



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

## Issued by the Chief Inspector

Name of designated centre:	Brindley 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:	Unannounced
Date of inspection:	13 October 2020
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0030672

## About the designated centre

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

The centre was a purpose built single storey residential care facility that can accommodate 43 residents who need long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 33 single and 5 twin bedrooms. Most of the bedrooms have full en suite facilities with a shower, 10 rooms have an ensuite with a toilet and a wash hand basin and two single rooms have a wash hand basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

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

Number of residents on the date of inspection:	41
--	----

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 13 October 2020	09:00hrs to 17:00hrs	Ann Wallace	Lead
Tuesday 13 October 2020	09:00hrs to 17:00hrs	Noreen Flannelly- Kinsella	Lead

## What residents told us and what inspectors observed

On the day of the inspection the centre had a an outbreak of Covid 19 affecting 11 staff and 30 residents. The residents were cohorted into two distinct areas with residents who had Covid -19 detected accommodated in two units and those residents for whom Covid-19 had not been detected were cared for on one unit. The staff teams were separated into two distinct teams for both day duty and night duty. The staff teams did not cross over onto each others areas and had separate staff changing rooms and rest areas.

All residents were being cared for in their bedrooms and the communal areas were not in use. The inspectors made themselves available to talk with residents who wished to meet with them. One resident met with an inspector. The resident was aware that they were required to stay in their room but that they could leave the room to got outside for a cigarette or a walk if they wished to do so. The resident said they were comfortable in their room and that staff popped in and out throughout the day and were available if they wanted to go outside. The resident was concerned about Covid-19 and the changes the current outbreak and restrictions were having on their day to day life. However, the resident told the inspector that staff were kind and helpful which helped them to cope with the current situation.

Inspectors observed a number of residents popping out of their rooms to ask staff questions and to request to go outside for a walk or a cigarette. Staff were always available and were prompt to respond to residents' requests. Staff and residents were observed to use the hand sanitisers to clean their hands frequently. Staff reminded residents to socially distance when they were out of their rooms.

Staff and resident interactions were patient and respectful. Staff who spoke with the inspectors knew the residents well and were very aware of the level of anxiety that some residents were experiencing during the outbreak. Staff chatted with the residents when they came out of their rooms and kept the residents up to date with local and national news and events. Many of the staff were local and there was a real sense of community.

## Capacity and capability

This was a risk inspection carried out in response to the significant Covid-19 outbreak that was notified to the Chief Inspector on 29th September 2020 and a concern that was received by the Chief Inspector in relation to infection control

practices in the designated centre. The outbreak was triggered when five staff had Covid-19 detected on the serial testing of staff in the designated centre. During the outbreak 33 out of 41 residents and 17 staff out of a complement of 42 contracted the virus. There were two deaths in the centre associated with the outbreak. At the time of inspection the public health team and an infection prevention and control nursing expert were providing advice and guidance in relation to the management of the outbreak at the centre.

The centre had a good history of compliance with the regulations, Health Act 2007 (Care and welfare of residents in Designated centres for Older People). The provider is well established and is the registered provider for ten designated centres for older persons. The designated centre had a renewal of its registration in March 2020. The inspectors found that the non compliance in relation to fire safety found on the previous inspection in November 2019 had been addressed by the provider.

There was a clear management structure in place which consisted of the person in charge (PIC), assistant director of nursing (ADON) and the group operations and compliance manager. The Chief Operating Officer was also present on site on the day of the inspection and he represented the registered provider who was not available. However on the day of the inspection the ADON and the operations/compliance manager were both working on the floor as the nurses in charge of the two cohorted units. Inspectors found that the PIC was the only senior person rostered to work in a supernumerary capacity and available to support and supervise staff during a significant Covid-19 outbreak. As a result inspectors found that staff did not have access to appropriate support and supervision in their work on the day of the inspection and a number of breaches in infection prevention and control practices were not identified and addressed. In addition inspectors found that the oversight of key areas such as staff training, risk management, infection control processes and housekeeping and maintenance was not sufficiently robust.

