



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

Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	19 October 2021
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0034423

About the designated centre

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

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite and others that are not en suite to allow for manoeuvring assistive equipment. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia specific unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

62

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 19 October 2021	09:00hrs to 17:45hrs	Siobhan Bourke	Lead
Tuesday 19 October 2021	09:00hrs to 17:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspectors met with the majority of the 62 residents living in the centre on the day of inspection and spoke with eight residents at length to gain an insight into their lived experience. The inspectors met with three visitors during the inspection. Residents told inspectors that they were happy living in the centre and that they were supported by caring and kind staff, who respected their opinions and choices. One resident told inspectors that staff made it easy to live there. Relatives spoken with were in general complimentary about the care provided to their family member and that their family member was happy living in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspectors were guided through the centre's infection control procedures by a member of staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. The person in charge was on planned leave on the day of the inspection, therefore an opening meeting was held with the centre's human resources manager and one of the clinical nurse managers (CNM) on duty. The CNM accompanied the inspector on a walkaround of the centre. During the walkaround it was evident to inspectors that the CNM was knowledgeable about residents' care needs and that he was well known to residents with them chatting to him on the walkaround.

The centre had residents' accommodation and communal areas on the ground floor with 63 single rooms. Of these rooms, 36 bedrooms had en-suite toilet and shower facilities, 11 had en-suite toilet and the 16 bedrooms that were not en-suite had a hand washbasin. The centre was divided into three units; namely the Glenaboy Unit, the Blackwater Unit and Owenacurra Unit with accommodation for 21 residents in each unit. The Owenacurra Unit was designated for residents living with dementia. Inspectors saw that residents' rooms in general were spacious and decorated with residents' personal possessions, family photographs and in some bedrooms, residents' own artwork. A number of rooms had a dressing table with mirror and chair for residents use. The upper floor of the centre was designated as a staff changing and rest area. During the walkaround inspectors observed that storage required improvement at the centre. This will be addressed under regulation 17.

There was plenty communal spaces and rooms in the centre with a day room and dining room in each unit and a sun room, and an activities room near the main entrance. The sun room opened out to an enclosed garden that had a birdfeeder, plants and a water feature. Residents could access this garden freely through two separate doors. Throughout the centre, there were paintings and pictures on the walls giving the centre a homely feel. Inspectors observed that flooring was bright and well maintained throughout the centre. Murals of water and forest scenes were

on the walls of the bright spacious corridors of the Owenacurra Unit which gave the unit a calming feel. The main reception had comfortable seating for residents to sit and rest and listen to music playing on the stereo. Inspectors saw that hand gel dispensers were readily available for staff in the centre and staff were observed to wear surgical masks in line with national guidance. While the centre appeared generally clean, inspectors found improvements were required in relation to infection control which will be addressed under regulation 27.

Inspectors saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. All three dining rooms were nicely decorated with well spaced out tables, table cloths, condiments and furniture such as dressers which made them homelike. There were two meal sittings in Owenacurra unit to ensure that staff were available to provide assistance to all residents who required it. Inspectors saw that care staff provided assistance to residents with their meals in a respectful and dignified manner ensuring the meal was a social experience. Inspectors observed that some residents who enjoyed a glass of wine with their lunch were offered this. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told inspectors that overall they were happy with the choice and amount of food available to them.

Inspectors saw a number of visitors attended the centre during the inspection and either met the residents in their bedrooms or the sunroom. Visitors who spoke with inspectors were generally happy with the arrangements in place to see their relatives. Some residents chose to go out to visit with family members at the weekend and told inspectors that they looked forward to these outings.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and compassionate care and told inspectors they were listened to and respected by the staff. Inspectors saw that a number of residents were mobilising independently throughout the centre during the day. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits. There was a varied and flexible activities schedule over seven day per week. On the day of inspection, a number of residents were participating in an arts and crafts session. The social care manager at the centre provided encouragement to residents to use the sewing machines and create crafts. Residents told inspectors that they also loved the art sessions in the centre and a number of residents were creating paintings and craft work such as handbags and fabric caps for a Christmas fair at the centre. Other popular activities included baking and flower arranging. Inspectors observed staff providing one to one sessions for residents unable to participate in group activities. Residents told inspectors that they loved attending mass that was held in the centre one day a week. Residents had access to newspapers, TV and radio.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

It was evident to inspectors that the registered provider, management and staff provided a good standard of care and quality of life to residents living in the centre. However, inspectors found that some improvement to management systems was required to improve the safety of residents and staff. In particular, the systems in place with regard to staffing levels and infection control.

