

Health Information and Quality Authority Regulation Directorate

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



Centre name:	Brookvale Manor	
Centre ID:	0325	
Centre address:	Hazelhill	
	Ballyhaunis	
	Co. Mayo	
Telephone number:	094-9631555	
Email address:	brookvalemanor@brindleyhealthcare.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Brindley Manor Federation of Nursing Homes Ltd	
Person authorised to act on behalf of the provider:	Amanda Torrens	
Person in charge:	Evelyn Doyle Douglas	
Date of inspection:	11 June 2013	
Time inspection took place:	Start: 09:40 hrs	Completion: 19:05 hrs
Lead inspector:	Geraldine Jolley	
Support inspector(s):	N/A	
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced	
Number of residents on the date of inspection:	31	
Number of vacancies on the date of inspection:	26	

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 14 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. During the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident/incident reports and the provision of social care. The inspector reviewed a total of 15 outcome areas. These were reviewed during this inspection.

The inspector found that the person in charge and staff team conveyed a positive attitude to the care of older people. They were knowledgeable about the care needs of residents and conveyed a commitment to supporting residents to maintain their independence. The inspector saw that residents were prompted and assisted to walk around the centre and to use the outdoor areas. Staff facilitated residents' choices to spend time in their rooms or in communal areas as they wished during the day. There was a range of social activities available and residents said they could participate or not depending on their interests or how they felt at the time. Residents said they could convey their views on the operation of the centre and said that staff regularly asked them for their opinions. They also said that they felt their views were valued.

The assessments and care plans maintained by nursing staff provided a good overview of residents care needs and the interventions in place to ensure their comfort and well being. Many residents had complex healthcare needs including dementia, mental health problems or neurological disorders. The inspector found that care staff who had a senior carer to support and supervise their work were well informed on all aspects of care and the interventions they were required to carry out to assist residents such as personal care tasks, assisting at meal times and with moving and handling manoeuvres. Care staff told the inspector that they felt well supported and that a good work ethos and team spirit had been cultivated in the centre. There were training opportunities available regularly and staff were facilitated to attend training.

The inspector found that there were good supports for some residents that facilitated and aided their independence within and outside the centre and their care needs were recorded appropriately in care records. However, there were some care records that did not portray the individual needs of residents and were not appropriately person-centred. It was evident that residents who had previously lived considerable distances away had been admitted. The information available did not fully explain the reasons why residents were subject to moves between designated centres. This is discussed further in Outcome 11.

The inspector found that residents had access to medical services and that allied health professionals were available to review and advise on treatment options when this was required. Records confirmed that assessments conducted by an allied health professional employed by the centre led to other specialist referrals and assessments for seating and specialist footwear.

The last inspection report highlighted deficits in staff deployment, particularly carers, which left periods of time when residents were unsupervised. The response to the report indicated that an additional carer was deployed to assist at meal times and the activity coordinator was also available to help with supervision throughout the unit.

The inspector found that there was good provision of social care for residents. The activity programme was targeted towards meeting the needs of all residents, was varied and included indoor and outdoor activity. There was an active gardening programme where several residents were involved in planting seeds, bulbs and weeding. Indoor activity included furniture restoration and stencilling for the more

active residents as well as exercise groups, painting and reminiscence activity for people who were more frail. Residents were encouraged to retain their independence and several went out to local shops in the town to do their personal shopping.

The Action Plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The areas that needed attention included improvements to the admission procedures and practices to ensure that admissions and transfers of residents were comprehensively planned and monitored by all stakeholders involved in their care in accordance with best practice guidance for the transfer and movement of older people. Information in care records needed to be more person centred to ensure that residents particular needs are identified and addressed effectively.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Brookvale Manor is one of six designated centres operated by the provider organisation - Brindley Manor Federation of Nursing Homes. The centre can accommodate up to 57 residents who need long-term care, who have dementia care needs or who need a period of respite, convalescent or palliative care. The majority of residents accommodated were older people. Three residents were under 65.

