



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

## Issued by the Chief Inspector

Name of designated centre:	Bramleigh Lodge Nursing Home
Name of provider:	Bramleigh Lodge Nursing Home Ltd
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	15 December 2020
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0031476

## About the designated centre

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

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Bramleigh Lodge Nursing Home Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	24
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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 December 2020	10:30hrs to 16:30hrs	Helena Grigova	Lead
Tuesday 15 December 2020	10:30hrs to 16:30hrs	Mary O'Donnell	Support

## What residents told us and what inspectors observed

Inspectors met all the residents and spoke with residents who were willing and able to converse. The feedback from residents was positive. This was a nice place to live, the food was good and staff were friendly and kind. Residents acknowledged that COVID-19 had impacted on their quality of life, they appreciated the efforts that staff had to keep them safe and to keep COVID-19 away.

Inspectors saw that the centre is located close to Cahir and parking spaces were limited but visitors could use a nearby public car park. Inspectors arrived unannounced and saw that many residents were enjoying their elevenses. A variety of drinks and biscuits were offered. Breakfasts were served from 8am and residents were satisfied that they could have breakfast in their rooms or in the dining room. Some residents were in the day room, others were in bed or just getting up and some residents were sitting out, watching television in their room. Residents confirmed that they were offered choice in relation to when they got up, if they wished to shower and what they wanted to wear. One lady who was in bed, told inspectors she was feeling lazy and may decide not to get up at all. She said she sometimes enjoys a duvet day. The inspectors noted that most of the rooms had a wall clock and a wall mounted television set. Many of the bedrooms were personalised with pictures, ornaments and family photographs. Residents expressed satisfaction with the laundry arrangements and inspectors noted that each resident had a double wardrobe and their clothes were ironed and neatly folded or on hangers. Each resident had a lockable unit for secure storage.

Residents' had personal emergency evacuation plans accessible to staff but mobility, soft copies of residents' moving and handling assessments were in the nurses' office. These were no copies available to staff in the resident's room to ensure that they were fully informed to provide safe care. This would have implications if agency staff or relief staff were employed in the event of a COVID-19 outbreak.

Inspectors saw that there was a daily activity schedule posted on the notice board. Activities included stretching exercises, rosary, imagination gym and games. The activity schedule had been revised following feedback from residents. Information on residents' backgrounds, lifestyles and hobbies was held in the residents' files and it was evident that residents' interests and capabilities informed the activity schedule. Health care attendants had a role to meet residents' social needs and on days when the activity coordinator was off they were delegated responsibility for activities. Inspectors observed staff of all grades chatting with residents and interacting socially at mealtimes. Apart from one resident who commented that it was sometimes a bit quiet, the residents who spoke inspectors were satisfied with activities provided and opportunities for social engagement.

Two residents said they remained in their rooms because she they felt safer there. Some residents enjoyed reading and they said that staff had kept them supplied with newspapers and books. The activity coordinator had completed a sensory

training programme for residents who required one-to-one interaction and she had plans to organise a knitting circle for residents who enjoyed crochet and knitting. Some residents had their own mobile phones. Residents also used Skype and technology which helped them to stay in touch with their families. Residents reported that their views were listened to and they often shared their views with the person in charge. They attended residents' meetings and they felt their suggestions and their views were welcomed and acted upon.

Residents were complimentary about the food and said they were offered choice at all meals. Inspectors saw that the lunch and desert served during the inspection was both appetising and in good portions. Most residents had dinner in the communal rooms with arrangements for them to maintain a social distance. Staff sat with residents who required assistance and encouraged residents to chat. A few residents choose to have their meals in their rooms. Inspectors noted the meals were served hot and they saw staff offering resident's deserts and drinks and checking if they had what they required. Residents spoken with confirmed that drinks and snacks were available between meals and at night time. Residents' nutritional status was monitored closely and inspectors reviewed hard copies of daily food records which stated how much each resident ate at mealtimes.

Residents told inspectors that they got on well with staff and found them very helpful. All the residents who spoke with inspectors were very complimentary about the staff. Residents were disappointed that visiting restrictions were in place but were glad that level 5 restrictions had been lifted.

