection the person in charge had undertaken training in nutrition, hydration and end of life care.

The person in charge was supported by an assistant director of nursing who worked alongside her and assisted her with the governance of the centre.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

During the inspection, the inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents and medical and nursing

records. The documents viewed were informative and generally in line with legal requirements, however, the operational policies required some further development. While there was a range of centre-specific operational policies available, some of the policies viewed, such as the risk management policy, did not provide information in sufficient detail to guide staff. Deficits in policies are further discussed in outcomes 6 and 7 of this report.

### **Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

During the inspection the provider was aware of her responsibility to notify the Authority if the person in charge was absent for an extended period.

There were suitable deputising arrangements in place to cover the absence of the person in charge.

### **Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge, on behalf of the provider, had taken measures to protect residents from being harmed or abused. She had arranged training in detecting and reporting elder abuse and all staff had received this training. Staff who spoke with the

inspector were clear on what constituted abuse and were aware of their responsibility to report any suspicion of abuse. The provider and person in charge were clear on the management and investigation of allegations of abuse.

There was an up to date policy on the management of abuse which provided clear guidance on investigating allegations of abuse against staff members. However, the policy required some further development as it did not provide any information on managing allegations or suspicions of abuse against other people, such as visitors or residents.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

### **Outstanding requirement(s) from previous inspection:**

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

### **Findings:**

The person in charge had put measures in place to protect the safety of residents, staff and visitors to the centre. However, some improvements to the risk management policy were required.

Some risks to residents were identified during a monitoring inspection of the centre in June 2013 and, since then, the provider and person in charge had taken measures to address these risks and increase the safety of residents. For example, thermostatic controls had been fitted to hot water taps to control ensure that water temperatures was maintained at a safe and comfortable level. The inspector checked a range of taps throughout the building and found that the water temperature was acceptable. In addition the inspector found that hazardous materials were suitably stored and secured throughout the inspection. The visitors' book at the reception desk was regularly completed. The administrator prompted visitors to update the book on entering and leaving the building.

There was an up-to-date health and safety statement in place. There was a risk management policy, that was viewed in conjunction with a risk register, the emergency response plan, and risk related policies on challenging behaviour, falls management, infection control, and resident absconsion. The risk register included a range of risks associated with the centre and their control measures. However, the risk management policy required improvement as it did not clearly cover the precautions in place to control all specified risks as required by the Regulations such as measures to control the risk of self harm.



Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. The annual training was delivered by an external agency and on completion staff were designated as fire wardens. Fire awareness training had been provided to new staff by an internal trainer as an interim measure while awaiting this training. Weekly fire drill were carried out in the centre and records were maintained. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire servicing records, which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. Fire extinguishers and emergency lighting were serviced annually and all fire alarms were serviced quarterly. There were records to indicate that weekly checks of fire alarms, fire door mechanisms and boiler house equipment were being carried out by the maintenance person, in addition to daily checks for obstruction of fire doors.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation and emergency transport arrangements. The person in charge explained robust arrangements for managing a loss of water supply and stated that she intended to strengthen the emergency response plan by the addition of these details.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including safe floor covering and handrails on corridors to promote independence. The environment was clean and there was a robust, colour coded cleaning system in place. Staff were very well informed of infection control measures.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

During the inspection the policies and procedures for medication management were generally found to be robust, although there was some improvement required in the administration of medications which had not been suitably prescribed by the general practitioner (GP).

Each resident's medications were stored in the medication trolley in individual compartments. A nurse on duty explained the procedures and practices for medication management and administration. The inspector reviewed the medication prescribing and administration charts and found that they were comprehensively and suitably documented. The medication prescription charts contained the required information, such as residents' names, addresses and dates of birth. There were colour photographs of residents on the charts, which the nurses could check to verify identification if required. The nurses recorded and signed to confirm each medication administered and there was an up to date nurses' signature sheet available. There was an up to date medication management policy available to guide staff.

While most of the medications listed on administration sheets were suitably verified by the GP, some medications had not been individually signed by the GP and the nurses administered medication from these incomplete records. The person in charge and staff stated that they had not been able to acquire individually signed prescription sheets from all residents' GPs, despite having requested this practice.

Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. The inspector did a random check of one medication and found the balance to be correct.

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector reviewed the incident log and saw that relevant details of each incident were recorded together with actions taken.

All quarterly notifications had been suitably submitted to the Chief Inspector.

### **Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to inform the introduction of preventative measures and to develop improvement of practices. The person in charge carried out monthly reviews of practices, including hygiene and laundry, infection control, medication, falls, food safety and privacy and dignity. Compliance scores for these audits showed consistent ongoing improvement.

The person in charge carried out monthly falls audits which highlighted the numbers of falls per month and details of where and when they occurred. While useful information was being collated regarding occurrence of falls, this information had not been further developed to generate control measures, and there was no identification of trends or evidence of learning or improvement in practice recorded.

The person in charge maintained a register of complaints in electronic format and she kept these under informal review. As the numbers of complaints occurring in the centre were low they were not included in the formal auditing system.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector found that residents' healthcare needs were well met. Residents had access to GP and healthcare professionals and there were levels of recreational opportunities and social inclusion provided to all residents. Residents' healthcare needs were assessed and monitored and informative care plans were developed to guide the delivery of care.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of health care services was available to residents, including speech and language therapy and dietetic services. The inspector reviewed residents' records and found that residents had been referred to these services, results of appointments were recorded and care plans were developed or reviewed accordingly.

Pre-admission and comprehensive assessments were present on the sample of files that the inspector read and the person in charge confirmed that they had been carried out for all residents. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, end of life, falls risks, risk of developing pressure ulcers, use of bed rails and mobility issues and found that they were completed to a high standard.

The inspector found that residents had a varied and interesting day and that a good level of social care was provided to residents. There was an activity coordinator employed who had developed a recreational programme based on each resident's lifestyle, activity, interests, expressed wishes and activity assessment. The schedule included therapeutic reminiscence and sensory sessions for residents with dementia, music sessions, arts and crafts, quizzes, gardening, outings and light exercises. The activity coordinator worked in conjunction with the physiotherapist, whose recommendations were incorporated into the day's activities. The activity coordinator was focussed on ensuring that recreational opportunities available to residents were meaningful and interesting to them. Some recent projects included furniture restoration, when several residents worked to clean, sand, resurface and stencil pieces of furniture, which had been completed to a high standard. Residents had also made Christmas and Easter decorations and cards and a group of residents who were keen gardeners had grown vegetables and herbs the previous summer and were planning to do so again in 2014. The inspector observed that a supply of that daily newspapers, books and magazines and the television was available to residents.

## **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **Theme:**

Effective Care and Support

### **Judgement:**

Compliant

### **Outstanding requirement(s) from previous inspection:**

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

### **Findings:**

Since the last inspection, the provider and person in charge had been working to address the environmental deficits identified at the previous inspection and these areas had been satisfactorily addressed. For example, a new smoking area had been provided externally to the building. This area was at an advanced stage of completion was scheduled for opening within the coming week. The person in charge explained that the existing smoking room would be converted to a storage room. In addition, some items of furnishing, which had been identified as defective had been upgraded since the last inspection.

The centre was well maintained, warm, clean and comfortable throughout with a range of tastefully furnished communal space and accessible outdoor space available to residents. There was a well tended garden and a secure outdoor area, with garden furniture, a polytunnel and wheelchair accessible raised beds which included a sensory herb garden. There were well equipped cleaning, sluice and laundry rooms. These rooms were locked when not occupied to safeguard residents and visitors. Bedroom accommodation met residents' needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings displayed. Some bedroom doors had appropriate cues or symbols displayed to assist residents in recognition of their rooms. There were adequate numbers of toilets, bath and shower rooms for residents, staff and visitors to use.

The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. There was an ongoing maintenance plan for the building and the provider outlined a plan to repaint the main circulation areas with a new colour scheme in the near future.

## **Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was evidence of good complaints management.

There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was displayed in the reception area. There was also a person identified in the complaints policy who was responsible for ensuring that all complaints were appropriately responded to.

The inspector viewed the complaints register and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector was satisfied that caring for a resident at end of life was regarded as an important part of the care service provided in centre.

