



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 August 2018
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0022198

About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballragget, seven kilometers from the town of Durrrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff learning hub is located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Current registration end date:	20/11/2020
Number of residents on the date of inspection:	66

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 August 2018	09:00hrs to 17:00hrs	Breeda Desmond	Lead
16 August 2018	09:00hrs to 17:00hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector spoke with several residents on both days of inspection. Feedback was positive and residents were complimentary of staff, the person in charge, and the care and attention they received. They spoke of the access to activities including involvement in the community and outings. One family member spoken with outlined the excellent communication strategies used by staff to engage with their relative; they spoke of the medical services and the on-going reviews of medication and health; and highlighted that their relative got up every day and was so smartly dressed which meant a lot as the resident was always very dapper before he came to the centre.

Capacity and capability

Overall, the inspector found a good standard of care was provided. Management structures were clearly defined with lines of accountability, authority and responsibility. There were systems in place to ensure that the service provided was safe and appropriate. The governance team included the operations director, clinical nurse manager (CNM) and deputy person in charge, who support to the person in charge. Monthly governance meetings were convened in the centre where clinical and non-clinical reports were presented to the registered provider representative. While clinical governance was responsive to issues identified, non-clinical governance required attention to ensure that matters were followed up on and completed.

There was adequate resources to ensure the effective delivery of care in accordance with the statement of purpose. Records showed that most staff had access to training and professional development, however, training for household staff was not in compliance with national standards for infection prevention and control to ensure safety of residents, staff and visitors.

The statement of purpose, residents' guide and contracts of care were amended on inspection to reflect the current governance structure and best practice signage of contracts. Residents and relatives reported that the complaints procedure was effective and records were maintained in line with best practice.

Regulation 14: Persons in charge

The person in charge was a qualified nurse working full time in the centre; she had the necessary experience of nursing older people as described in the regulations. She attended many courses as part of her on-going professional development, for example, contemporary gerontology. She was engaged in the governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The sample of staff files reviewed demonstrated that all the requirements listed in Schedule 2 were in place for staff, including new staff. Records showed that references were validated in line with best practice. Minutes of staff meetings showed that team building was fundamental and teamwork was cornerstone to the delivery of care.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive induction and mentoring programme was described. Staff appraisals were completed and these informed professional development and team building. Minutes of team meetings showed items discussed included team building, supervision, dignity and respect for colleagues and safeguarding. Nonetheless, answering intercom requests for staff to come to main reception required consideration as the inspector observed that requests were not always answered and residents were left waiting. On the other hand, the inspector also observed that call bells from residents' bedrooms were answered in a timely fashion.

Judgment: Substantially compliant

Regulation 23: Governance and management

A programme of audit with clinical remit was demonstrated where action plans identified timelines for completion with associated responsibility assigned. Nevertheless, practice was not always audited to ensure a consistent application of

best practice to safeguard residents.

An extensive risk management audit completed in May 2018 identified several issues such as paintwork, replacement of comfortable seating, repair of walls following relocation of gel dispensers, and replacement of toilet seats that were horribly stained from cleaning chemicals, however, these were not actioned or followed up on. Other issues associated with risk management included broken equipment such as a hoist, wheelchair and mattress which were all stored in one of the bathroom's while awaiting repair. Some hoist slings appeared worn and did not form part of the risk register.

Monthly management meetings were attended by the registered provider representative (chair person), person in charge, operations director, deputy person in charge and CNM. Data collection was compiled to ensure a comprehensive report for the NF39 submission to the HIQA and this information was presented at these meetings. There was a newly appointed health and safety representative to support risk management in the service.

Multi-disciplinary service reviews occurred every three months which included residents feedback and this supported the person in charge in the continuous quality improvement strategy.

