



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

Issued by the Chief Inspector

Name of designated centre:	Brymore House
Name of provider:	Brymore House
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 March 2022
Centre ID:	OSV-0000120
Fieldwork ID:	MON-0036495

About the designated centre

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

The designated centre provides care and accommodation for 29 residents; male and female over the age of 18 years. Types of care provided are long term care, transitional care and care for adults with dementia or other cognitive impairments. The centre is situated close to Howth centre and local shops and amenities. Off road car parking is available with wheelchair access provided on the ground and top floors of the building. The centre is accessible by local bus routes. This is a purpose built centre designed and opened in 1990. The building has been updated and extended to provide the current accommodation over three floors. There is a passenger lift between floors. Accommodation is provided in mostly single rooms some of which have en-suite shower and toilet facilities. There is one twin room on the middle floor. Communal shower/bath rooms are available on each floor.

Communal lounges and dining rooms are nicely decorated and provide comfortable areas for residents to congregate and socialise. There is a quiet room available on the middle floor where residents who prefer to spend their time quietly can sit or meet with their visitors in private. The dining room is situated on the ground floor overlooking the garden.

There are two garden areas; a small courtyard with seating and planting which can be accessed from two of the bedrooms on the ground floor and the main garden which is a pleasant enclosed lawned area to the rear of the building.

The centre is family owned and run. There is a registered nurse on duty at all times. The person in charge and the provider are available in the centre Monday to Friday and are well known to residents and their families. There is an open visiting policy in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 March 2022	09:15hrs to 16:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Brymore House and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with the inspector expressed great satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared very relaxed.

On arrival at the centre the inspector was met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask and temperature monitoring. Inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE).

Following a short opening meeting, the inspector was accompanied on a tour of the premises by the person in charge.

Residents' accommodation and living space was laid out over three floors which were served by a lift and all areas were easily accessible to residents. Inspectors saw that there was sufficient secure storage in most residents' bedrooms and that each had a television for entertainment. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed throws and cushions, to help them feel comfortable and at ease in the home. Accommodation was provided in mostly single rooms some of which had en-suite shower and toilet facilities. However there was one double room which did not afford residents the space to maintain their privacy and dignity. Communal shower/bath rooms were available on each floor. There was a variety of different spaces for residents to use throughout the day. There was comfortable day and dining spaces for residents to relax on each floor. The design and layout of the home promoted free movement. .

The inspector spoke directly with five individual residents. One resident commented "Spring is here and life is good". Overall feedback from residents spoken with was that the staff who delivered their care were kind and attentive. One resident described the staff as 'very good'. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Call bells were answered promptly and staff were seen knocking on bedroom doors prior to entering.

Residents spoken with were highly complimentary of the service received and told the inspector that they felt safe and very well cared for living in the centre. The inspector observed that the care staff knew the residents well and were aware of their individual needs. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported. Residents were familiar with the name of the person in charge and other staff members. They said that they

were approachable and would address any concerns brought to their attention.

Mealtimes were seen to be an enjoyable and social occasion. The inspector sat with a group of eight residents having their midday meal. The residents expressed a high level of satisfaction with the meal. Staff assisted residents, in need of support during mealtimes, in a kind and patient manner. Choice was seen to be offered, there was a written menu available and staff informed residents of what options were on offer. However a pictorial menu may have benefited residents who required extra communication support. Residents were celebrating St. Patrick and they had the option of a selection of alcohol beverages. Fresh water was also available in dispensers and in jugs the centre so that residents could get a drink of fresh water as required throughout the day.

A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the live music. A residents' meeting held on the 20 January 2022, recorded that there were plans to develop a vegetable plot in the garden this year, as the herb garden had proved very successful. The Inspector observed a resident outside tending to the garden during the morning period.

During the course of the day, the inspector observed visitors arriving to the home, where they adhered to the infection prevention and control measures in place. One visitor spoken to said that they were delighted that visiting arrangements were now less limited in line with the Health Protection and Surveillance Centre (HPSC) guidelines on visits. They reported that the home had frequently communicated with the family during times of no indoor visits and that they were very grateful for this. A resident survey carried out in March 2021 in relation to the restrictions that had been in place, captured the real life impact on a resident who was missing their spouse, who commented "The hugs on the big screen can't replace the real thing".