Brookfield Care Centre Limited was the registered provider for Brookfield Care Centre and was registered to accommodate 63 residents. Brookfield Care Centre had a change of ownership and became part of the CareChoice group in July 2021 which operated a number of other nursing homes throughout the country. The governance structure of CareChoice comprised a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre was supported by a national and regional management team of quality, finance, catering, maintenance and human resources (HR). Since the change of ownership the management and staff team working in the centre had remained largely unchanged, providing consistency and continuity in the lives and care of residents. A regional manager from CareChoice was onsite once a month to the centre.

The person in charge was an experience nurse and was supported in his role by an assistant director of nursing, three clinical nurse managers, a social care manager, a human resources manager, staff nurses, care staff ,activities, administration and household staff. At the time of inspection, the management team at the centre were adapting to the evolving governance structures and embedding of the new systems and processes required by Carechoice Group was underway. The person in charge and assistant director of nursing communicated with staff daily to inform them of any changes to residents' needs and held regular staff meetings to communicate any practice changes.

There were clear lines of accountability with each member of the team having their role and responsibility defined. The management team held meetings each month and the minutes of the most recent meeting showed that it was chaired by the CareChoice regional manager. It was evident to inspectors from a review of these minutes that key clinical and operational issues were discussed and actioned. For example a programme of upgrades and renovations were planned for the centre. Fire warden training was to be provided for all staff, an audit of the standard of fire doors was ongoing on the day of inspection and a quality improvement plan to reduce restrictive practices had also commenced. Clinical audit to monitor compliance with medication management, restrictive practices and nursing care plan documentation and infection control were undertaken at the centre. However improvements were required in relation to infection control audits: this will be

discussed under regulation 23. A new schedule of monthly audits was in the process of being rolled out at the centre to align the systems and processes of the centre with the group. The registered provider had undertaken an annual review of the quality and safety of care provided at the centre for 2020 in line with the requirement of the regulations.

Inspectors found that the staffing levels in the centre required review to meet the needs of residents. While there were sufficient nursing staff on duty at all times in the centre, due to recent resignations, there were shortages of care staff and cleaning staff at the centre. The management team informed inspectors that recruitment was ongoing to fill these vacancies and gaps in the care rosters were filled with relief and agency staff when possible. This is discussed under regulation 15.

There was a comprehensive programme of training available in the centre. Training records and staff spoken with confirmed a good level of ongoing training was provided and encouraged in the centre. Prior to the COVID-19 pandemic an infection prevention and control nurse specialist provided onsite educational sessions to staff on infection prevention and control procedures and practices. Online training in standard and transmission based precautions including the appropriate use of personal protective equipment (PPE) had been undertaken by staff since the onset of the COVID-19 pandemic.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. The centre had a suite of infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Notifications to the chief inspector were appropriately and timely submitted. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires were completed to help inform ongoing improvements and required changes in the centre.

Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time during the COVID-19 pandemic. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the Director of Nursing. The centre had experienced two COVID-19 outbreaks to date; one in January 2021 and a second outbreak of COVID-19 in August 2021. A decision was made by management to undertake COVID-19 testing of all residents and staff at the onset of the August 2021 outbreak. PCR based testing was supplemented with antigen testing. The early detection of the August 2021 outbreak ensured prompt action was taken to isolate infectious residents and commence containment measures to limit

the spread of infection. An outbreak control team was convened to advise and oversee the management of the COVID-19 outbreak and the local Public Health Department was informed. This outbreak was declared over by Public Health on 12 September 2021. There were no residents with confirmed COVID-19 in the centre on the day of the inspection. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. Inspectors were informed that revised infection prevention and control governance structures were being formalised. An Infection Prevention and Control Committee had been established by Care Choice group.

Regulation 15: Staffing

The provider had identified that increased care assistant resources were required to meet the needs of residents after 11pm at night in the Glenaboy unit as there was only one registered nurse on duty in the unit after this time.

