

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Brindley Manor Private Nursing Home
Centre ID:	OSV-0000323
Centre address:	Letterkenny Road, Convoy, Donegal.
Telephone number:	074 914 7000
Email address:	brindleymanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 26 October 2016 08:30 To: 26 October 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. This was the eighth inspection of this centre. Previous inspection reports can be accessed at www.hiqa.ie.

Brindley Manor is a purpose designed building located a few minutes' drive from the

town of Convoy, Co. Donegal. It can accommodate 43 residents who require long term, respite, convalescence or palliative care. Accommodation is provided in 33 single and five double bedrooms. All rooms except two single rooms have full ensuite facilities of shower, toilet and wash hand basin. Residents had personalised their rooms with photographs, books and ornaments. The inspector was told by two residents that they found their rooms warm and comfortable and also said that they were cleaned each day.

There were communal sitting and dining areas where residents could spend time together. These areas were decorated in a comfortable home like style. The centre was found to be in generally good decorative condition apart from carpets in some hallways that showed signs of wear and tear. The areas inspected were clean and equipment was also noted to be in a clean condition and well maintained.

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice and freedom day to day. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns and said that they felt safe. The following comments illustrate what residents said " the staff are always here, I never feel scared" and "I have a bell and when I ring it staff come straight away".

There were seven questionnaires returned by relatives and overall these conveyed a high level of satisfaction with the service. Relatives particularly valued the information provided prior to and at the time of admission, the commitment of staff that staff were approachable when they had concerns and remedied matters. Some felt that activities could be provided on a more consistent basis and the recent replacement of activity staff was welcomed.

The inspector observed the delivery of care and the way that personal choices were facilitated. Documentation such as care plans, medical records, policies and procedures and staff personnel files were reviewed. The inspector found that overall residents' health care needs were appropriately assessed and addressed and there was good access to general practitioners, pharmacists and allied health professionals. There was adequate staff on duty to meet the needs of residents on the day of inspection.

The inspector found that centre was well organised, staff were available to answer call bells promptly and visitors were made welcome on arrival. Activity staff were in the process of reviewing the activity schedule as they were new in post and were getting to know residents. They were planning a schedule based on residents' preferences. Residents told the inspector they enjoyed talking about local news, music, singing and reminiscence activity. There was information available in Key to Me documents to inform staff about residents past life styles and the inspector found that these were used by staff to inform the activity schedule and the delivery of care. Staff could describe the varied personal routines of residents and conveyed that a person centred approach was adopted.

The last inspection was an unannounced monitoring inspection which was carried out

on 25 May 2016. The areas that were non compliant at that time included the provision of information to residents, aspects of risk management and training for staff on responsive behaviours. The actions with the exception of the action related to training had been addressed. The training for staff had to be rescheduled and the provider had advised the inspector of this change.

Areas for review following this inspection include the risk management policy and associated procedures which were last updated in 2012 and the replacement of flooring in some areas. These are discussed under the relevant outcomes and the action plan at the end of the report contains the actions required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service provided in the centre and the arrangements in place reflected the aims and objectives as described.

A copy of the statement of purpose was available in the centre and an up to date copy had been forwarded to HIQA. This was found to contain the information required by schedule of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The organisation has a clear management structure in place. The lines of accountability and authority were known to staff. Staff knew who was in charge and the reporting

structure to be observed. There were arrangements in place that ensured staff had access to a member of the management team out of normal day time work hours if they needed advice or guidance. The person in charge reported any significant events to the provider or to another senior member of the management team.

There was good communication between the provider and person in charge to ensure that the governance and management of the centre was managed appropriately. There were systems in place to ensure that the service provided was safe and effectively monitored. For example there were audits of events such as falls and preventative measures were found to be in place to prevent recurrences. Fire safety was found to be of a good standard and the matters identified at the last inspection in relation to fire doors and exit doors had been reviewed and addressed. The centre was visibly clean and good practice in infection control and hand hygiene practices were observed.