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

Capacity and capability

Overall, the findings of this inspection show that this was a well-governed centre which ensured that residents received high quality, safe care. The management structure was clear and the lines of authority and accountability were clearly outlined and reflected the statement of purpose.

On the day of the inspection there were 21 residents living in Brymore House with 8 vacant beds. Brymore House is owned and managed by Brymore House Nursing Home Limited. The management team was made up of the registered provider and the person in charge, and each were aware of their role and responsibilities. This

ensured that the service provided was safe, consistent and effectively monitored. The provider visited the centre regularly and met monthly with the person in charge to discuss areas of governance. However some areas such as fire, premises and infection control required action.

The centre had written policies and procedures in place, which were reviewed and updated in accordance with best practice guidelines. These policies included those specific to COVID-19 pandemic and public health guidance. The centre had not experienced an outbreak of COVID-19, however the provider had a comprehensive COVID-19 contingency plan in place.

The management oversight of the servicing of equipment required action, the centre's bedpan washer had not been serviced since 2019, this item requires an annual service.

There was no fire safety risk assessment available to inform management oversight to ensure adequate precautions were being put in place to manage risk related to fire. Areas identified as potential risks on inspection included an inner bedroom contained within a room and a lift without the protection of a lobby. This is further discussed under Regulation 28: Fire

Residents and family members spoken with told inspectors that they would know how to make a complaint if needed and felt supported by all staff to do so. Inspectors reviewed the complaints log which evidenced that complaints received were well managed and resolved. The documentation showed that the management team engaged with the complainant to ensure that all reasonable measures were taken to ensure a satisfactory outcome. However the complaints procedure was not displayed in a prominent position within the centre.

The floor plans did not reflect the current use of rooms, vacant bedrooms were being used as store rooms. Inappropriate storage of personal protective equipment on the floor in these rooms meant it was not possible to effectively clean these areas. The double room had no works carried out in order to ensure each resident had private personal space of at least 7.4 square metres, this was previously identified in the last inspection. This is further discussed under Regulation 17: Premises.

An annual review report for 2020 was available to inspectors, and included direct consultation with residents

Regulation 21: Records

Staff files reviewed were seen to be kept in accordance with schedule 2.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate produced following the inspection evidenced that the centre had an appropriate level of insurance in place covering injury to residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with lines of authority and accountability. However management systems had not identify issues to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

- The registered provider did not have a fire safety risk assessment carried out by a competent person to identify risks and guide managers in their oversight of fire precautions.
- The risk register did not include Legionella disease, this was previously addressed on the last inspection.
- The registered provider had not progressed works on reducing the double occupancy room to a single room, so as to come into compliance with Regulation 17:Premises, this was highlighted on a previous inspection and had not been addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose was not reflective of the current registration.

- The centre's statement of purpose had seven conditions listed not three in line with their current registration.
- The registration end date was not correct as per current registration
- Vacant bedrooms were currently being used as store rooms did not correspond to the floor plans or the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received a service which enhanced their quality of life. Staff supported residents to access health services and to make choices about their daily living routines and activities. Residents welfare was maintained by good quality evidence based care. The centre was clean and furnished in a homely manner to meet the needs of residents, however the double bedroom required action to ensure compliance with Regulation 17: Premises.

Inspectors reviewed documentation related to the care of six residents. Care plans were person-centred and were informed by a number of clinical assessments covering all aspects resident's care including mobility, nutrition, cognition and skin care. Pre-admission assessments were completed to gather information about residents needs prior to their admission to the designated centre. Care plans were reviewed every four months or earlier if residents' circumstances changed.

Two General Practitioners (GP's) visited the designated centre regularly. There was access to palliative care and psychiatry of old age through a referral system. Residents also had access to a number of allied health professionals including physiotherapist, dietetics, occupational therapy and speech and language therapy. Access was also available to the national screening programmes, one resident's care plan recorded that they had attended for retina screening.