There was insufficient staff resources to maintain the cleanliness of the centre given the size and layout of the centre. The provider had identified that three cleaning staff were required seven days a week to carry out the cleaning required in the centre. On the day of inspection, there was one cleaner on duty. From a review of the rotas and from speaking with staff and management, due to staff shortages, one cleaner was available instead of three for the majority of days in the week before and week of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff who spoke with inspectors were knowledgeable about how to respond to a fire and action to take where there is suspicion of abuse. A mandatory training tracker was overseen by the human resources manager. Records viewed by the inspectors confirmed that most training was up-to-date and those staff outstanding had training scheduled for the weeks following the inspection. At the time of this inspection it was reported to inspectors that 90% of staff were up-to-date with mandatory basic principles of infection prevention and control training. Staff were supervised in their roles daily by the person in charge, ADON and the CNM's. The provider had good procedures in place for the recruitment and retention of suitable staff.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of three staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

Resources in relation to care staff and cleaning staff required review. Management systems were in place for monitoring quality and safety at the centre. However, the inspectors found that results of monthly infection control audits were not routinely tracked and trended to ensure that the information was used to identify and address any deficiencies. There were insufficient local assurance mechanisms in place to ensure that the environment and resident equipment was cleaned in accordance with best practice guidance.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care with the room and occupancy included, and additional fees to be charged where relevant were clearly outlined.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's incident and accident log and found that all required notifications as outlined in Scheduled 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a policy and procedure in place outlining the process for managing complaints which included an appeals process. The procedure was displayed in the reception area of the centre. The inspector viewed a sample of complaints all of which had been investigated and resolved to the satisfaction of the complainant. The inspector saw that information relevant to one of the complaints reviewed was filed in a resident's care plan. This was brought to the attention of the management team and was removed during the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to date. The most recent Health Protection and Surveillance (HPSC) guidance, *Interim Public Health, Infection Prevention and Control Guidelines on the prevention and Management of COVID-19 cases and Outbreaks in Residential Care Facilities* was also available to staff working in the centre.

Judgment: Compliant

Quality and safety

The inspectors found that residents were enabled to have a good quality of life in Brookfield Care Centre with good access to medical and healthcare services. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection prevention and control and fire safety. These will be addressed under the relevant regulations.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' healthcare needs were promoted through ongoing onsite access to General Practitioner(GP) services. The centre employed a physiotherapist who was onsite twice a week to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, speech and language therapist and podiatrist was available to residents who required these services.

Inspectors observed that medication was administered and controlled drugs were checked and counted at each shift change in line with professional guidelines.

Residents told the inspector and the inspector observed that staff were kind and caring when interacting with residents and treated them with dignity. Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings. There was a programme of engaging and varied activities available seven days a week for residents. These were facilitated by a social care manager and an activities co-ordinator employed at the centre. The inspectors saw residents enjoying the activities during the inspection.

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that came into effect on 19 July 2021. Visits were encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19.

All of the staff and the majority of the residents in the centre opted to be vaccinated against COVID-19. The vaccination roll out and recent booster vaccines for residents in the centre had provided an opportunity for further incremental changes in some public health measures, including visiting. Cleaning techniques, chemicals and equipment required review. There was some ambiguity over responsibilities for cleaning equipment within the centre. This is discussed under regulation 27.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. While fire safety drills were undertaken, more frequent evacuations of compartments with simulated night time staffing levels were required to be assured that all staff could complete an evacuation in a timely and safe manner. The provider was issued an immediate action to complete this as discussed under regulation 28.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example storage space was limited and facilities for and access to dedicated clinical hand hygiene sinks in the centre were not sufficient. Care Choice had planned to mitigate risks in respect of the infrastructure through upgrading and refurbishment plans of existing facilities. There was good local ownership in relation to infection prevention and control despite the challenging circumstances posed by the infrastructure in the centre.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Indoor visiting was scheduled in advance to manage footfall in the centre. Visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with inspectors confirmed that the number and duration of visits met their requirements. Visiting generally took place in residents' bedrooms or in the sun room at the centre.

Judgment: Compliant

Regulation 17: Premises

Inspectors identified a number of infrastructural issues with the premises during the inspection that were not in line with the requirements of the regulation: For example,

- Storage space was limited. As a result there was inappropriate storage of equipment and supplies throughout the centre.
- The infrastructure and equipment within the laundry did not support functional separation of the clean and dirty phases of the laundering process.
- There was no dedicated housekeeping room within the centre. Cleaning solutions were prepared within dirty utility rooms and cleaning trolleys were stored in the activities room after use.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The health and safety statement was under review at the time of inspection and an updated copy was provided to inspectors after the inspection.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- Cleaning schedules did not specify all items of equipment to be cleaned, the frequency of cleaning, the methods and products to be used and the persons

responsible for cleaning.