There was a review of the quality and safety of care delivered to residents and this included consultation with residents and their relatives. The inspector noted that improvements are made as a result of reviews of the service and facilities. For example the provider and person in charge had reviewed the premises and identified improvements that included the replacement of flooring and seating in parts of the building and the provision of more communal space. The changes to address these matters were planned to take place gradually to reduce disruption to residents.

Adequate resources were found to be in place to meet the needs of residents when this inspection was conducted. The staff allocation, staff training plan and the provision of assistive equipment were appropriate to meet the care needs of residents accommodated.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a residents' guide and a copy had been issued to residents. There were additional copies available on the day of the inspection. It was found to contain the information required by the Regulations.

A sample of the contracts of care issued to residents was reviewed by the inspector.

These were signed by residents or residents' representatives and the provider at the time of admission or shortly afterwards. The contract outlined the services to be provided, the fees to be charged and the contribution to be paid by residents. The charges for items not covered in the fee were outlined.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse. She is a registered nurse with many years experience of working with older people both in direct care and in management. She is a qualified general nurse and had completed a number of post graduate qualifications including a masters degree in strategic management in 2004. She has a training qualification and is a trainer for moving and handling, hand hygiene and for elder abuse. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

She has worked in this centre since 2015 in a full-time capacity. She had previously been the person in charge of another centre Beach Hill Manor owned by the company. She demonstrated that she had a sound working knowledge of the Regulations and the HIQA's Standards that govern designated centres for older people. She is supported in her role by a senior nurse who takes charge in her absence.

There was adequate time allocated for the person in charge to undertake her management role including the supervision and organisation of the staff team.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has

all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All the required written operational policies and documents as required by schedule 2, 3, 4 and 5 of the legislation were available. The administrative systems were well established and records were readily accessible and stored securely.

The inspector examined the schedule 2 documents that are required to be in place for all staff employed in the centre. Four staff files were reviewed and all documents that are required by current legislation were in place. The files had a check list to ensure that the requirement was adhered to and that documents were filed correctly. There was a vetting record for all staff employed and the person in charge said that the e vetting procedures had resulted in an expedient return of the disclosures required.

The directory of residents was up to date and contained the required details for each resident.

Policies and procedures in relation to risk management were in place but required review as they had not been updated since 2012. This is discussed under outcome 8- Health and Safety and Risk Management. The policies and procedures that were noted to require review included the general health and safety policy and specific procedures in relation to moving and handling, the management of hazardous substances and some policies that provided guidance on clinical risks such as swallowing and choking hazards.

Judgment:

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The notifications to be made if the person in charge was absent for 28 days or in an emergency were known and had been adhered to by the provider. As described earlier there were arrangements in place for the management of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were measures and structures in place to protect residents from being harmed or suffering abuse. Staff had been provided with training on how to prevent, detect and report elder abuse or an adult protection concern. Staff including new staff to the service were clear about what constitutes abuse and their role and responsibility to report suspicions or incidents of concern or abuse. There were no allegations related to abuse being investigated at the time of inspection.

There was emphasis on promoting a restraint free environment and greater reliance on the use of safety measures such as bed alarms and low- low beds rather than bedrails to prevent falls and ensure safety. An action plan in the last report identified that bedrails should only be used when other measures had failed to provide an appropriate level of safety. This had been addressed by nursing and care staff. There was information recorded that supported the use of bedrails when other options had failed and there were some bedrails in use as enablers to support residents to turn in bed for example. Assessments and reviews of all equipment that could be regarded as having a restraint function were completed.

Arrangements were in place to ensure that money held on behalf of residents was recorded, appropriately accounted for and secure. The system in place was found to be transparent with a full record of all money deposited and spent on behalf of or by residents themselves. Small amounts of money were held to ensure residents had money to pay for hairdressing, shopping or chiropody sessions. All transactions were recorded and signed by two staff.

There was a visitors' record located close to the front door to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe and attributed this to the presence of staff and the confidence they had in the way they were cared for during the day and night.