There were sufficient staff on duty to meet the needs of the residents and to ensure that residents could be cohorted safely into distinct units; one unit for those residents who had Covid-19 detected and a second unit for those residents who did not have the virus detected. Staff practices had been reviewed and were being managed in line with public health instructions. However inspectors found that staff practices in hand hygiene and housekeeping required further review and improvements to ensure that national best practice guidance was followed (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and was responsible for the day

to day management of the service. She is a registered nurse with a post graduate management qualification and more than five years experience of working with older persons in a designated centre.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to provide care and services in line with the centre's statement of purpose and to support the cohorting of residents in line with public health instructions. The provider had increased the staffing levels in line with the centre's COVID-19 contingency plan so that additional resources were available in nursing, care staff and housekeeping staff.

There were two registered nurses available at all times to ensure that there was no cross over of nursing staff from the COVID-19 detected group of residents to those residents who had not contracted the virus. The provider submitted planned rosters for the two weeks following the inspection to provide assurance that these staffing levels would be maintained.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records showed that staff had access to training through the centre's induction and mandatory training programmes. Additional training was provided in line with the resident profile and needs of individual residents. However the staff training matrix was not up to date on the day of the inspection and as a result the person in charge was not aware of staff who were out of date with their mandatory training. This information was submitted following the inspection and the record showed high levels of staff compliance with mandatory training requirements.

Staff confirmed that they had access to regular training and updates. Staff worked well together as a team and demonstrated responsibility and accountability for their work.

Records showed that infection prevention and control did not form part of the centre's current induction programme. Nevertheless inspectors spoke with two new members of care staff who confirmed that they had attended infection prevention and control training since they commenced their roles. These carers demonstrated good knowledge and understanding of infection control principles and practices and were clear about their responsibility to keep themselves and the residents safe in

the current outbreak situation. However improvements were required in relation to the training and supervision of new housekeeping staff where inspectors found that staff were training each other in the absence of a supervisor.

Staff told the inspectors that they were supported in their work by senior staff and managers. Staff said they saw the person in charge regularly and that she was approachable. On the day of the inspection the assistant director of nursing and the Group Operations Manager were working as nurses on the floor. They were busy with nursing tasks and medications and were not available to perform their management roles and to supervise staff. As a result they did not identify when staff did not carry out hand hygiene correctly and were not available at lunch time to ensure that meals were served appropriately for the residents. A review of the rosters showed that these two members of staff regularly worked as the nurse in charge on one of the units.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall inspectors found that there were sufficient resources to ensure that care was delivered in line with the statement of purpose. However significant additional resources were required to upgrade and maintain areas such as the hand washing facilities for staff, sluice rooms and the cleaning and laundry facilities and to ensure that furniture and fittings were in good repair and were easy to clean.

The centre had a clearly defined management structure in place that identified the lines of authority and accountability for specific roles. In the absence of a housekeeping supervisor the housekeeping team were reporting to the person in charge (PIC). Staff were clear about who they needed to report to. However on the day of the inspection the assistant director of nursing and the quality manager were working as nurses on the floor and were not in a position to monitor staff practices and support and supervise staff. In addition there was no housekeeping supervisor available to supervise the housekeeping team. This role was being carried out by the person in charge (PIC) who already had an increased work load due to the COVID-19 outbreak in the centre.

There was a comprehensive range of audit tools available for monitoring the quality and safety of the care and services provided for residents living in the designated centre. However inspectors identified that the processes in place to monitor infection prevention and control and risk management processes were not robust and needed to improve. This is discussed under Regulations 26 and 27.

The provider demonstrated a willingness to maintain regulatory compliance on this inspection. The immediate action plan was addressed on the day of the inspection. The action in relation to Regulation 28 Fire safety following the last inspection had been fully addressed by the provider.