The person in charge is supported by a team of nurses, care staff, an activity coordinator, catering, housekeeping, maintenance and administration staff to ensure the effective operation of the service. The statement of purpose reflected the services and facilities currently provided. The most recent version forwarded to the Authority in December 2012 contained a sample contract. This indicated that arrangements could be made to transfer a resident to an alternative nursing home or hospital(s) if it is in the opinion of the medical practitioner it is in the interest of the resident to do so". A number of residents had been transferred to this centre from other centres.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was on duty during the inspection.

The person in charge worked full-time as confirmed by the duty roster. She demonstrated willingness to meet the regulatory requirements in line with the Health Regulations the Authority's Standards. There was evidence of on-going improvements being made to improve the quality of life for residents in the centre. These included reviewing how end of life care wishes are discussed with residents and recorded to inform staff and reviewing documentation such as medication record charts to bring them up to date in accordance with good practice guidance. Residents knew the person in charge well and said that they can talk to her in her office if they have any queries.

There were governance arrangements in place to ensure that the person in charge could meet with the provider and senior staff from the organisation. There were information technology systems in place to maintain the majority of required records and the systems were accessible to the person in charge, nursing staff and administrator.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required * ☒

General Records (Schedule 4)

Substantial compliance ☐ Improvements required * ☒

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☐ Improvements required * ☒

Directory of Residents

Substantial compliance ☐ Improvements required * ☒

Action required from previous inspection:

Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre.

Medical Records

Substantial compliance ☐ Improvements required * ☒

Action Plan from last report:

(Schedule 3) Directory of Residents:

This action was complete. The inspector reviewed the directory and found that admissions and discharges to hospital or to home were recorded.

Findings from this inspection:

(Schedule 4) Record of Visitors:

The record of visitors is prominently located in the reception area. The inspector noted that this record was not fully complete or up-to-date. This is discussed further under Outcome 7.

(Schedule 5) Admission Procedures:

The admission procedures needed review as there was evidence that residents had moved between designated centres, which is not in accordance with good practice guidance for the care of vulnerable older people.

(Schedule 3) Directory of Residents:

The inspector queried why several admissions had taken place on two separate days in April and May from addresses in the Dublin area and was told that residents had actually moved from another designated centre owned by the company where they had resided some time. This was the third move for some residents. The information outlined in Schedule 3(h) "the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre" needed to be recorded in the directory.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. Staff were familiar with the adult protection measures in

place to ensure the safety of residents. Members of staff described the varied types of abuse and were aware of their duty to report any suspected or alleged instances of abuse. They identified the person in charge or nurse in charge as the persons to whom they would report a suspicion or allegation of abuse, they also said they would report to the provider if senior staff were involved.

The inspector was provided with the training record which confirmed that training in adult protection had been provided in February and September 2012 and January 2013. A review of the record subsequent to the inspection indicated that some staff including kitchen and housekeeping staff were not recorded as having information/training on elder abuse. This was due to absences which were due to illness.

Residents told the inspector that they were well cared for and felt safe in the centre. They said staff treated them with kindness and "did their best to make us comfortable and keep us well".

Residents' finances were not fully reviewed during this inspection. One resident's account was reviewed and the inspector was told that the summary provided was reflective of the way all accounts were managed. The inspector was satisfied from the records provided that residents accounts were managed in an accountable manner. The report indicated that there is a monthly summary provided to relatives or others responsible for residents' finances. This summary indicated the amounts paid in to each account, the contribution that was paid for care and any other charges that applied for services such as chiropody, hairdressing or pharmacy.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

1. Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre who may be at risk of leaving unknown to the person in charge due to confusion or cognitive impairment.
2. Ensure that the risk management policy is regularly reviewed and covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.
3. Ensure that the risk management policy covers the precautions in place to control the following specified risks: self-harm and assault.

4. Review the safety of the smoking room and ensure it is suitable and safe for use by residents.
5. Ensure a high standard of evidenced-based nursing practice is met with regard to residents who have sustained a fall and the policy reflects best practice to guide staff.
6. Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.
7. Provide training for staff in the moving and handling of residents.

Inspection findings

Action 1

At the last inspection, the window openings and their accessibility were identified as presenting a risk to residents with confusion or cognitive impairment who may be at risk of leaving the centre. The inspector found in a random selection of rooms that there were still a number of windows that did not have restrictors in place and concluded that this continued to present a risk for some residents.