An action plan in the last report required that staff have training to equip them to manage fluctuating behaviours as there had been a turnover of staff since training had been provided in 2013. The timeframe for completion of this action had been extended by the provider as training had to be rescheduled and the training was now scheduled for the end of 2016. Nursing staff were aware of the changes that can take place in residents' behaviour when infection or illness is present and were aware of how to manage a range of behaviour changes.

Judgment:
Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre. There were safety measures in place to ensure safe infection control management and a centre-specific emergency plan and clinical risk assessments were completed to identify specific risk areas relevant to residents' care. The risk management procedures covered a range of risk areas as described in legislation however a review of the policy and associated procedures were required as they had not been updated since 2012. This is identified for action under outcome 5-Documentation

The inspector noted that day to day work practices such as moving and handling manoeuvres, cleaning and the way laundry was managed conveyed that staff had good awareness of health and safety matters. There was a general hazard identification system in place and preventive actions were outlined. For example the prevention measures for slips, trips and falls included the use of hazard signs when needed and keeping areas free from obstructions.

There were systems in place to ensure appropriate infection control management. The action plan in the last report that required that the supply and location of hand gels and sanitising solutions be reviewed to ensure adequate supplies were available for staff throughout the centre had been addressed. The inspector saw that there was improved

availability of hand sanitising solutions and staff could readily access these products as they required them when they moved from one location to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available.

There was an emergency plan in place that described hazardous situations that could prompt evacuation of the centre and the plan provided appropriate guidance for staff should such a situation arise. Measures were in place to prevent accidents in the centre and grounds. Hallways and bedrooms were kept free of obstructions and there were handrails in hallways to support residents who had mobility problems. Grab rails had been fitted in bathrooms, showers and toilets. There was a risk assessment procedure adopted to identify residents most at risk of falls and to alert staff to their degree of vulnerability.

Moving and handling assessments had been complied for each resident and these were noted to be up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and described the number of staff needed to undertake manoeuvres to ensure residents' safety. Equipment was noted to be in good condition and regularly serviced.

Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Prevention measures that had resulted in positive outcomes included for example, a resident who had a number of falls during August had been provided with a larger bed and since this change was made no falls had occurred. Another resident who had ataxia and where falls were a concern had been taught by night staff to use the call bell and this coupled with additional supervision had resulted in a good outcome for the resident and improved falls management. The inspector saw that where falls were unwitnessed a record of neurological observations was maintained to detect change and prevent further injury.

The fire safety arrangements were satisfactory and there was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits on display. There were three staff trained to fire warden level and all other staff had attended training and had participated in the regular fire drills. A fire register was in place and this contained details of the fire equipment, the service records, the fire drill records, the checks of fire fighting and fire alert equipment and unplanned activations of the fire alarm.

The regular inspections of equipment such as emergency lights and the fire alarm were up to date and recorded. The service records were available for inspection and conveyed that emergency lighting and the fire alarm were serviced quarterly. The fire extinguishers were serviced annually in October and the service for 2016 had been completed. Fire exits were noted to be clear and unobstructed during the inspection.

Regular fire drills were organised as well as fire alarm tests. There was a report for each drill and this outlined the time it had taken place, the scenario that had been activated

and the time it took staff to evacuate a resident. The actions taken were reviewed to identify where improvements were needed and the reports for the drills undertaken in October identified in one drill that staff needed more practice with evacuation and in another staff were advised to check the door before entering a room. Staff could describe how they should respond when the fire alarm was activated and said that progression through each set of fire doors away from the location of the fire to the nearest fire exit was the process they were required to follow. There was a list of residents and where they were accommodated with the fire register documents. The situations where the varied fire extinguishers were to be used were described. Equipment such as the gas installation, the boiler and the nurse call system were serviced and inspected and records confirmed when these checks were completed. An action plan in the last report described where fire doors had gaps and these had been reviewed by a fire officer and were not considered a risk to the containment of fire. There was guidance from the local council fire office on the training to be provided to staff, the use of wheelchairs during evacuation and the information required in relation to residents' needs particularly where residents had sensory impairments.