The annual review had been completed for 2019 and there was evidence that the feedback from residents' questionnaires was used to inform some of the quality improvements. However it was not clear how these improvements were being monitored to ensure that residents were satisfied with the outcomes.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had an up to date Statement of Purpose in place which contained the information as set out in Schedule 1 of the regulations. the document was available in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible and easy to understand complaints policy available which included an appeals process. The complaints process was displayed in the entrance foyer and residents were made aware of the process in the resident's guide.

Formal complaints were recorded on an electronic system and were managed in line with the centre's policy and time frames. Records showed that there no open formal complaints at the time of the inspection, however it was not clear to the inspectors how informal complaints were being captured, reported and followed up by the management team.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The provider had all of the Schedule 5 policies available in the centre. Schedule 5 policies were communicated to staff through the induction programme and ongoing mandatory training.

Inspectors reviewed the policies on inspection and found that they were updated regularly. However key policies had not been updated in line with current best practice guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance);

- Admissions Policy
- End of Life care Policy
- Temporary Absence/ Discharge Policy
- Risk Management Policy

Judgment: Substantially compliant

## Quality and safety

Overall inspectors found that residents were well looked after by staff who knew them well. However improvements were required in relation to infection control practices and risk management processes to ensure that residents were adequately protected. This is discussed under Regulations 26 and 27. In addition inspectors found that two residents did not have a comprehensive care plan in place within the required time frame and the current health care processes did not ensure that residents had timely access to specialist services.

The designated centre consists of 33 single rooms and five twin rooms. Most bedrooms had en-suite facilities. The accommodation was laid out over one floor and provides comfortable and homely private and communal spaces for the residents. There were large accessible garden spaces available for residents and residents were seen walking in the garden with staff during the inspection. Overall the centre is well laid out for the residents however, inspectors found that the environment in some areas were not maintained to a high enough standard to facilitate appropriate cleaning processes and to prevent the transmission of infection.

Inspectors observed that staff and resident interactions were respectful and staff were patient when explaining to residents why the current restrictions were in place. Residents were reminded to wash their hands correctly and to maintain their social distance when mobilising in the corridor. Staff worked hard to reassure the residents and to encourage them to stay positive. Some staff spent time listening to resident's concerns and others were observed to distract residents by discussing local news and non Covid related topics such as sports news.

Although residents understood the need for the current restrictions it was evident that they missed their usual routines and activities especially visits from their families. Visiting was in place for those residents at end of life and inspectors observed how one family were facilitated to see their loved one who was at end of life.

## Regulation 11: Visits

Measures were taken in line with the Health Protection and Surveillance Centre (HPSC) guidance to protect residents and staff regarding visitors during the outbreak. Visiting by families had been suspended and essential visiting was facilitated on compassionate grounds including when a resident was at end of life. Staff were committed to ensuring residents and their families remained in contact by means of telephone, video calls and window visits. A nominated liaison officer at the centre had overall responsibility for communicating with residents and families and keeping them informed during the outbreak.

Infection prevention and control precautions were in place should a visitor and essential service provider enter the building whereby a COVID-related questionnaire was completed along with a temperature check, hand hygiene, mask-wearing, and social distancing. Information pertaining to COVID-19 precautions, PPE and hand hygiene was displayed at the entrance to and throughout the centre. Prior to the outbreak the provider had identified a suitable private space, with a separate entry point to facilitate pre-arranged visits safely during the Covid-19 pandemic.

Judgment: Compliant

## Regulation 13: End of life

Information was documented in residents' care plans regarding their physical, psychological and spiritual care needs and preferences for end-of-life. This ensured that each resident's wishes and preferences were clearly communicated to members of staff.

A comprehensive end of life care plan reviewed showed it was resident focused, and written in a sensitive manner and appropriately reviewed. The inspector observed that the resident's comfort was maintained and the resident's wishes were addressed. Where residents were unable to participate in this process records were seen which indicated that family members were involved in the process.