The installation of thermostatic control valves to ensure water is dispersed at a safe temperature was not complete. The inspector was told that this work was planned. There was a risk management system, however, a number of risk areas were identified during this inspection which indicated that more attention was needed to ensure that risk and potential risk was managed effectively. The areas of risk identified during this inspection were as follows:

- the hairdressing room and the laundry area were left open and were unoccupied. Furniture/equipment and in these areas could be hazardous for some residents
- plastic aprons and plastic disposal bags were left on a handrail and were accessible to residents
- a radiator opposite the laundry door was hot to touch. The need to ensure that radiators operated at a safe temperature was outlined in the reports of inspections conducted on 21 September 2009, 13 May 2010 and the 9 and 10 June 2010.

Action 2

There was a process in place to record incident and accidents and records were found to contain factual and substantiated information that described the event and the immediate actions taken by staff to ensure residents wellbeing. The inspector noted that the majority of falls sustained by residents occurred during the night time hours or early morning. Nine falls occurred between 7pm and 6am, four falls occurred between 6am and 8am and three falls took place during day-time hours. There was a system was reviewing falls and preventative measures such as the use of protective mats and advice to use calls bells were put in place to prevent further falls and injuries.

Action 3

The measures in place to manage assault and self harm were not reviewed during this inspection. The response to the last report indicated that more guidance had been provided for staff to assist them to effectively manage such events.

Action 4

The smoking room had been redecorated and was clean and tidy. However, there were still some hazards identified in this area. It smelled of smoke which did not dissipate despite the fan being activated. The call bell wire was trailing along the floor which presented a trip hazard.

Action 5

The inspector reviewed reports of falls and found that practice in relation to falls management had been improved by the introduction of better assessments including the maintenance of neurological observations following falls.

Action 6

The information in relation to the evacuation of residents is now included in the fire record information and is updated monthly.

Action 7

The staff who required training had attended moving and handling training sessions during May, June, August and November 2012. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Residents dependency and mobility needs were outlined and updated to inform evacuation procedures in the event of an emergency. Two staff who had not been able to attend training in the centre had attended a session in one of the organisations other homes. The inspector was provided with the training record for the staff group. This did not provide details of when four staff had last received training in moving and handling. The inspector has been informed that these staff are off through illness and are not available for duty at present.

The inspector reviewed the fire safety arrangements. There was signage displayed throughout the building to guide staff, residents and visitors to the nearest exits and to inform them of the action to take should a fire situation be detected or the fire alarm activated. Staff could relay the fire safety procedures they had to follow and they had accurate information on the dependency needs of residents and knew who needed assistance because of mobility problems or confusion. This information was updated regularly to include new residents and changes in care needs the inspector was told.

Procedures for fire detection and prevention were in place. Smoke detectors were located in bedrooms and communal areas. The inspector noted that all fire exits were unobstructed when walking round the building. The fire alarm and other fire safety equipment such as extinguishers were inspected and serviced on a contract basis and there was a record of maintenance work completed. This had last been done in November 2012. There was a record of the regular tests of the fire alarm which was activated from a different point each week. A report outlining how many staff respond and the time taken is completed. Unplanned activations of the fire

alarm were recorded for example when a toaster in the kitchen caused the fire alarm to go off on 8 May 2013 this was recorded with the actions taken. Fire training took place regularly and in 2012 took place in February, October, November and December. The majority of staff are trained to fire warden standard.

The inspector was told that there are daily checks of fire exits. However, these were not recorded. The checks of the fire exits, fire panel and fire doors should be recorded to ensure that the systems in place confirm that there are adequate arrangements for giving warnings of fires and the evacuation, in the event of fire of all persons in the designated centre in accordance with Regulation 32 Fire Precautions and Records.

There were some residents who presented behaviour that challenged. The inspector saw that the risks from unpredictable behaviour were outlined and that episodes of such behaviour were recorded with the actions taken to prevent further episodes. However, a report that outlined one incident had no information on the action taken to support the staff and the only intervention outlined to prevent future episodes was a review of medication. The inspector concluded that the management of health and safety needed to be revised to ensure safe outcomes for residents and staff.