The centre had a missing person procedure and residents were assessed at the time of admission to determine that the centre was an appropriate environment to meet their care needs. Residents who were at risk of leaving the building were not accommodated in this setting. An action plan in the last report required that the fire exit doors that were not alarmed were risk assessed to ensure that the centre could meet the changing needs of residents. This action had been completed and the inspector was told that should a resident leave the building the doors were now alarmed to alert staff.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records and there was information to guide staff on how these risk factors were addressed for each individual resident. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals when weight changes were evident.

There was evidence that risks were regularly reviewed and staff were alerted to changes that could increase risk. The inspector saw for example that risk associated with electrical sockets and the use of small appliances had been risk assessed and the arrangements revised, the curtains that cover fire exits in sitting rooms were not to be drawn until night fall and where residents developed infections or delirium the risk associated with such conditions were described. Revision to the guidance for some risk situations were needed for example the use of hoists, moving and handling, the management of hazardous substances and swallowing problems that presented a choking risk as these were last reviewed in 2012 and 2013 according to the records available.

The provider has contracts in place to ensure that equipment in use is regularly serviced and the service records were available for inspection. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs and were regularly serviced. Small electrical items were listed and had been checked to ensure

safety in December 2015.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that there were safe systems in place for the management of medication. There was clinical space where medication trolleys and supplies of medication were securely stored. The fridges used to store medication were clean and functioning at an appropriate temperature.

Staff nurses were well informed about the medication in use and residents' medication regimes. Resident's medication was noted to be reviewed as required by residents' doctors, nursing staff and by specialist services. There were regular audits of medication completed in house and by the pharmacist.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training in 2015 and 2016 to ensure their knowledge was up to date and that they adhered to good practice standards. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. The action plan outlined in the last report that required the provider to ensure that medication was administered as prescribed had been addressed.

Residents who had conditions that could fluctuate such as epilepsy had supplies of emergency medication available. This was noted to be available and in date. There was monitoring system in place to ensure that the medication regime remained appropriate

and records of blood tests were available. There were eight residents who had a diagnosis of epilepsy and one resident who was insulin dependent had a personal glucometer in accordance with good practice guidance for diabetes management and infection control.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. The records of incidents and notifications submitted where injury or hospital treatment was required conveyed that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were 43 residents living in the centre on the day of the inspection. There were 28 residents assessed as having maximum or high level care needs, 13 were assessed as

having medium level needs and the remaining 2 residents had low care needs. There were some residents who had a range of complex healthcare issues and 14 residents had a diagnosis of dementia, confusion or a mental health problem. Over half the residents were in advanced old age and were over 80.

The inspector found that care practice was safe, that residents received care and support that met their needs and that there was an emphasis on the promotion of independence. Residents were encouraged to move around and to maintain their level of mobility either with walking aids or with the support of staff. Residents were prompted to walk short distances to the dining room where they were unable to take longer walks. The inspector observed that residents' care interventions enabled them to remain healthy, mobile and pain free. For example to prevent pressure area problems arising and to maintain skin integrity staff assisted residents to reposition either when lying in bed or sitting in a chair or wheel chair. There were no incidents of pressure ulceration at the time of inspection. There were two wound care problems related to venous ulcers in receipt of treatment. The care records described the extent of the wounds, the dressings use and the progress/change in condition from one dressing change to another. Both wounds were superficial and were responding to treatment.

The arrangements to meet residents' assessed needs were set out in individual care plans that were maintained on a computer programme. There were evidence based assessment tools in use to determine residents care needs on admission and to assess levels of risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Three resident's care plans and aspects of other care plans related to the management of nutrition, dementia and wound care were reviewed.

The risk assessments completed prompted the completion of care plans where a need/risk was identified. Care plans provided a good overview of residents' care and how care was delivered. On admission, there was a detailed assessment completed that was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was appropriately delivered to ensure well being and prevent deterioration. Relatives confirmed that they were provided with a range of information at the time of admission and that they were consulted about their relatives care at that time and at other times during their relatives stay. Reviews and evaluations of care were undertaken at the required intervals.