In instances where residents were at end-of-life stage, the centre allowed close family members to attend and spend some time with their loved ones while adhering to infection prevention and control measures.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had access to freshly cooked nutritional meals and snacks to meet their nutritional needs. Residents told the inspectors that they enjoyed their food and that there was plenty to eat. Inspectors observed that residents were offered snacks and a range of hot and cold drinks throughout the day of the inspection.

Because of the current outbreak all residents were taking their meals in their rooms. Trays were nicely set out with cutlery and condiments. Staff in the kitchen plated the meals for individual residents in accordance with their needs, for example, for textured diets. Trays were clearly labelled with the resident's name.

There were sufficient staff on duty to ensure that meals were delivered to each resident's room promptly and that the food served was hot. However, there was no oversight of the meals service by senior staff at the point of delivery. As a result it was not evident how managers knew that meals were delivered to the correct standards, for example; presentation, temperature, correct consistency for residents on specialised diets.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place that met the requirements of the regulations. There was a COVID-19 contingency plan in place and this plan had been implemented when the outbreak occurred in the centre.

A number of risks were identified by inspectors on the day that were not identified and managed by senior staff in the centre. For example the inspectors observed that a spray bottle which contained cleaning products was not labelled clearly and was left on a table in the conservatory area and not stored securely. In addition the staff continued to use a touch activated system when they started work each day. There were no checks being carried out to ensure that staff were sanitising the touch pad before and after each use which meant that the system was a potential source of transmission of infection.

There were arrangements in place for the identification, recording and investigation of serious incidents and adverse events when they occurred.

There was a plan in place for responding to major incidents in the centre.

Judgment: Substantially compliant

## Regulation 27: Infection control

An outbreak of Covid-19 infection had been declared at the centre and a high number of residents and some staff had contracted the virus. The registered provider had put a group emergency management team in place to support the person in charge in the management of the outbreak. In addition the inspectors reviewed the centre's Covid-19 contingency plan and found it was comprehensive.

The person in charge was the identified lead for infection prevention and control and was supported in her role by the registered provider representative and person participating in management. The housekeeping supervisor position was a shared position within the group, and there had been no on-site presence during the outbreak.

The designated centre had formalized infection prevention and control support arrangements in place with access to designated specialist staff with expertise in infection prevention and control. The department of public health (PH) was providing leadership and liaising with the registered provider on a daily basis in relation to outbreak management. An action plan had been put in place to support cohorting of residents and distinct zones for Covid-19 and non Covid-19 residents were in operation. The staff and equipment were dedicated to each specified zoned area. Single use cleaning wipes were available for decontaminating equipment after use.

The person in charge told inspectors that most residents were asymptomatic on the day of inspection. Staff kept residents informed on an individual basis about the outbreak and the public health measures required to minimize risks to themselves and others associated with Covid-19.

A community infection prevention and control nurse manager (PH) had visited the centre a week prior to this inspection. A number of significant infection prevention and control issues were identified during the short visit for example in relation to incorrect usage of personal protective equipment (PPE), and hand hygiene practices, training, supervision, and hand hygiene facilities. In response the registered provider had implemented an action plan which included:

- Use of personal protective equipment (PPE) including enhanced PPE was reviewed and revised
- Refresher training on infection prevention and control and Covid-19 prevention measures, including hand hygiene and donning and doffing PPE was provided
- Access to alcohol hand gel to support staff compliance with '5 moments of hand hygiene' and point of care use was reviewed
- Mobile hand wash sinks on two corridors were temporarily installed; plans to install a clinical hand wash sink in a sluice facility was underway

- Laundry was outsourced to an external contracted service provider

Although a number of infection prevention and control measures had been implemented the inspectors found that further improvement was still required to ensure consistency with national standards. The inspectors issued an immediate action plan to the provider in relation to one staff changing facility which was unclean, had open cupboards with exposed pipes and in which a dirty sweeping brush and a rusty toilet brush holder were stored. In addition the facility did not have appropriate hand washing and drying facilities for staff. The cleaning and the repair of the cupboards was addressed on the day of the inspection. Old and damaged equipment was removed. The hand washing facilities were addressed through a general review of hand washing facilities in the centre following this inspection.