- Cleaning techniques, chemicals and equipment required review. There was some ambiguity over responsibilities for cleaning equipment within the centre.
- A sweeping brush was used in resident's rooms. Best practice recommends the use of a damp mop to clean floors in preference to sweeping.
- A chlorine-based product was inappropriately used for routine environmental cleaning.
Several items of equipment observed during the inspection were unclean including laundry trolleys, an assisted bath, a wheelchair and two raised toilet seats.
- The use of portable fans had not been risk assessed in the context of COVID-19. The portable fans were not on a daily cleaning schedule and the blades of some fans were dusty.
- Isolation signage outside a resident's room did not ensure confidentiality as it included the pathogen concerned.
- There was a limited number of hand wash sinks in the centre and many were dual purpose (used by both staff and residents). The clinical hand wash sinks in dirty utility rooms and treatment rooms did not comply with current recommended specifications.
- Inspectors were informed that resident's wash-water was emptied down hand wash sinks in residents rooms. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection.
- The treatment room in Glenaboy unit was small sized, poorly ventilated and did not facilitate effective infection prevention and control measures. Boxes of sterile supplies were stored on the floor of this treatment room.
- There was no dressing trolley available for aseptic procedures such as wound care or catheterisation in two units. A cleaned, stainless steel trolley is the preferred surface for wound dressing equipment and setting up an aseptic field.
- Open-but-unused portions of wound dressings were observed within two treatment rooms. Reuse of open but unused wound dressings is not recommended due to risk of contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

An immediate action was issued to the provider in relation to fire precautions. From a review of fire drill reports in the centre, inspectors were not assured that residents could be safely evacuated at all times, during the day and night by staff. The provider submitted records of fire drills post the inspection, which provided assurances regarding compartment evacuations. However, ongoing drills are required so the provider is assured that all staff are competent in fire evacuations of the largest compartments, simulating minimal staffing levels. This is to ensure that

residents can be evacuated in a timely and safe manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The management of medications had improved since the previous inspection. The centre had implemented an electronic prescribing and electronic medication administration records that staff reported was working well. There were regular audits and review conducted of medication management by the pharmacist, general practitioner and clinical nurse manager in the centre. Inspectors were informed that the timing of medications was under review to promote protected mealtimes for residents. Controlled drugs were checked and counted by two nurses, one from each shift in accordance with recommended guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person centre care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There was evident of good access to medical staff with regular review recorded in residents' files. Residents had good access to health and social care professionals such as a physiotherapist, dietitian, speech and language therapist and podiatrist. A physiotherapist was onsite at the centre twice a week for residents who required assessment and treatment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choices were promoted and respected in the centre. The centre employed a social care manager and an activities co-ordinator who supported residents to engage in a varied activities programme that were available each day. Residents had access to media such as radio, television and newspapers. Residents had access to religious services and clergy of their own faith. Residents who chose to go on outings with their families were supported to do this.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookfield Care Centre OSV-0000206