Staff could describe the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw there was emphasis on the promotion of person centred care each day. Residents could for example get up at times of their choice and could remain in their bedroom areas or go to the communal areas to meet others or take part in an activity. The sitting areas were supervised throughout the day and staff ensured that residents were comfortably seated and had a friendly chat with them when they came to the communal areas.

Residents had access to medical services and there was evidence of regular contact with doctors including visits when acute situations arose. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. The centre also had a service from the company's own physiotherapist and occupational therapist who were part of the Brindley group B-Fit team. They visited the centre two days a week to undertake therapeutic work with residents and this included individual and group work. The recommendations made by allied health professionals were included in care plans and followed by staff. The inspector saw that food was prepared for residents in accordance with dietician and speech and language therapy recommendations and care staff ensured that dietary needs were adhered to as described.

The inspector noted that residents' care needs were reviewed when they returned from hospital stays. Comments on mobility, condition of pressure areas, levels of alertness and orientation and weight were among the aspects reviewed.

There was information recorded on residents' dementia care needs and the associated care plans were informed by formal cognitive assessments and the details recorded in Key to Me documents where residents' backgrounds and social interests were outlined. Care plans were person-centred and reflected individual needs and how these should be addressed to ensure good outcomes for residents. For example communication capacity was described well and there was information available on residents' orientation to surroundings, the social care interests of residents and how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns.

The centre accommodated some residents who had mental health problems. Appropriate care plans were in place to meet their needs and changes in their mental health conditions and risk factors for self harm were described and referred for mental health assessment. Medication changes were noted to be monitored closely by nurses in the centre and responses to treatment were described. Residents with conditions such as depression were noted to have good quality information in their records and changes in mood patterns were described to inform care interventions and prompt review.

Residents had opportunities to participate in activities and this aspect of the service was facilitated by activity staff supported by a physiotherapist and occupational therapist employed by the provider. There was a good range of activities available to residents. The activity staff that had commenced employment during the past month told the inspector they were getting to know residents. The records of residents' meetings confirmed that activities were discussed and that residents described the activities they particularly liked such as discussions and quiz games. There was an activity schedule and the activity available each morning and afternoon was outlined. Regular activities included arm chair exercises, puzzles, bingo, visits to the well being suite, arts and crafts and film nights. Residents told the inspector they liked talking about their memories and life styles and valued the care team for the time they spent recalling their memories and singing old songs with them. Residents also said that they enjoyed chatting to other residents and staff and spending time with their visitors. The inspector saw that staff talked to residents about local news and events. Some residents chose to spend parts of

the day or all day their own rooms and enjoyed reading, watching TV and chatting to visitors.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Brindley Manor Nursing Home is a purpose built residential care facility that can accommodate 43 residents. It is situated in a residential area a few minutes' drive from the town of Convoys. There are 33 single rooms and five double rooms. All bedrooms have en-suite facilities of shower, wash hand basin and toilet with the exception of two single rooms. There are additional toilets located near communal rooms, a bathroom, smoking area, kitchen, clinical room, storage areas, visitors room and laundry area complete the structural layout. There were locks on shower and toilets to ensure the privacy and dignity of residents was protected.

The centre is surrounded by large gardens and a "well-being" suite has been installed close to the centre. This facility includes a massage chair and associated equipment for relaxation. It complements the "Mens' Shed" that is located in the grounds of the nearby centre Brentwood Manor. The garden area is used by residents during the summer months and residents confirmed that they went out when the weather was fine. The grounds were laid to lawn and were well maintained and residents were accompanied when they used the garden as it is open to the driveway and car parking area which is risk to residents who have sensory problems or who have dementia. The inspector was told that the current resident group need support from staff at all times when using the outdoor areas.

The centre was in generally good decorative condition and was visibly clean. The dining room was attractively decorated and had homelike features. Sitting areas were used throughout the day by residents. A room was provided for residents that smoked. This was noted to be bright and safe. A call bell and a fire blanket were available.

The provider had a maintenance plan in place to ensure the appropriate upkeep of the

centre. New curtains and shelving had been provided in bedrooms and the plan for the end of the year included a review of seating in the communal rooms, carpet replacement and the provision of extra conservatory areas.