Inspectors saw that residents were supported by staff to access telephones, IT communications and newspapers and enjoyed religious services on the television.

Residents said they were kept up to date about COVID-19 at residents' meeting and when they spoke with the staff and the person in charge. They felt fully informed of precautions they all had to take and some residents were seen using hand sanitizers.

## Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The last inspection was carried out on 19 February 2019. The nursing home is operated by Bramleigh Nursing Home Ltd, who is the registered provider. In October 2019 there was a change of company directors. The two company new company directors are involved in the operation of one other nursing home and one of the directors is the Operations Manager. The person in charge reported to the Operation Manager. To date the centre has had a good compliance history.

To ensure a smooth transition, there were weekly integration meetings to oversee the implementation of new processes. The senior management team met monthly

and the minutes from the meetings were available to review. Statistical information was gathered weekly to inform the management team and key performance indicators were regularly reviewed and acted on. This ensured that the quality of care was monitored and improved. A comprehensive auditing system was in place and inspectors saw the auditing schedule for the year ahead that looked at all areas of care provision. The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19. Testing of staff for COVID-19 had been taking place and the results to date had not detected COVID-19. Further testing of staff was scheduled on a fortnightly basis.

The centre had written policies and procedures which were reviewed and updated in accordance with best practice guidelines. A record of incidents was maintained in the centre and had been notified to the chief inspector, as required by the regulations. The inspector reviewed the complaints log which indicated that complaints were investigated and the outcome of the complaints process was recorded and used for quality improvement.

The provider had continued to invest in the premises and staff training. However, staffing arrangements especially at night were inadequate to manage and contain a COVID-19 outbreak in the centre. Household services were available for six days and required review. The management team were working to recruit new staff with appropriate knowledge and skills. The person in charge confirmed that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012. Two new nurses due to commence working in the new year. Compliance plans following the previous inspection had been completed with the exception of the internal redecoration programme. The fire alarm system had been upgraded to provided a fully addressable system. Mandatory training was up to date and staff demonstrated good knowledge of fire safety and safeguarding procedures.

## Regulation 15: Staffing

The daily worked roster was available to the inspector and it was found to be up to date. Adequate contingency arrangements had been put in place during the day to limit staff movement between the units and ensure that each unit was individually staffed. Arrangements were in place to ensure that only dedicated staff were providing care to residents while they were in precautionary isolation or any residents who were suspected of having COVID-19 symptoms. However, cohorting arrangements were not in place for night duty. Inspectors reviewed the rosters and found that there was only one nurse and two care assistant on duty from 20.00 to 08.00am and they worked with all residents. Inspectors were not assured, particularly in relation to the fact that each of the care areas were laid out over two

separate wings, and the care staff on night duty had to also attend duties in the laundry and clean communal rooms. In addition, additional staff would enhance that residents' choice of a later bedtime, medication round to be undisturbed and to prevent cross contamination with two teams on duty.

Housekeeping staff were responsible for cleaning the centre and managing the laundry. The daily housekeeping staff complement included one staff responsible for cleaning working 8.00-15.00 and one staff responsible for laundry who worked from 12.00 to 17.00. However, there was no household and laundry staff rostered on Sunday. Given the layout of the building, the number of individual bedrooms and the intensified cleaning regimen required to prevent an outbreak of COVID-19 in the centre, it was not possible for this number of staff rostered only 6 days a week to clean the centre to the required standard. As a result opportunities for improvement were identified on this inspection as further detailed under regulation 27.

The operations manager, who was the provider representative and a qualified nurse, was present in the centre during the inspection. She also deputised when the Person in Charge was on annual leave.

Judgment: Not compliant

### Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as infection prevention and control, falls management, nutrition and dysphagia. Nursing staff also attended clinical training such as Pronouncement of Death by a Registered Nurse During Covid-19 Emergency, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis. Infection control training was ongoing for all staff and staff confirmed that they received regular COVID-19 preparedness updates. Comprehensive induction programmes were in place for new staff which were being kept under review and updated as required.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure with lines of authority and accountability. Inspectors met with the registered provider representative, who was



actively involved in the running of the centre. The inspection was facilitated by the person in charge.