Staff were familiar with the infection control procedures. Information was provided on the management and prevention of influenza, norovirus, Methicillin-resistant *Staphylococcus aureus* (MRSA) and clostridium difficile. There were no residents with infectious illness at this time. Staff could describe the procedures they followed when providing care and when dealing with infectious material. Laundry staff were familiar with the handling and laundering procedures including the appropriate temperatures for laundering such material. There were risks identified as a result of poor storage and damaged furniture.

There was a missing person policy in place which included procedures to guide staff should a resident be reported missing. Photographic identification was available for each resident in their care records. One resident had a wander alarm to alert staff as she was vulnerable if she left the building unaccompanied.

The centre has a controlled access procedure to protect residents and staff. There is an administrator on duty during office hours on week days and her office is in close proximity to the entrance which ensures that visitors are able to access personnel with ease when they enter the building. There was a visitors' book just inside the main door however the record of visitors was incomplete with no record of who had visited evident from 2 to 11 June and only periodic records of who had entered the building completed during May.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Written operational policies relating to the ordering, prescribing, storing and general administration of medicines to residents were in place.

The inspector reviewed medication management arrangements with the nurse on duty. She was familiar with the medication administration system and was completing the morning medication round when the inspector arrived. She said that she was familiar with many residents having periodically worked at the centre as part of the company's staff development programme.

The person in charge who knew all residents came on duty later in the morning and was available throughout the day. She had worked the previous night which was part of her duty rota according to rotas provided to the inspector.

There were some medication charts where all items were not individually prescribed in accordance with An Bord Altranais guidelines and the medication charts in use did not include the address of the centre. The inspector was shown a revised version of medication administration charts by the person in charge that was due to be introduced and the new format included all the required details.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The matters that required notification had been appropriately identified and forwarded to the Authority.

The quarterly notifications for the six month period from October 2012 to March 2013 were reviewed. There were 16 falls incidents that did not result in serious injury reported for this period. There were three injuries reported. All incidents were noted

to be appropriately monitored and specialist advice was sought where required to assist staff with nutrition management and dressings.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

In view of the number of falls/incidents that took place during the night and early morning, the inspector concluded that this be reviewed as part of the overall quality and safety of care review in the context of levels available as well as the areas already taken in to consideration as part of the falls prevention programme.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

1. Set out each resident's needs in an individual care plan developed and agreed with the resident.
2. Put in place appropriate and suitable practices relating to restraint in accordance with evidenced based practice.
3. Provide staff members with access to education and training in restraint management to enable them to provide care in accordance with contemporary evidence based practice.

Inspection findings

There were 31 residents accommodated at the time of inspection. Residents were noted to have a range of complex healthcare issues and the majority had more than one medical condition including dementia or neurological problems. The assessed care needs of residents indicated that eight residents accommodated had maximum dependency care needs, nine had high care needs, 11 were in the medium dependency care category and three residents were assessed as having low care needs.

Staff were knowledgeable about the care and treatment provided to residents. The inspector found that staff had good interaction with residents and were familiar with their personal choices and how they wished to spend their day. The inspector observed that exchanges between staff and residents were positive with staff taking time to acknowledge and greet residents when entering communal and bedroom areas.

Care plans were maintained on a computer programme. There was a good range of evidence-based assessments in use that were used to inform care plans. These included assessments for nutrition, continence, pressure area vulnerability, confusion, falls risk assessments, communication and behaviour assessments. Moving and handling assessments were available for all residents indicating the input required from staff to ensure safe manoeuvres.

The centre had good access to allied health professionals. The provider had employed a physiotherapist who was available to residents two days a week. The inspector saw that residents had been assessed for specialist footwear and, pressure relieving equipment. Referrals to other professionals such as occupational therapists for more appropriate chairs had also been initiated by the physiotherapist. A dietician also visited periodically and in response to referrals.