Inspectors also found that oversight arrangements in relation to infection prevention and control needed to be improved upon. An infection prevention and control policy was in place however roles and responsibilities identified in the policy did not reflect what was in place on the day of inspection. Furthermore the quality assurance processes were not sufficiently robust to identify areas for improvement as evidenced by the findings on this inspection.

A planned auditing schedule for hand hygiene, housekeeping, hygiene and laundry was in place and overall findings showed good compliance was achieved. However a number of risks and areas for improvement found by inspectors on this inspection had not been picked up through these audits. As a result there was a need to review current audit tools to ensure that areas for improvement were identified and quality improvement plans implemented. In addition the provider needed to ensure that these key audits were undertaken by designated persons with appropriate knowledge and skill in infection prevention and control. Information received from the registered provider following this inspection stated that this was being progressed.

In addition the management team did not have effective oversight of infection prevention and control training and education being delivered to staff. Moreover the training and development plan as outlined in the policy and mandatory training and training requirements for newly inducted staff was unclear. Whilst there was clear evidence that both online and practical training had taken place, it was not reflected in the training matrix provided to inspectors. In addition training in relation to cleaning processes needed review as in the absence of a housekeeping supervisor peer to peer training was in place.

Overall observations made by inspectors showed that alcohol hand gel, and PPE supplies including long sleeved gowns, surgical masks and eye protection was available. While some staff followed good hand hygiene techniques inspectors observed that this was not consistent across all staff. Face protection masks were worn by all healthcare workers and staff followed appropriate use of personal protective equipment (PPE) and practiced social distancing.

Information posters to support practices were clearly displayed on entrance to and

throughout the centre. Staff adherence to 'Bare below Elbow' initiatives was evident. Isolation precautions were observed and signage was clearly displayed on resident doors which were closed. Color-coded linen skips and alginate (dissolvable) bags for infected linen were available. The provider provided assurances that scheduled testing, and servicing arrangements for the bedpan washer disinfectant and laundry equipment was in place.

The staff uptake for the influenza vaccine was approximately 40% for 2019-2020 season and management was actively working to ensure good staff uptake of the influenza vaccine for the upcoming season. The management team confirmed that control measures in relation to water-borne infections had been implemented however a formalized legionella risk assessment needed to be progressed.

Overall the general environment in corridors and communal areas appeared clean although some fixtures and furnishings required review to ensure that they were in a good state of repair and that surfaces could be kept clean. Although inspectors were told that a planned preventative maintenance programme was in place, opportunities for improvements were identified in relation to maintenance and general upkeep in some areas; in particular handrails on the corridors, doors to resident's rooms and ancillary facilities such as the sluice, cleaner's cupboard and the laundry.

The registered provider had reviewed and updated the cleaning policy following this inspection however it was unclear as to who would provide training in relation to hygiene service delivery in the revised policy. Daily cleaning checklists for residents' rooms were in place and staff responsible for cleaning had defined responsibilities for Covid-19 and non Covid-19 rooms each day. The housekeeping team was supplemented by staff employed by an external cleaning agency during the outbreak. Inspectors were told that enhanced cleaning to include frequently touched surfaces was in place during the outbreak.

A staff member demonstrated a good knowledge of cleaning processes, color-coded cleaning cloths and the flat mop system. The cleaning trolleys were appropriate and clean and showed clear separation of clean and dirty functions. The laundry facility was visited and an industrial washing machine was used for reprocessing reusable cleaning textiles. Staff were endeavoring to separate clean and dirty functions and maintain a unidirectional flow within the confines of the facility.