Spiritual care for residents of all denominations could be arranged and the sacrament of the sick was available to any resident who wished to receive it. Staff confirmed that support and advice was available from the local hospice care team. Families could avail of unrestricted visiting time and were provided with food, snacks and drinks as required. Residents who occupied shared rooms were given the option of moving to a single room at end of life.

The inspector viewed a sample of residents' files and care plans and found that staff had been working on recording information on residents' end of life wishes. Records indicated that some residents and their families had not wished to discuss this topic, although others had expressed their wishes and preferences which had been recorded in their plans.

There was an end of life policy in place, which was up-to-date, informative and provided guidance to staff.

At the time of inspection, no resident was receiving end of life care.

### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

#### **Outstanding requirement(s) from previous inspection:**

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

#### **Findings:**

Residents were offered a varied nutritious diet and the quality, choice and presentation of the meals were of a high standard. Some residents required special or modified consistency diets and these needs were met.

The menu plan was devised centrally by the group's catering manager and was revised seasonally. The menu comprised of one main dish of the day, although other alternatives were always available. Staff discussed meal choices with residents in advance of each meal to establish their daily preferences. The inspector met with the chefs who knew all the residents well and was familiar with their likes, dislikes, preferences, additional nutritional and special dietary requirements. Residents told the inspector that they were very satisfied with the standard of catering and the quality of food. They confirmed that they were offered choice at mealtimes and that food, drinks and snacks were available at other times, including night time if they were required. One resident stated that the chef would prepare anything he wanted to eat and he was not limited to the meal choices offered each day.

Meals were served to residents in the location of their choice. Some chose to eat in communal areas or in their bedrooms, while the majority preferred to have their meals in the dining room. The atmosphere during dinner was relaxed and unhurried and staff offered encouragement and assistance as required.

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**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' privacy, dignity, autonomy and religious rights were supported.

Most of the residents occupied single rooms but in rooms which were shared, suitable screening curtains were provided, to give maximum privacy around beds as required. Staff interacted with residents in a courteous manner and addressed them appropriately.

Residents' civil and religious rights were respected. Weekly Mass took place in the centre and the Sacrament of the Sick was administered each month or as required. There was a Blessed Sacrament chapel in the centre, which could be used for private prayer, or could be incorporated into an adjoining sitting room if required for other purposes. During the inspection a group of residents recited the Rosary together in one of the sitting rooms. Roman Catholicism was the only religion practiced in the centre at the time inspection, but staff said that residents from all religious denominations would be supported to practice their religious beliefs if required.

The person in charge had made arrangements for in-house voting, and all residents were offered the opportunity to vote either in the centre or at the community polling station.

The person in charge had measures in place to communicate with residents and to establish their views. The activity co-ordinator had close interaction with residents and spent time chatting with them and establishing their views particularly in relation to recreation and leisure activities and incorporated their wishes into meaningful activity plans.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them. There was a residents' committee in place and all residents were invited to attend meetings which were held quarterly.



The inspector read the minutes of some of these meetings and noted that views and suggestions expressed by residents were taken seriously. For example, residents had requested that they get their throats blessed for St. Blaise's day and this had been organised. They had suggested at a recent meeting that they would like to start working on hanging baskets and window boxes for the summer and to have pets visit them in the centre and both of these suggestions were being planned. Residents had also suggested that a model traditional fireplace and hearth that they had made as an arts and crafts project be displayed in a sitting room, where it could be enjoyed by all and this had been arranged. In addition to the residents meetings, residents had the opportunity to regularly complete satisfaction questionnaires. There was a good level of satisfaction with the service expressed by residents in the sample of questionnaires read by the inspector.

The provider, person in charge and activity coordinator promoted links with the local community. Staff sometimes brought residents out in the local community and last summer brought a group of residents to Dublin zoo. Some of the residents accessed the local area independently.

Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a comfortable private visiting room. There were facilities for visitors to make refreshments as required.

### **Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

There was a laundry room for washing and drying residents' clothing and an adjacent room where clothing was sorted and ironed. All clothing was labelled discreetly. Feedback from residents and relatives indicated that they were satisfied with the laundry arrangements, that there was a good system in place for managing residents' laundry and that clothing was not mislaid.

