



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0022782

About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into four units named Oak, Ash, Elm and Birch. Each unit has residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 32 single and eight double bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents.

The centre provides care to 48 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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 26 November 2019	12:00hrs to 18:00hrs	Sheila McKevitt	Lead
Wednesday 27 November 2019	08:30hrs to 13:00hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

Residents spoken with were happy and felt safe living in the centre. Residents told the inspector they could access the garden independently and that they enjoyed this.

Residents who completed feedback questionnaires were happy with the standard of care they received and with the choice of food provided to them. They said that staff were kind and that there was usually enough staff on duty to care for their needs. The inspector observed good communications between all staff disciplines and residents. Residents told the inspector that they enjoyed the activities and there was a good variety to choose from, including frequent trips out of the centre to places of interest chosen by them.

The inspector met with four relatives visiting residents. They said there were no restrictions on visitors and some had been given their own swipe access card. They all said they could meet their loved one in private, a private space was available to them. They told the inspector the centre was good at celebrating residents special celebrations in their large activities room. They had no complaints.

Capacity and capability

This was a well-governed centre. Good leadership, governance and management arrangements were in place which contributed to the high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The management structure was clear. The management team was made up of the provider representative, operations manager, person in charge and assistant director of nursing. Together they ensured residents were provided with a good quality service where their needs were met in a holistic manner. The management team met regularly to discuss all areas of governance and dealt with any issues identified without delay. The well-established monitoring systems ensured that the quality of service delivered to residents was maintained at a high standard and any lapses were identified and acted upon promptly.

The centre was well resourced. It was clean, tidy and furnished in a homely manner. The provider had an improvement plan for 2019 and 2020 which included replacing floor covering in a number of rooms and replacing some pieces of furniture. Other improvement initiatives had been completed, including the conversion of six offices into six ensuite bedrooms, four single and two twin.

The complaints policy was accessible to residents and met the legislative requirements. The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the 47 residents.

Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. As a result the inspector was assured that residents were safeguarded by a robust recruitment policy which was implemented in practice.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre together with supporting documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge employed in the centre had the required skills, qualifications and experience to undertake the role and worked full time in the designated centre. He had a post registration management qualification and was supported by the provider representative, the operations manager and a well-trained team of staff.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the residents living in the centre on both days of this inspection. Staffing levels were reviewed on a frequent basis by the person in charge to ensure they were adequate to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge and the assistant director of nursing supervised staff when on duty Monday to Friday. There was at least one registered nurse on duty each shift.

All staff had up-to-date mandatory training in place. Staff had received training in other relevant areas such as cardio-pulmonary resuscitation, infection control and prevention, hand hygiene, managing responsive behaviours, restrictive practices and the provision of dementia care. Staff had appraisals completed on an annual basis.

Judgment: Compliant

Regulation 21: Records

The records in relation to staff files were available for review and those reviewed contained the required documents. All records requested were made available to the inspector.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place which included cover against injury to residents. The contract also included cover against other risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established and maintained system of communication.

Systems had been developed, implemented and maintained to ensure the service provided was safe and continuously monitored by management. Sufficient resources were in place for the effective delivery of care.

An annual review had been completed, it included residents' feedback and a quality improvement plan for 2019, some of which had been implemented.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in November 2019 and was on display. The contents of the statement of purpose met the regulatory requirements and reflected the number and layout of the centre including the six additional bedrooms.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer working in the centre. There was a copy of this persons Gardai vetting clearance and their agreed roles and responsibilities on file and available for review.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The procedure reflected the legislative requirements. The inspector was informed that there had been no complaints made to date in 2019.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations were available for review. The inspector looked at a number of these documents and found that they had been reviewed within the past three years and that they reflected the current practices in the centre.

Judgment: Compliant

Quality and safety

Residents' health care, social care and spiritual needs were well catered for in the designated centre.

Management and staff were striving to ensure residents received a safe and quality service where their abilities and potential were maximised and their needs were met. Residents and their relatives were complimentary about the services, staff and facilities available to them. However the inspector found some areas of the premises required improvement.

Residents were assessed by their general practitioner (GP), a staff nurse and all required members of the health care team who were involved in providing long-term care to them. Residents had access to mental health services through a consultant who visited the centre to review residents on a regular basis. Residents also had access to physiotherapy, occupational therapy and psychology services in the centre. Dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services were available to residents as required. There was no delay in referrals being made.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety and respond to incidents reported. Residents with dementia and or those with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. The person in charge and staff were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. Residents who displayed responsive behaviours had detailed care plans in place which reflected triggers and diversionary therapies that worked for them.

Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. The quality of interactions between staff and residents in the dining and day rooms reflected meaningful engagement.

The external secure garden area was independently accessible to residents as was the side garden where residents had access to a polytunnel. Residents told the inspector that they enjoyed the variety of activities that was accessible to them, particularly the outings.

Health and safety, risk management and infection control practices were good. However, additional hand basins were required in some areas. Risks were well managed, all those identified were reflected in the risk register and residents had individual risk assessments in place.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors in private. There were no restrictions on residents receiving visitors; however, visitors were asked to respect mealtimes. There was a visitors' sign-in book at the front door and some had been provided with their own swipe card for the front door.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' had access to and maintained control of their personal property and possessions. They had an adequate amount of space to store their personal items including access to a lockable space. Their linen and clothes were laundered on site and returned to them without delay.

Judgment: Compliant

Regulation 17: Premises

The issues identified on the last inspection report had been addressed. The inspector saw that call bells were clearly identifiable in all toilets. The carpet in one of the main sitting rooms had been replaced and the inspector was told there was a replacement plan in place for stained carpets observed on this inspection. A new smoking area had been developed with good ventilation and views out over the countryside. Additional handrails had been placed in some of the en suite bedrooms.

The premises met the needs of the residents. The centre was registered to accommodate 48 residents. All of these bedrooms, eight twin and 32 single had an en suite each of which contained a shower, toilet and wash hand basin. However a number of the twin bedrooms did not ensure the privacy of residents due to the configuration of furniture in these bedrooms and the lack of privacy screening around each of the bed spaces in these bedrooms.

The six new bedrooms, two twin and four single each had en suite facilities. Five of the en suites contained a shower, toilet and wash hand basin. One of these single en suite bedrooms did not have a shower and although there were a number of communal baths available to this resident there was no communal shower available to the occupant of this new bedroom. In one of the new twin bedrooms the available floor space was reduced due to the configuration of the room and the size of the new furniture in the room. This required further review.

The laundry was large and spacious with segregated dirty and clean areas. However it did not have a wash hand basin in place.

The inspector also found that the hand washing facilities in the cleaner's room also required improvement. This was addressed by the provider immediately and the hand wash basin was repaired and functioning prior to the end of the inspection and the items stored on the floor were re-located.

The spacious hairdressers room did not have a wash hand basin.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide was prepared and available to residents. It included a summary of the services and facilities available to them. It included the complaints procedure, the arrangements for visits and the terms and conditions relating to residency in the designated centre.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy and risk register were in place and were appropriately maintained. A process for hazard identification and assessment of identified risks relating to residents and to the centre were recorded and subject to review. Risks identified were outlined and the plan in place to control these risks was clear.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff in line with best practice guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The fire alarm, emergency lighting and fire extinguishers were serviced as required,

records were available for review.

Fire drills and fire training had been completed with staff, and all had received this mandatory training within the past year. Simulated evacuations had been practiced in 2019 and records of these were clear, concise and reflected good practices by staff. Self closing devices had been fitted on bedroom doors for those residents who liked their bedroom door to remain open at all times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were being administered in accordance with best practice guidance, as directed by the prescriber and in accordance with any advice provided by the resident's pharmacist.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessments and care plan reviews took place three monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review. Relatives of those with dementia were also involved in care plan reviews.

Judgment: Compliant

Regulation 6: Health care

Residents had access to all members of the allied health care team. They had a choice of general practitioner who visited the centre routinely and reviewed each resident every quarter. A high standard of evidence-based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais was provided for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. A risk assessment tool and detailed care plan was available for those who had a bed rail in place. These documents reflected alternatives trialled prior to the restraint being used. Residents who had responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their physical or social or physical environment) had detailed care plans in place which reflected triggers and diversionary therapies that worked for them.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff and with the ongoing training and supervision of staff. All staff had mandatory safe guarding training in place and those spoken with had a good knowledge of what constituted abuse.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities co-ordinated by staff. Those residents living with dementia were supported to participate.

Residents were offered choices in all aspects of their day-to-day life and their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

As addressed under premises the privacy of residents in some twin rooms was not maintained due to the lack of appropriate screening.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0022782

Date of inspection: 27/11/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">- Following inspection all areas of privacy screening and configuration of furniture within the shared bedrooms has been reviewed and relocated to ensure privacy for each resident.- Handwash sinks have been installed in the Laundry and Hairdressing Room.- A communal shower has been installed to accommodate the referred ensuite. <p>M - Progress monitored by the Maintenance and Operations Teams. A – Achievable. R – Realistic. T – 31st January 2020</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 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	31/01/2020