Inspectors saw evidence that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort) were treated with respect and dignity by staff. Staff were observed to gently talk to residents and redirect them to sitting and communal areas. Residents were given time to express their concerns and support to maintain their safety. Where restrictive practices were in use, documentation was in place which recorded the reason for the practice, and when it was used. It was used as a last resort when least restrictive alternatives had failed. A positive approach and occupation was adopted to responding to individuals' behaviours that promoted positive outcomes for residents. Approaches were based on staff knowing and understanding the person's usual behaviours and adapting their environment in response to triggers that they identified such as noise levels.

The provider had in place adequate facilities and resources to support recreational activities for residents, and many residents were observed to partake in group and one-to-one recreational activities during the inspection. In a review of resident's meeting minutes, there was positive feedback for the activities provided, with live music and the herb garden proving popular amongst residents.

A choice of food was offered at mealtimes. Written menus were available to residents in dining rooms and staff were observed to ask residents what their

preferred option was at lunch, and alternatives to the choices on offer on the day were available if requested by residents. There were adequate staff to assist residents with their meals and this was seen to be performed in a discreet and respectful manner and mealtimes were observed to be social and relaxed occasions.

The registered provider had a COVID- 19 contingency plan and an infection prevention and control policy in place to guide staff. Inspectors observed staff adhering to good hand hygiene practice and the correct use of PPE throughout the day. Housekeeping staff who spoke to inspectors were knowledgeable about good infection prevention and control procedure. For example staff were able to describe how they used single mops for each room and separated soiled and clean mops to prevent cross contamination. The provider had sufficient cleaning resources in place and the centre was clean and tidy. However, redecorating was required in areas and some repairs to skirting boards were also necessary to ensure effective infection prevention and control practices could be completed.

A sample of cleaning schedules was viewed by the inspector and found to be completed by staff. A rota of the deep cleaning of communal areas and residents bedrooms was maintained on a daily basis. The inspector found that there were risks of cross contamination due to the storage of some items on the floor in cleaning stores and there was no cleaning schedule available for the carpet on the stairs. Access to the sinks in one sluice room was hampered by a general waste bin. The bedpan washer was not serviced since 2019, this would also increase the risk of cross contamination, as it would be difficult to determine if equipment was being cleaned effectively,

The management team was responsive to managing identified risks and in monitoring for emerging risks within the centre. A comprehensive risk register had been developed which included both clinical and non-clinical risks. There was a safety statement in place. Accidents and incidents were reviewed in a timely manner and appropriately responded to. However Legionella disease was not identified as a risk on the risk register. This was also identified on a previous inspection.

The fire alarm system, fire extinguishers and emergency lighting in place was maintained and serviced regularly, as required. Emergency procedures in evacuation required review to consider the building compartment layout and escape routes. Staff were unaware of the fire compartments for the purpose of evacuation. The emergency lightning in all areas did not lead to the nearest fire escape. A bedroom contained as an inner room off a sitting room, this meant it was necessary for residents to pass through another room to reach a fire escape.

Regulation 11: Visits

Visiting was observed in the centre on the day of inspection, each resident also had

an identified nominated person within their care plan in the event of Covid -19.

Judgment: Compliant

Regulation 17: Premises

The private and communal areas of the premises met the needs of most residents, however actions were required in the double occupancy bedroom and the maintenance of the building as set out below:

- The double bedroom although currently occupied by one resident, was configured for two bed spaces, which did not have enough personal private space to include their bed, seating and storage. This had previously been addressed in the last inspection however no action had been carried out to re-configure the room to a single bedroom. The person in charge gave assurances on the day of inspection that the room was being reduced to single and occupancy and an application to vary condition one and condition three would be submitted to the Chief Inspector
- Door frames and skirting boards throughout the centre had chipped paint and wood
- Some interior walls had chipped paint.
- There was a lack of suitable storage space for items such as continence wear, personal protective wear and equipment.