Staff representative meetings were supposed to be every three months to support staff regarding HR issues, but minutes of meetings showed that these meetings occurred much less frequently. Regular meetings, as identified in their policy, would support staff and management, and possibly prevent issues from escalation.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services were in place for all residents. They identified fees to be charged as well as additional fees to be charged; documented on the contract was an area for residents and or family member to sign that the fees were explained to them. Contracts were amended on inspection to include type of accommodation provided of single or twin bedroom accommodation; and date of signing the contract to ensure compliance with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reference the most up-to-date regulations; identify the incumbent person in charge; and reflect the current

governance structure. All other items detailed in Schedule 1 were included.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was aware of the responsibilities associated with her role regarding timely submission of notifications as well as investigating issues to safeguard residents and staff. Management of notifications formed part of the mentoring programme for the recently appointed deputy person in charge and CNM.
Judgment: Compliant
Regulation 32: Notification of absence
The provider was aware of their responsibilities regarding notifications relating to the absence of the person in charge, when necessary.
Judgment: Compliant
Regulation 34: Complaints procedure
Informal and formal documentation was in place for the receipt of complaints. Informal issues were day-to-day items that were dealt with immediately before issues would escalate. Formal complaints, where more significant issues were identified were recoded separately, but also addressed in a timely manner. Complaints were reported at management meetings and issues raised were viewed as areas for learning and improvement.
Judgment: Compliant
Quality and safety
Systems were in place to monitor the quality of the service provided including audit of safeguarding, privacy and dignity, complaints, meals and mealtimes. The inspector found that staff demonstrated good knowledge and understanding of

the needs of residents and this information was reflected in individual care plans. Overall, residents received a good standard of care and access to medical resources and the services of allied healthcare professionals were in keeping with the assessed needs of residents.

The activities co-ordinator discussed the activities programme and outlined that activities varied from day-to-day and they were developed in conjunction with residents' life stories, preferences and interests, for example, gardening, exercises to music, meditation, quizzes, bingo. She relayed that some people prefer one-to-one sessions where she goes to a resident's bedroom and spends time with people doing something of their choice, for example, reading the news paper, chatting and hand massage with manicure. Mass was said in the centre once a week and other faiths were facilitated too. Musicians come to the centre and residents reported that they enjoyed their activities.

Residents relayed that they had access to the outdoors if they wished and had spent a lot of the summer outside. There was garden furniture with tables, chairs and sheltered gazebos for residents' enjoyment.

The premises was set out in four wings, each was colour-coded to familiarise residents and signage provided orientation to minimise confusion. Activities boards were displayed in each wing to ensure residents were aware of the day's programme to enable them choose whether to attend or not. There was several alcoves along corridors with window seating for people's comfort and enjoyment. Other accommodation that added to the ambiance was the large oratory for quiet reflection and the relaxation and family room. Staff facilities including a dining area, kitchenette and staff changing facilities. Nevertheless, better oversight of the facilities was necessary to ensure the premises was in compliance with matters set out in Schedule 6 of the regulations.

Infection prevention and control was identified as an area of concern; this included cleaning practices, cleaning regimes and areas not included in the audit process.

Regulation 11: Visits

There was an open visiting policy and this was observed on inspection. While the front door was keypad access, relatives and some residents had access to this. The inspector observed people visiting throughout the inspection and they were welcomed by staff and assisted when necessary.

Judgment: Compliant

Regulation 17: Premises

Residents chose the colour of their bedroom and bedroom door and the signage to be displayed on their door; corridors were also colour-coded to orientate residents. Some people had pictures of their local/county hurling team, others had nature scenes displayed on the outside of their bedroom doors. However, overall, the paintwork throughout needed to be upgraded.

Privacy curtains were not effective in one twin bedroom to ensure the privacy and dignity of residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Some residents preferred their breakfast in the dining room and others in their bedrooms; this was facilitated and observed on inspection. Coloured place-mats were in place to orientate staff regarding texture type, which was respectful of dignity and privacy. Choice was seen to be offered to residents at meal time and residents gave positive feedback about their meals. The inspector observed breakfast, lunch, tea and snack times and saw positive engagement between residents, and staff and appropriate assistance was offered to residents.

The chef was articulate regarding all aspects of food and nutrition and had good quality initiatives in place to ensure residents were happy with their meals. He attended residents meetings and walked around at meal times to get people's feedback and change the menu accordingly.

Judgment: Compliant

Regulation 20: Information for residents

The resident's guide was available in the centre; it was updated on inspection to reflect the current management structure. It contained the requirements listed in the regulations.

Judgment: Compliant

Regulation 27: Infection control

Many of the hand hygiene dispensers were broken and were scheduled to be replaced on the day of inspection and these were all replaced by the second day of inspection; advisory signage to demonstrate effective usage was added on inspection.

Practices observed regarding laundry management were not in keeping with best practice infection control national standards.