Action 1

This action was partially complete. The inspector noted that there was an emphasis on person-centred care with good examples of residents being able to exercise their independence and choices. For example, one resident had the support of a personal assistant which supported his regular outings, another was facilitated to attend a local day-care facility and the use of a respite facility was being explored for another resident. There was evidence that consultation with residents and with family members took place and care plans and daily notes reflected these discussions. However, in the sample of care records examined some targets for care were not person centred and were generic in nature. Two care plans had the same aims for care interventions and did not reflect residents specific problems, changing needs or care issues. Two residents were noted to have epilepsy and were on medication to prevent seizures. However, the care plan for one resident did not include the actions to take if a problem with the management of seizures arose. There was guidance separate to the care plan in place to guide staff in an emergency situation in the nurses station. Residents with weight loss problems had care plans in place and were being monitored the aims of care did outline residents individual targets, contributory factors, the impact on general health or how day to day interventions to stabilise the situation were being managed and accepted.

There were three residents under 65 years old accommodated and while some had care plans that outlined their specific personal goals there were clear objectives for some residents. The person in charge said that some placements were being reviewed to ensure the centre was the most appropriate setting to ensure the best outcome for residents long term.

During a review of the directory of residents the inspector found that several residents from outside the area had been admitted during the course of two days. Three residents with addresses in the Dublin area were admitted on a date in April 2013 and three residents two of whom had addresses in the Dublin area were admitted on another day in May. They were moved together as they had known each other the inspector was told. The admission and discharge procedures did not reflect good practice guidance for the transfer and movement of vulnerable people. The areas of concern included:

- inadequate information in nursing and medical records that described why it was necessary for residents to move from where they previously lived to access care or why this was the only option to meet their care needs
- the moves that had taken place. It was not evident what other options for care nearer their original place of residence had been explored prior to each of these moves taking place.

The inspector was told that residents residents were happy with their current accommodation and that family members had been consulted throughout. Some visited periodically.

The inspector concluded that the procedures for the admission and transfer of residents assessed needed review to ensure that all decisions made were in accordance with their rights, care needs, capacity to consent and fully protected their welfare. The inspector also concluded that the transfer of residents between

designated centres needed a comprehensive strategy that reflected best practice principles for the transfer of older people and was shared and examined by all stakeholders involved to ensure risk factors were minimised and that transfers only took place when other available options had failed.

Action 2 and 3

The inspector saw that training on restraint use had been provided for staff in September and December 2012. Protective measures were identified to reduce risks and to protect residents. These included the use of low beds, bedrails and specialist chairs for residents at risk of falls. The inspector found that staff were well informed in their approach to the use of restraint. However, all documentation examined did convey that the use of restraint had been discussed with other professionals and that the restraint was in use following a consensus professional judgement and where other alternatives had not provided adequate levels of safety. The inspector reviewed the use of five specialist chairs, three belts and six bedrails. The inspector found that these measures had been discussed in some cases by nursing staff, the doctor, resident and family that there were others where this input had been recorded. Some restraint risk assessments had been signed by nurses and input from other professionals was evident. The reasons for the use of specialist chairs was usually well documented by nurses and included risk of falling and the maintenance of posture.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

Provide thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Inspection findings

Brookvale Manor is a single-storey modern bungalow set in spacious grounds. The layout and design provides a good environment for residents and staff. It is bright, airy and well furnished. Communal space comprises of two sitting rooms, a dining room, an activity room and an oratory, hair salon and a smoking room. There is also a large reception area that is comfortably furnished and used by some residents as a sitting area.

The hallways from the main reception area lead to residents bedrooms and the main facilities. Residents' accommodation is available in 37 single bedrooms and 10 double

bedrooms. All bedrooms have en suite facilities that include a toilet, shower and wash-hand basin and all meet the personal space standards outlined by the Authority. There are six additional toilets which are wheelchair accessible and a visitors' toilet in varied locations around the building.

There is a secure internal courtyard garden and landscaped gardens which are accessible to residents and which was noted to be well used by residents during the day. The internal structure of the centre was of a good standard, clean, bright and spacious. The external areas around the centre, including the enclosed garden were well cultivated and provided attractive spaces for residents who wished to spend time outside.

The activity area had good supplies of activity material. The area was being developed to include a sitting area with memorabilia that would provide a focus for reminiscence work.