Inspection ID: MON-0034423

Date of inspection: 19/10/2021

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:</p> <ul style="list-style-type: none"> • Staffing and resources are under ongoing review by the PIC and clinical management team to meet the needs of the residents and home. We are actively recruiting Healthcare Assistants and Household staff in conjunction with HR support. • We are currently reviewing the night shift cover in Brookfield and commenced an additional HCA for night duty which is proving to be successful. We will implement full night HCA cover on all 3 units. This will give us 3 nurses and 3 HCA’s per night. • Staffing and hours in the housekeeping department have been reviewed to ensure there is adequate cleaning across all three units in the home. To mitigate the challenges on current recruitment activity due to lack of applicants, the home has sourced and commenced an external professional cleaning company to supplement the housekeeping cleaning needs in the interim. There are sufficient allocated hours approx. 180 per week assigned to the housekeeping/laundry department. We have reviewed our cleaning and housekeeping schedules. The housekeeping team are operating with a minimum of 5 to 6 hours Cleaning /Housekeeping per day in each of the 3 units giving approximately 115 hours per week. In addition there are 68 hours in laundry. The housekeeping hours are being provided by two separate housekeepers each day and we are currently recruiting to bring this to three member of the housekeeping team per day. The standard of cleanliness in the home will continue to be audited and reviewed by the Quality Department and PIC. Any items identified requiring improvement will be actioned appropriately by the clinical management team. 	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Staffing and resources are reviewed continuously by the PIC and clinical management. The number of staff on night duty has been reviewed and an increase of HCA on night duty has been implemented with good effect. The staffing for the housekeeping department has been reviewed and there are sufficient allocated hours approx. 180 per week assigned to the housekeeping/laundry department. We have reviewed our cleaning and housekeeping schedules. The housekeeping team are operating with a minimum of 5 to 6 hours Cleaning /Housekeeping per day in each of the 3 units giving approximately 115 hours per week. In addition there are 68 hours in laundry. The housekeeping hours are being provided by two separate housekeepers each day and we are currently recruiting to bring this to three member of the housekeeping team per day. This will continue to be reviewed regularly to ensure that the standard of cleanliness in the home will be maintained to a high standard. • The clinical management team and the regional quality and compliance manager continue to complete IPC audits. These trends are tracked and discussed by the clinical management team in the home. Any identified trends are addressed, and actions completed as part of continuous improvement plans. Trends identified are relayed to all departments in the home as part of associated action plan and ongoing education. Records to verify the standard of cleaning are in place and continue to be monitored by the management team in the home. • The PIC and clinical management team have reviewed the process in place for cleaning of resident equipment. The cleaning processes have been enhanced to include all equipment and are in line with best practice. The PIC and clinical management team will continue to verify the standards as part of the process and related record keeping. 	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The home was acquired in July 2021 and an agreed program to improve the environment is planned for 2022.</p> <ul style="list-style-type: none"> • The home is completing a full inventory of equipment and items for storage which is being used to determine the homes future storage requirements. Any surplus equipment will be disposed of. Appropriate areas will be enhanced and assigned to effective management of storage. • The configuration of the laundry and related processes is underway to identify the functional segregation of clean and dirty laundry. • Due to enhanced covid measures we had appropriated our dedicated housekeeping

room. We have now reinstated this housekeeping room and provided alternative hand washing facilities for visitors and staff entering the building. This was completed in early November 2021 and is working effectively.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

An IPC specialist will complete a site visit in December 2021 or at the latest by mid-January 2022. This will provide the home with the recommendations on specific changes required in the home based on the suggestions made during the inspection to include home allocations of staff handwash sinks, changes to existing handwashing facilities and the treatment room in Glenaboy. Following consultation with IPC specialist these recommendations will be addressed.

A number of issues that had been raised during inspection have been actioned.

- The cleaning processes have been enhanced to include all equipment and are in line with best practice to identify frequency of cleaning, the methods and products to be used in addition to the identified responsible person.
- Resident clinical equipment is allocated to the clinical staff and standard in addition to related records are verified by the clinical management team.
- The cleaning equipment and related processes have been reviewed and an appropriate mop system and related equipment is being implemented.
- We have changed from a chlorine-based cleaning product to non-chlorine based in line with best practice and the housekeeping team have been provided with training on the use of the product. A review of the cleanliness of equipment has been completed and any items requiring replacement have been replaced or are awaiting delivery. The management team in the home continue to spot check the cleanliness of equipment and verify same.
- A risk assessment for use of portable fans is completed and a schedule for cleaning same is implemented.
- Use of signage has been reviewed and is in line with best practice. Concerns raised during the inspection have been disseminated to the nursing team.
- Additional dressing trolleys have been ordered which meet the IPC requirements as outlined in the inspector report.
- Storage in the clinical rooms to include wound dressings and related equipment is under review. The clinical management team will continue to review best practice

guidance on dressings and relay this information to the nursing team. A process of checking the stock in clinical rooms will be implemented to ensure adherence to best practice.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire warden on-site training incorporates a compartmentalized fire drill for all those taking part in training. This ensures that all staff have attended at a minimum one drill per year.
- Following HIQA inspection and the inspector's suggestion a 2nd night-time simulated drill was completed on the 21/10/2021 and simulated evacuation of our most complex compartment taking into consideration the size of the compartment, the resident dependency and staffing levels.
- In addition, the home underwent an unannounced fire drill in conjunction with the H&S officer on Friday 29/10/2021 purposely using only 5 staff to simulate nighttime staffing numbers.
- Weekly fire drills are now being completed and these will continue until we are satisfied with all aspects of evacuation prior to moving to monthly drills.

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	15/02/2022
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.	Substantially Compliant	Yellow	15/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	15/02/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/12/2021
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.	Not Compliant	Orange	15/03/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	21/10/2021