However the inspectors found that oversight arrangements in place did not ensure that the provision of hygiene services was appropriately delivered and monitored. For example:

- periodic cleaning regimes for reusable medical equipment were required as some equipment such as portable oxygen machines were stained or dusty.
- procedures for management and reprocessing of reusable spray bottles for cleaning products were required; some reusable spray bottles were unlabelled
- cleaning schedules for ancillary facilities such as staff changing room, and housekeeping room were required as either dusty and unclean

- storage of clean supplies needed review so as to avoid inadvertent contamination of clean items and to facilitate cleaning.

This inspection identified additional opportunities for further improvement in relation to infection prevention and control:

- access to PPE in ancillary facilities such as a housekeeping room
- storage of alcohol hand gel and PPE on hand grab rails on corridors needed to be reviewed and additional wall mounted hand sanitiser dispensers supplied.
- access to and design of hand wash sinks for staff
- location and labelling of health care risk and non-risk waste bins
- quality of surfaces and finishes on soft furnishes such as communal armchairs and bed tables
- sink outlets in some ancillary facilities such as laundry facility unclear
- design, layout, ventilation and quality of surfaces and finishes and equipment in ancillary facilities such as housekeeping room, sluices and laundry need to be reviewed to ensure they are aligned with best practice guidance and to facilitate separation of clean and dirty functions and effective cleaning.
- carpet floor covering needs to be re-assessed to ensure its usage is aligned with recommended infection prevention and control best practice guidance and effective cleaning facilitated.
- there was no defined procedure for decontaminating a 'clocking-in-and-out' system, which required staff to place their hand on a scanner, before and after use. Information received following this inspection identified that the system had been discontinued for the duration of the outbreak.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

An assessment of the health and social care needs of an intended resident was arranged prior to admission to ensure the person's needs could be met in the centre. Following admission a comprehensive nursing assessment was undertaken using validated assessment tools. Following the assessment an individualised holistic care plan was agreed with the resident and/or their representative and implemented. However inspectors found that two care plans had not been prepared within 48hrs after the resident's admission in line with the centre's own admissions policy and with the requirements of the regulations.

Inspectors found that validated assessment tools and risk assessments were used as part of an initial and ongoing assessment. The process of assessment included identifying resident's risk of falling, malnutrition, and pressure-related skin damage. Daily care records and progress notes were recorded. The person in charge assured the inspectors that a system for ensuring care plans were formally reviewed at

intervals not exceeding four months was in place.

A Covid-19 care plan had been developed and residents were actively monitored for signs and symptoms of Covid-19 by nursing staff. A record of the vital signs observations were recorded twice daily in the sample of care records reviewed.

Judgment: Substantially compliant

## Regulation 6: Health care

Whilst access to specialist health care advice was available, further improvements were required in respect of ensuring residents received timely specialist care and advice in line with resident's assessed needs. Although screening assessments/reviews were carried out to identify those residents with clinical risks that may need specialist advice or interventions, inspectors were not assured that there was a clear protocol in place to ensure timely referral of those residents. As a result inspectors found that there were some delays in referring to specialist services such as dietician, speech and language therapist and physiotherapist.

Furthermore the inspectors found that associated policy documents needed review to ensure guidance was clearly defined. For example it was unclear as to who was the responsible person for undertaking monthly assessment on residents with swallowing difficulties.

That said inspectors found good evidence of consultation with and progress in response to a resident need following consultation with a tissue viability nurse. In addition the person in charge confirmed that there was good liaison with the community health organization and access to an occupational therapist and mental health services if required.

There were arrangements in place for medical review of residents living in the centre. The residents had access to general practitioner (GP's) services including out of hour on-call services. There was also access to medical advice via phone during changeover periods. Local GP's continued to attend the centre to review residents. An inspector spoke with one GP who had visited the centre every two weeks and continued visiting during the current outbreak.