Judgment: Not compliant

Regulation 27: Infection control

The inspector observed that improvement was required in the following areas:

- Furniture was not replaced or refurbished in a timely manner, for example fabric furnishings were seen to be discoloured and torn.
- There were risks of cross contamination due to the storage of some items on the floor in cleaning stores.
- Access to the sink in one sluice room was hampered by inappropriate storage. Access to a sink in a bathroom was hampered by the location of a general waste bin.
- The bedpan washer was not serviced since 2019 therefore equipment may not be cleaned effectively.

- No flushing system of unused water outlets was in place, which presented a risk of Legionella disease.
- The hairdressers sink was located in the visitors toilet facilities which presented a risk of cross contamination
- There was no cleaning schedule record for the cleaning of the carpet on the stairs.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The evacuation procedures to provide safe emergency evacuation from all floors and compartments in the event of a fire required review.

- Emergency procedures for evacuation did not include the building compartment layout and escape routes, for example staff were required to move all residents outside in the event of fire evacuation.
- Staff were unaware of the fire compartments for the purpose of evacuation.
- The emergency lighting in all areas did not lead to the nearest fire escape. For example room four's fire emergency light signage did not lead to the nearest fire exit.
- One bedroom was an inner room off a sitting room, this meant it was necessary for residents to pass through another room to reach a fire escape thus delaying the evacuation.
- The lift that serviced the designated centre was situated in the corridor, without the added protection of a lobby which could be sealed off in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A pre assessment was carried out on each resident prior to admission. A comprehensive assessment followed within 48 hours of admission and a range of validated assessment tools were used to inform the care plans seen developed. Residents, and where appropriate, their relatives or friends, were involved in the care planning and support decisions made. Residents care plans were formally reviewed at intervals not exceeding four months or sooner if changes had occurred.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to their General Practitioner (GP) and to specialist health and social care agencies.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Practice was in accordance with national policy of the Department of Health. Staff had up-to-date knowledge and skills, appropriate to their role, were able to respond to and manage behaviours that were challenging.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially 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

Compliance Plan for Brymore House OSV-0000120

Inspection ID: MON-0036495

Date of inspection: 15/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: We have organised to have a fire safety risk assessment completed by our Fire engineer who completes fire safety inspections every quarter.</p> <p>Our risk register now includes Legionella & a risk assessment has been completed by an external auditor.</p> <p>The double occupancy bedroom has now been reduced to single occupancy & reflected in statement of purpose</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Our statement of purpose was updated in October 2020 (version 13) & July 2021 (version 14) & includes all correct information including conditions.</p> <p>Bedroom 23 which was being used as a temporary PPE storeroom has now been cleared</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The double occupancy room has now been reconfigured to a large single room & application to vary conditions have been submitted.</p> <p>Our repair & refurbishment programme is continuous & ongoing & any damaged areas will be repaired.</p> <p>Due to receiving large unordered PPE supplies form HSE which we cannot return, we had to use a vacant bedroom as a temporary store however our storage areas have been reconfigured to accommodate all supplies.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Any fabric furnishings have been removed from the premises.</p> <p>All cleaning products are now stored on shelving.</p> <p>Clear access is in place to sink in sluice room & all bathrooms.</p> <p>We have a contact with Arjohuntleigh to service the bedpan washer & have requested a service.</p> <p>Our Legionella risk assessment now includes a water flushing schedule.</p> <p>Our visitors washroom is used by the hairdresser for a half a day once a week & is thoroughly cleaned prior to & after her visit as well as on a daily basis as part of our cleaning schedule so we therefore consider the risk of contamination to be minimal & have risk assessed this area.</p> <p>We now in place a carpet cleaning schedule for the stairs.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Building compartment layouts are now contained within our fire register & all staff have</p>	

received education in this area .Full fire training is provided to all staff & 80% of all staff are trained fire marshals (October 2021)

While we complete full evacuations every 6 months we have now also commenced partial evacuations every quarter.

Our fire engineer has completed an emergency lighting signage check.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/05/2022
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.	Not Compliant	Orange	30/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/05/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/06/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	18/06/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Not Compliant	Orange	31/05/2022

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/05/2022
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	15/05/2022