There were systems in place to monitor and audit care and services provided for the residents. For example, audits of falls were completed. They highlighted any areas for improvement and actions taken to address issues, including the need for further post fall analysis. However, some management systems were not sufficiently robust and needed improvement. This included the management of maintenance of the centre and the oversight of infection control practices. These areas are addressed under the relevant regulations in this report.

Records showed that the provider and person in charge met weekly to discuss the quality and supervision of care and audits of practice, however inspectors were not assured that the interim arrangements that were in place to cover long term absence of person in charge were sustainable going forward.

The provider had completed an annual review of the service in 2019. The review was prepared in consultation with the residents and it included an action plan for the year ahead.

Judgment: Substantially compliant

#### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which had been reviewed since the last inspection. A summary of the complaints procedure this was publicly displayed on the notice board. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centres policy and to the satisfaction of the complainant. Residents were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

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

Inspectors reviewed a sample of the contracts which each resident signed on admission or shortly afterwards. The contracts had been revised since the previous inspection and contained the required information including fees to be charged and any additional charges or services which incurred a fee.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was revised to ensure the information accurately reflected the service provided in the centre and the revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The revised statement of purpose accurately described the current management structure, the facilities and the service provided.

Judgment: Compliant

### Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard. Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. Residents had a choice of doctors. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services as required.

Residents' general well-being was enhanced by the choice of appropriate activities available to meet their preferences and choice at this post-crisis period. The community were very supportive, sending good wishes cards and treats to residents and staff. Residents' surveys were undertaken which provided opportunities for residents to express their opinion. Any required actions were completed. Mass was facilitated now by video link to the local church, on a weekly basis.

Each resident had an individual assessment and care plan documented on an electronic care planning system. Residents' care plans notes were now comprehensive, person-centred and detailed.

The centre was clean, homely, warm, had a good standard of decor and was well maintained. Improvements to the premises were noted since the previous inspection, and the inspector was informed that further improvements were planned in the coming months. The centre had a lovely decorated sitting rooms and dining room, and the majority of residents were observed to spend their day in these communal rooms. Bedrooms had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences.

There were facilities available for residents to meet guests or relatives in a designated area of the centre. When residents were at end of life, visits were

facilitated in the resident's room which was safely supported by staff. There was evidence of the communications sent to and shared with families and friends of residents during the time of COVID-19 pandemic.

In respect of infection prevention and control procedures and practices a number of appropriate measures had been implemented to ensure the safety of the residents, staff and visitors. However this inspection identified additional opportunities for improvement, which are further detailed under Regulation 27.

### Regulation 11: Visits

Residents told the inspector they had had some window visits during level 5 restrictions. Inspectors saw that a sheltered, heated area was erected to ensure the comfort of visitors during window visits. The provider had a visitors room and had prepared to resume in house visits at level 3 restrictions in line with the revised national guidance.

Residents who were very ill or at their end of life were facilitated with visits on compassionate grounds throughout all levels of restriction.

Judgment: Compliant

### Regulation 17: Premises

The centre was single storey and the design and layout was adequate to meet the needs of the residents and in keeping with the centre's statement of purpose. The centre was warm and nicely decorated for Christmas. Signage and contrasting colours were used effectively to support way-finding and the orientation board and dementia friendly fixtures and fittings supported residents to maximise their independence. However, the standard of decoration and internal maintenance was poor. This was an issue on the previous inspection and the planned redecoration programme was delayed. Internal redecoration had commenced but was abandoned due to the COVID-19 pandemic and the external masonry painting was completed. Some internal painting was done but paintwork on radiator covers was faded and stained, walls were marked from friction with chairs and trolleys and paintwork on skirting, window sills and grab rails was chipped in places. In one shower room a section of floor covering in the shower area was significantly raised and staff said residents no longer used this room to shower. The person in charge told inspectors that some new beds had been purchased during the year but a effective system was required to ensure that old or worn furniture was replaced or reupholstered. Inspectors observed that the varnish was worn away from one profiling bed end and some chairs used by residents were so worn they could not be cleaned properly.