Residents were encouraged to personalise their rooms and the inspector visited rooms decorated with photographs, pictures and other personal belongings. All residents had adequate storage space for clothes and personal possessions and lockable storage for valuables was also provided.

At the time of inspection the management team in the centre were not managing property or valuables for any residents. The administrator explained the system for the safekeeping of residents if required. There was a secure and transparent system for recording money received for safekeeping and money returned to residents. These transactions were signed by both the resident and the staff member, or where this was not possible the transaction was witnessed and signed by another staff member. There was a safe available for the storage of valuables.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

#### **Theme:**

Workforce

#### **Judgement:**

Non Compliant - Moderate

#### **Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

#### **Findings:**

The inspector found that issues identified at the last inspection had been addressed in respect of cover arrangements for the person in charge's absence, but had not been addressed in respect of staff supervision of residents. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on staffing levels. Residents' and relatives' feedback indicated that there was always enough staff on duty and that they were satisfied with the level of care provided by staff.

The inspector found staffing levels and skill-mix was satisfactory however, staff allocation to designated areas was not consistently organised to meet the needs of residents. There was no planned approach for staff supervising and integrating with residents in the communal areas. On the days of inspection, the inspector observed staff to be task oriented and there was very little social or recreational opportunities provided to residents other than that provided by the activity co-ordinator. The inspector noted at several times throughout the inspection, that residents were left unattended for periods in the sitting rooms. The impact of staff organisation on residents was discussed with the provider and assistant director of nursing, who agreed to review staffing levels, skill-mix and work organisation and planning.

The staff rosters viewed by the inspector clearly indicated that the person in charge was on duty in the centre most weekdays, and arrangements were in place for role of person

in charge to be covered in her absence, including at weekends. There were arrangements in place for a senior manager to be on call out of hours, such as at night-time.

The inspector read a sample of staff files, which were in line with the requirements of the regulations and contained the required information, such as evidence of the employee's mental and physical fitness, photographic identification, three references and Garda Síochána vetting. There was a staff recruitment policy in place.

Training records indicated that staff had attended a variety of training in addition to mandatory training, including training in various aspects of nutrition, hydration management and care of the older person. One staff member had completed a cardiac response course, a stroke care management course and a course in delivering a recognised therapy for residents with dementia. The person in charge had scheduled for several staff to attend training in diabetes care and wound care management in the near future.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

## ***Report Compiled by:***

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## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	ORG-0000325
<b>Date of inspection:</b>	25/03/2014
<b>Date of response:</b>	26/06/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

The elder abuse policy required some further development as it did not provide any information on managing allegations or suspicions of abuse against other people, such as visitors or residents.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

Our elder abuse policy has been reviewed to incorporate the management of allegations or suspicions of abuse by visitors or other residents

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale:** 01/05/2014

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

The risk register did not clearly cover the precautions in place to control all specified risks as required by the Regulations such as measures to control the risk of self harm.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Please state the actions you have taken or are planning to take:**

The risk management policy and register are being reviewed to take account of all regulatory requirements

**Proposed Timescale:** 31/05/2014

### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

Some medications listed on administration sheets had not been individually signed by the GP and the nurses administered medication from these incomplete records.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**

We continue to ask the GP in question to sign each item prescribed, rather than placing a bracket, ie. }, around all items and signing next to the bracket.

A copy of this report with an accompanying letter, will be sent to the GP following publication of the report

**Proposed Timescale:** 30/06/2014

## **Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:** Effective Care and Support

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

The information collated in the falls audits had not been further developed to generate control measures, and there was no identification of trends or evidence of learning or improvement in practice recorded.

**Action Required:**

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

**Please state the actions you have taken or are planning to take:**

A system to show the generation of control measures, based on identification of trends and 'lessons learnt', is being developed. This system will provide a framework for recording practice and service improvements.

**Proposed Timescale:** 30/06/2014

## **Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff allocation was not consistently organised to meet the needs of residents.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

Staff allocation has been reviewed to ensure supervision of residents in all areas.

**Proposed Timescale:** 31/03/2014