At the time of inspection the public health team and an infection prevention and control nursing expert was providing advice and guidance in relation to the outbreak management at the centre.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

At the time of the inspection residents' daily routines and activities were impacted by the current outbreak of Covid-19 and the requirements for most residents to stay in their rooms. However the residents who did speak with the inspector was satisfied with their life in the designated centre and said that they could choose how to spend their day. This was mirrored in the responses from other residents and families to a recent resident survey that had been carried out in the centre and in the records of the resident meetings that had been held since the last inspection.

The records showed that residents expressed satisfaction with the activities that were on offer. The centre was located close to the local village and records showed that some residents went out to the local shops either with staff or their families. There was a range of activities available and residents were encouraged to participate in line with their abilities and preferences.

Staff were seen to knock on residents' doors and to wait for permission before they entered. Staff kept doors closed when personal care was taking place. In addition staff were respectful and mindful of maintaining confidentiality when discussing residents with the inspectors.

Residents had access to radios and televisions, newspapers and other media. Staff encouraged residents to use technology to keep in touch with their families during the outbreak. Residents had access to telephones and skype/whats app to stay in touch.

Residents had access to an independent advocate in the centre.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially 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 Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0030672

Date of inspection: 13/10/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S:IPC training albeit completed, has since inspection, been realigned to form part of induction training for all staff which is supported by the buddy system inhouse intermingled with overarching governance.</p> <p>M: Through continuous review and audit.</p> <p>A: By the PIC and management team.</p> <p>R: Overview by the COO supported by senior management.</p> <p>T: 20th October 2020</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: Since inspection the regional housekeeping supervisor has been replaced by a dedicated inhouse onsite supervisor. QIP has been developed to ensure resident satisfaction of improvements made within the centre.</p> <p>M: Through continuous review.</p> <p>A: By the inhouse management team.</p> <p>R: Overview by the COO and senior management.</p> <p>T: 1st December 2020</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>S: The inhouse team have revised learnings to ensure that all concerns or informal comments are captured on our electronic system of complaints.</p> <p>M: Through continuous review.</p> <p>A: By the inhouse management team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 20th October 2020</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>S: A full review of all key policies have been updated in line with current best practice guidance.</p> <p>M: Through review.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 18th December 2020</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>S: The centres COVID-19 contingency plan of which is an ever moving document has been reviewed and all risks identified have been added to the plan. Our staff clock in / clock out system has been replaced with a non-touch facial recognition system. Cleaning product bottles are appropriately labelled.</p> <p>M: Through continuous review.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 1st December 2020</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S1: A full comprehensive review will be conducted of the centre by a suitably qualified IPC specialist.</p> <p>S2: A review has been conducted of the training matrix.</p> <p>S3: A revised IPC audit has been implemented.</p> <p>S4: Supplementary public health approved handwashing sinks have been installed within the centre.</p> <p>M: Through the IPC specialist with support from the COO and inhouse team.</p> <p>A: Through continuous overview.</p> <p>R: Overview by the COO.</p> <p>T1: 31st January 2021.</p> <p>T2: 20th October 2020</p> <p>T3: 20th October 2020</p> <p>T4: 9th December 2020</p>	
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> <p>S: The PIC has reiterated to all nursing personnel the importance of ensuring completion of care plans as per the centre's written policy.</p> <p>M: Through audit and review.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 20th October 2020</p>	
Regulation 6: Health care	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>S: The PIC has reiterated to all nursing personnel the importance of ensuring completion of care plans as per the centre's written policy.</p> <p>M: Through audit and review.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 20th October 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/10/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/12/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	01/12/2020

	consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/12/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/12/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/01/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	20/10/2020

	appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	18/12/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/10/2020
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the	Substantially Compliant	Yellow	01/12/2020

	care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
--	--	--	--	--