The inspector noted that there were "dementia friendly" features in place. Signage on doors was person centred and contrasted with the colour of doors to increase visibility. Hand rails could easily be distinguished from walls.

There were some areas that required attention and these included carpets that showed significant signs of wear and tear particularly outside rooms 17, 18 and 20.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Nurses and carers could describe how they would respond to a concern or a complaint from residents. They were aware of the requirement to make a record of complaints and that the person in charge had responsibility for addressing complaints in the centre. Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents and relatives were aware of the process and said they felt there were no obstacles to making a complaint.

The person in charge was the nominated person to deal with complaints in the centre and all complaints were documented and investigated. There was evidence of good communication between the centre and people who made complaints. There were no unresolved complaints or complaints not dealt with when the inspection was completed. The person in charge said that matters raised were discussed with staff to prevent repeat problems.

There was a second person from the company nominated to hold a monitoring role to ensure that all complaints are appropriately responded to, and records are kept. This was a staff member at management level who did not directly work with residents. An appeal process was available and this was documented in the in the process displayed for residents, relatives and visitors.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected their preferences. The inspector viewed the care plans that had been completed and these detailed the views and wishes of residents regarding their preferences for end-of-life care. Staff had undertaken training in end of life care.

At the time of the inspection no residents were receiving end of life care. Staff told the inspectors that palliative care services were available for those who needed them, and they offered a prompt effective service when used in the past. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay.

Nurses were well informed about end of life care particularly where residents had advanced dementia. They were familiar with the uncertain nature of the illness and said that they ensured that they were familiar with how residents communicate distress so that residents were offered appropriate pain relief options where needed, were referred to palliative care services and that families were aware of the advancing nature of the condition. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical records. Residents' cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents' food preferences were identified at the time of admission and menu choices and food were discussed at residents' meetings.

There was a food and nutrition policy in place and staff were familiar and knowledgeable about the guidance contained in the policy. There was a range of associated nutrition procedures that provided guidance on the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with conditions such as diabetes. The catering manager who is responsible for catering services across the six designated centres owned by the company had developed a manual for good nutrition management. This described the menus and the seasonal variations that were made, the dishes offered and the associated recipes with calorie and nutrition content and the preparation and presentation guidelines for specialist diets. There were photographs of all dishes and the inspector saw that these were in use in the kitchen and offered to residents with communication problems to help them make decisions about food choices.

Residents told the inspector that the food was "homemade and of good quality" and also said "we can have a choice, the catering staff are very helpful". Residents' food likes and dislikes were recorded and staff could describe to the inspector the varied modifications that were made to ensure their choices were met. The inspector observed that staff knew where residents wished to have their meals and while the majority went to the dining rooms some residents who preferred to eat alone were accommodated to do this usually in their bedrooms. During lunch time staff were observed to be considerate to residents' wishes, asking them if they wished for smaller or larger portions and what drinks they would prefer. They also asked residents if they wished to have food cut into smaller pieces that were more manageable for them. Residents who needed help to eat were supported appropriately by staff who sat by them and chatted throughout the meal enquiring at times if they were enjoying the food and reminding them what was being offered.

Staff interviewed could describe the different textures of food that was served and how they adhered to safe swallowing guidelines. Snacks, beverages and cold drinks were available throughout the day. There was an emphasis on including fresh fruit and the inspector saw that varied fruits were served at tea and coffee times. Staff prompted residents to have drinks where residents could not assist themselves. The catering staff confirmed that they provided residents with alternative dishes when they did not wish to have the main meal. The chef was knowledgeable about the assessed needs of residents, their likes and dislikes. There was a list of the residents who required special diets, modified diets, fortified foods and specific preferences. Food and fluid balance

charts were in place according to clinical need and were appropriately completed.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements included taking monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. Records of fluids and food were noted to be fully complete and provided an accurate overview of the diet consumed. Portion sizes and quantities of liquids were recorded.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Staff knew people well and were able to describe people's backgrounds such as the work they had done, where they had lived, the people that were important to them, their personalities and sense of humour. There was evidence of a good communication between residents, the staff team and relatives. There was a relaxed atmosphere in the centre and residents said they had a choice about how they spent their day and could remain in their rooms or choose to go to the sitting areas and join others to have a chat or join in an activity.