The bedroom accommodation comprised six twin rooms and 14 single rooms, seven of which had en-suite facilities with a shower, toilet and a wash hand basin. Residents' bedrooms were personalised with photographs and personal items. Two single bedrooms rooms was reserved as isolation rooms. There were three communal bath/shower rooms and a toilet which were suitably located to meet residents' needs and also complied with regulatory requirements. Residents had access to a TV room, a conservatory and a dining room. The dining room was currently being used as an additional sitting room to support residents to maintain social distance.

The centre had a well maintained, secure courtyard with seating and garden furniture, which was accessible to residents.

Residents had access to assistive equipment which was appropriately maintained and serviced.

The centre had a sluice room with a functioning bed pan washer which had been serviced recently. The sluice room was secured by a key code lock.

Judgment: Not compliant

## Regulation 26: Risk management

A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk rating, risk escalation and the mitigation of risks. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Controls had been put in place to conform with the national guidelines: (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). This included, the education of staff and residents, daily supervision, enhanced environmental cleaning and a detailed contingency plan that included plans for responding to an outbreak.

During the inspection, the inspector noted that several oxygen cylinders were not securely locked stored in a ventilated room and were not easily accessible if needed. The person in charge undertook to address this immediately.

Judgment: Substantially compliant

## Regulation 27: Infection control

The infection prevention and control policy was revised to include reference to COVID-19. The person in charge was the nominated lead for infection prevention and control in the centre. There were enhanced arrangements regarding infection control set out in the contingency plans developed by the provider. Staff had access to the current HPSC national guidance and the person in charge, provider representative and staff demonstrated awareness of key statutory guidance specific to COVID-19. Staff had access to HSE LanD training including hand hygiene and the donning and doffing of personal protective equipment (PPE).

Cleaning schedules were in place for deep cleaning of bedrooms and a programme to decontaminate frequently touched surfaces was carried out by day and night staff. The two single rooms allocated for isolation was observed to be clean. Household staff used a colour coded flat mop system and the cleaning trolley was clean and well stocked. Staff told inspectors that each bedroom was cleaned daily and two rooms were deep cleaned each day. The provider had a system in place to ensure that there was signage and adequate supplies of masks, PPE, disinfectant, hand hygiene products and cleaning products.

A contract for waste disposal was in place and additional pedal bins had been procured. The temperature of persons entering the centre were checked. All residents had their temperatures taken twice daily and they were monitored for symptoms of COVID-19. The uniform policy was updated and all staff wore a freshly laundered uniform and changed into and out of their uniforms at the beginning and end of each shift in a modular unit on the centre grounds. Records of staff temperature checks were available and staff were aware of the need to report any symptoms to the person in charge. Arrangements were in place to ensure residents were socially distanced, that staff wore face masks and PPE appropriately and that sanitising stations were operational and appropriately stocked.

Some areas of infection prevention and control required strengthening. For example:

- One bathroom was not properly cleaned. There was debris in the corners and behind the waste bin. There was a urinal stored on the bathroom floor.
- A mattress was not cleaned prior to being moved to a storage room.
- Some of the chairs used by residents were worn and could not be effectively cleaned.
- Two commodes had rusted legs which could not be effectively cleaned.
- Chipped paintwork on grab rails could not be effectively cleaned.
- Clean linen was not covered and the plastic adhesive covering on the trolley shelves was torn in places and the exposed plywood could not be effectively cleaned.
- The laundry was small and arrangements for the segregation to clean and used linen required review.
- There was no arrangements to steam clean fabric covered seating.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

An L1 fire alarm system had been installed in September 2020. Daily and weekly fire safety checks were documented and there was documentary evidence that the fire detection and alarm system was serviced and tested regularly. All staff had attended fire safety training and fire drills and those who met with inspectors were familiar with fire safety procedures. Each resident had a personal evacuation plan (PEEP) on file. The PEEPs were also in the resident's room and accessible to staff in an emergency.

The provider representative discussed plans to strengthen fire safety measures at the external smoking shelter by providing an additional fire extinguisher. Fire drills were required to provide assurances that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation was undertaken following the inspection with night time staffing levels which provided the necessary assurances. Ongoing fire drills of compartments are required to improve times and efficiency of evacuations.