The equipment and facilities in the cleaners room were unclean; the handwash sink in the laundry was unclean. Some cleaning practices were not in keeping with infection control best practice guidelines, for example, staff not wearing protective equipment when cleaning, cleaning around equipment rather than moving equipment to clean behind them. While bathrooms were included in the general audit of the premises, ventilation grids were not included and of the sample viewed, it appeared if they hadn't been cleaned in some time. Assistive breathing apparatus was stored on a bedroom floor.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

In general, care plans were person centred and ongoing assessments were reflective of residents' assessed needs. Nonetheless, occasionally, information gleaned on pre-admission did not correlate with care documentation such as assessments and care planning. Carers were involved in care documentation and reported back to nursing staff regarding residents' nutritional intake. The daily communication diary demonstrated good reporting that was comprehensive and thorough. Consent forms were updated on inspection to reflect best practice regarding obtaining consent, information sharing and discussion with family members.

Judgment: Substantially compliant

Regulation 6: Health care

There was separate medication fridge which contained several creams, solutions and insulin, however, this was unlocked, the clinical room the fridge was in was also unlocked and there was evidence of lack of stock control. While some daily records were maintained of fridge temperatures, this was not consistent, to ensure that medications were stored at the optimum temperatures.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Minutes of residents meeting showed that issues raised were followed up at subsequent meetings with actions taken and feedback from residents. Activities boards were displayed in each wing to inform residents of the variety of activities throughout the day and their location. Residents and families had access to keypad codes to independently move in and out of the centre.

Activities in the morning were varied and at the end of the morning activity, the coordinator along with residents plan the afternoon activities. People had access to the community, current and local affairs and advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0022198

Date of inspection: 15 - 16/08/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Person in Charge shall ensure that there is appropriate supervision at all times. The call bell system is now used to alert staff in the case of any Residents needing assistance in the Reception area. • This will be monitored by QUIS audits. • This action has been implemented with immediate effect. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Household audits have now been updated to include the audit of practical application of duties relating to infection control to ensure best practice to safeguard residents. This action has been implemented with immediate effect. • Risk management and Health & Safety inspections have been updated to include actions to be completed within a specified timeframe. This action has been implemented with immediate effect. • Equipment needing repair has been moved to an appropriate store room while awaiting repair, any equipment that cannot be repaired will be disposed of. This action will be completed by 28/09/18. • Slings have been inspected and replaced as necessary, and have been added to the risk register going forward. This action has been implemented with immediate effect. • A clear schedule for Staff representative meetings has been drawn up and placed in the staff room for all staff to access. This action has been implemented with immediate effect. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

<ul style="list-style-type: none"> • A plan for painting and upgrading of the nursing home is now in place. This action will be completed by 19/10/18 • Privacy curtains have been ordered for one Twin room in order to ensure the privacy and dignity of residents. This action will be completed by 30/09/18 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Color coded baskets have been ordered for laundry to ensure correct segregation of clothing to comply with best practice infection control and national standards This action will be implemented by 25/09/18. • Cleaning plan has been drawn up for Laundry area with daily signing sheet. This action will be implemented by 21/09/18. • In house training was completed on 19/09/19 by H/H and Laundry staff including H&S, product labelling and product use. • In house training relating to infection prevention and control best practice national standards has been added to training plan for all H/H and Laundry Staff. Training will take place by 19/10/18. • Upgrade of cleaner's room has commenced and equipment reviewed and replaced where needed. This action will be completed by 19/10/18. • As part of the upgrading of Nursing Home a special 'deep-clean' programme has been implemented following which a full audit of this work has taken place, prior to painting work commencing. • A review is underway of all medical apparatus for residents to ensure correct placement/storage in every bedroom. This action will be implemented by 25/09/18. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Care plans and assessments are being reviewed to ensure information from preassessment is reflected in a person-centered manner within assessment and care plans. • Audits have commenced on documentation. • This action will be completed by 28/09/18 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Stock control of fridge items added to monthly medication check-in and audit. Nurses informed of their obligation of keeping medication fridge and clinical room locked at all times. Daily signing sheet for fridge temp allocated to list of duties for Night Nurse and this will be audited with monthly medication check-in to monitor compliance. This action has been implemented with immediate effect. 	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/18
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	19/10/18
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.	Not Compliant	Orange	28/09/18
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Not Compliant	Orange	19/10/18

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	28/09/18
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/08/18