The inspector found that residents' rights, privacy and dignity was respected. Staff conveyed positive views about their work with older people and said that they valued the experiences that they shared. Residents were facilitated to exercise their civil, political and religious rights. Residents had access to the television and/or radio. A visitor's room was available and some residents used this as a quiet space to sit during the day as well as a place to see visitors.

The inspector saw that residents were consulted about the services available and the organisation of the centre. Regular residents' meetings were held and there was a good

representation of the resident group in attendance. Issues that were discussed included food, activities, outings and personal matters that residents wanted to discuss. There were actions taken to rectify matters that residents highlighted for attention. For example some people wanted to have the ambient temperature in their rooms altered this was noted to have been addressed. Other residents who had expressed a wish to go out to deal with personal business had been facilitated to do this and a deficit in the activities described in meetings earlier in the year had been addressed by the availability of activity staff that included a physiotherapist and occupational therapist. The person in charge said that a satisfaction survey is conducted periodically and information elicited from the most recent survey had been generally very positive.

Staff were aware of how to contact independent advocacy services in the area and the contact details were available for residents and relatives.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy in place that described how resident's property was managed and cared for in the centre. A record was maintained of all items that residents took in to the centre on admission. The inspector noted that there was sufficient storage in bedrooms so that residents could keep a range of clothing and personal items and this included a wardrobe and a bedside locker. Residents had personalised their rooms with pictures, ornaments and other items of personal interest.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. The action plan in the last report that required that all clothing was labelled to ensure safe return to residents had been addressed. The system to label clothing had been used to identify the items viewed by the inspector and the labels were clear and discreetly placed on clothing.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. The inspector reviewed the staff rota and found the staff number and skill mix reflected the information described. Residents and staff the inspector talked to said that staffing levels were sufficient and residents said that staff are busy but able to respond to requests for help without delay. Staff were observed to answer call bells promptly and residents were supervised at all times. There were two nurses on duty daily and this included the person in charge Monday to Friday. There were seven carers on duty and this number included a senior healthcare assistant who allocated workloads and provided guidance to the care staff team. An additional carer was on duty during the evening and early night from 18.00 to 22.00 hours to support the night duty complement of one nurse and two carers. In addition there was catering, household, administration, activity, maintenance and laundry staff on duty. The occupational therapist and physiotherapist from the B-Fit team were available two days a week to support the care and nursing staff in the delivery of specific care programmes.

A staff training programme was available and training was planned in advance. The schedule for 2016 indicated that training had been provided on the mandatory topics of fire safety, moving and handling and elder abuse. Other training had been provided on a range of topics that included infection control, palliative care, falls and continence management. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. The person in charge confirmed that all staff had a completed vetting disclosure and that new staff were now using the e vetting process. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses. The centre had employed some staff who had made applications to register and were waiting for this process to be completed. They were currently working as care/support staff and were becoming familiar with residents and their care needs

There were regular staff meetings for nurses and carers. The minutes were available for the inspector to review and conveyed that the regulatory process, training, activities and staff allocations were discussed. Staff said that there were good supports available to them and that a good team spirit had been fostered between them. Staff and residents said the person in charge was approachable and available whenever they need to talk to her or to relay information.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Brindley Manor Private Nursing Home
Centre ID:	OSV-0000323
Date of inspection:	26/10/2016
Date of response:	07/12/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policies and procedures in relation to risk management required review as they had not been reviewed or updated since 2012.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

A full comprehensive review of all policies and procedures pertaining to the regulation referred to are currently being conducted

Proposed Timescale: 20/02/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The flooring in some areas showed signs of wear and tear and required replacement.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

A refurbishment plan is currently in situ, a copy of which was given to the inspector on the day of inspection and this plan includes the area highlighted.

Proposed Timescale: 20/02/2017