Judgment: Substantially compliant

## Regulation 6: Health care

Two local GPs attended the residents in the centre and residents were also supported to retain the services of their own GP if they wished to do so. Records confirmed that all residents had a medical review within the previous four months and GPs attended residents in the centre when required and to administer with the influenza vaccine.

Residents were referred as necessary for the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. Residents had suitable access to allied healthcare professionals including dietetics, speech and language therapy, physiotherapy, occupational therapy and chiropody. Some residents were visited by the community psychiatric team. The inspector also saw that residents had access to dental and optical services in the community and the provider also had arrangements for these services to be provided in the centre. The community palliative care team was available to support residents with symptom management or end of life care.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were respected in the centre. Residents were informed of changes as they occurred and those who spoke with inspectors were aware of the new rules and they described how their routines had changed because of COVID-19. Residents understood the need to social distance and seating was arranged in the day rooms to support residents to maintain a social distance. Residents were pleased that visiting restriction had eased recently and they looked forward to meeting with friends and family again.

Activity provision was managed by the activity coordinator who worked from 11:30 to 16:30 over five days, with care staff responsible on the days that the activity coordinator was off. A schedule of activities was posted on the notice board. Residents were satisfied with the activities in the centre especially during the restrictions on visiting. Some residents who could not participate in group activities had been allocated time for one-to-one activities. The activity co-ordinator had attended training to support residents with advanced dementia and those who spent prolonged periods in their rooms and ensure that their social needs were met.

Some residents had mobile phones and the provider had supplied electronic tablets to residents to support them to maintain contact with family and friend and to make video calls to their families. On the day of inspection residents were drafting a letter to local school children who had written to them during the pandemic.

Residents had access to newspapers and radios. All bedrooms and communal rooms had a television set. The residents confirmed that they were supported to vote in the centre or they could attend their local polling station if they wished to do so. All residents had a locked unit for storage in their rooms. There was appropriate screening provided in shared bedrooms and all bathroom doors had a functioning lock to ensure privacy for residents.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment on admission and care plans were put in place within 48 hours to meet their assessed needs. Care plans were reviewed every three months or if there was a change in a person's condition. Residents and their relatives where appropriate, were involved in planning their care. Care plans were person centred and contained sufficient detail to guide care provision.

Inspectors reviewed a number of care plans and found that residents with responsive behaviours, weight loss, diabetes and wound care were appropriately assessed and they had care plans in place which reflected the evidence based care provided. Residents were given the opportunity to express their wishes and make informed choices which were reflected in their end of life care plans. Residents choices were also reflected in advance care plans in the event that they contracted

COVID-19.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and care plan	Compliant

# Compliance Plan for Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0031476

Date of inspection: 15/12/2020

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As part of our Covid Preparedness Plan staffing levels will be increased in the event of an outbreak to ensure that different zones will be covered by separate teams.</p> <p>We are in the process of enhancing our current on call system for emergency cover on night duty to include all Staff Nurses.</p> <p>Housekeeping Keeping Services were reviewed and extra housekeeping hours have been allocated and there is now housekeeping services seven days a week</p> <p>Night Staff are no longer responsible for laundry and cleaning other than Covid Specific Infection Control Cleaning</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As set out in our Statement of Purpose and Function we have a nominated Deputy Person in Charge who is supported by the Operations Manager in the absence of the PIC</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Completion of redecoration programme will occur when risk assessed safe to do so from an Infection Prevention and Control perspective.  A maintenance Audit to include fixtures &amp; fittings will be completed and furniture will be replaced as necessary.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  Oxygen cylinders are now located in a secure well ventilated and easily accessible storage area.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  An infection control and prevention audit will be completed and actions required will be implemented to ensure full compliance with Regulation 27  A maintenance audit to include fixtures &amp; fittings will be completed and furniture will be replaced as deemed necessary  Completion of redecoration programme will occur when risk assessed safe to do so from an Infection Prevention and Control perspective</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  As part of our Fire Prevention Programme, and to ensure compliance with regulation 28, monthly Fire Drills of compartments are scheduled. This will improve times and efficiency of evacuations.  An additional fire extinguisher will be purchased for the external smoking shelter</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	08/02/2021
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	31/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	16/12/2020

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	16/12/2020
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	31/05/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	31/01/2021

	procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/02/2021