The action on the installation of thermostatic mixer valves to ensure that hot water was distributed at a safe temperature was in progress but not complete. The inspector was told that maintenance staff were attending to this matter. There were premises matters noted to need attention during this inspection and these included:

- a footstool in the main sitting room was damaged
- the arm of a chair was damaged
- the trim on some of the specialist chairs was damaged.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the complaints that had been recorded and found that a range of matters had been addressed. The outcome of investigations and if the

complainant was satisfied that the complaint was appropriately dealt with was recorded. The matters dealt with included the provision of alternative choices at tea time and the removal of items for cleaning.

The inspector saw that an incident where a resident had been aggressive to a member of staff had been recorded in the complaint record. This incident would have been more appropriately recorded in the accident/ incident record with the associated actions taken to address the residents care needs and to provide support to the staff involved which was evident from the record maintained.

Outcome 14

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

This outcome was not fully reviewed during this inspection. In the review of care plans the inspector found that residents wishes and views on how their care should be managed at end of life was not consistently recorded. The inspector was told that end-of-life care practices were being reviewed by the organisation and that new guidance was being prepared for staff. It is proposed that staff will meet with family members a week after residents are admitted to discuss their care and after a month a follow up review will be undertaken. Part of the discussion will be about end of life wishes and choices.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Four residents interviewed together in a sitting room told the inspector that they found the food good and said they had choices at mealtimes every day. Two residents said that if they did not like the choices on the menu that alternatives would be provided. Snacks including fruit were offered regularly when tea was served during the morning, afternoon and evening.

The inspector found that residents who were at risk of weight loss were identified and referred to a dietician. There was one resident who was significantly underweight and his care needs had been identified and supplementary nutrition was being provided. Four other residents had been identified as vulnerable to weight loss due to a range of factors. One of the staff nurses had a lead role for nutrition management. She had responsibility for ensuring that residents who were at risk were identified, where they were nutritionally compromised that appropriate care plans were in place and that records of food and liquids were maintained to inform practice and ensure well being. As described in Outcome 11, some care plans were generic in outline and did not reflect individual factors or vulnerabilities caused by weight loss such as pressure area problems.

The inspector saw that sufficient staff were available to supervise mealtimes and that residents who needed assistance received this promptly. The dining room was spacious, attractively decorated and well laid out with adequate space between tables for residents to move around freely. Catering staff that the inspector talked to were familiar with residents choices and said that they were informed by nurses when residents had specialist requirements. They knew the residents that were at risk of weight loss and said that high calorie supplements were added to some dishes to improve calorie intake. There was an emphasis on home cooking and baking as residents preferred this the inspector was told. Staff said that they talk to residents about food choices and change the menu to include the particular favourites of residents. Staff were observed to assist residents at lunch and tea time in a way that protected their dignity and privacy and respected their rights. Plenty of time was allowed to enable residents to eat in comfort at their own pace and food was presented well and looked appetising.

Outcome 17

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

Ensure that residents' retain control over their personal possessions.

Inspection findings

This action was complete. There was adequate space provided for a reasonable number of personal possessions which residents could secure if they wished. Staff said that each resident retained control over their personal possessions and they facilitated residents who wished to take in their own furniture or wished to have different furniture in their room to what was normally supplied. Records of property were signed by the resident or their relative. All residents' personal property and possessions was fully documented on admission and residents and relatives had been advised to inform staff when new items were brought in to the centre so that the property lists could be updated. The inspector noted that a new labelling system was being introduced for personal clothing and a supply of labels had been obtained for each resident. Laundry staff were in the process of attaching labels to clothing to ensure that all items were readily identifiable.

All residents' clothes were folded and returned to their rooms by staff. Residents clothing was noted to be clean and well pressed.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Inspection findings

The person in charge said that there was an ongoing programme of staff development to ensure that staff had appropriate training for their roles. Training on the statutory topics of moving and handling, elder abuse and fire training was scheduled regularly and records were available that confirmed the staff that had attended. Carers told the inspector about more specialist training that they had attended. This included infection control, the management of nutrition and hydration and infection control. Five carers had attended a dignity in care course that was related to dementia care which they found very helpful. They also use the HSE web based training programmes and had completed a module on communication. The majority of care staff had completed Further Education and Training Awards (FETAC) level 5 in the care of older people. Two staff nurses had completed these awards level 8 in addition to the in house training programmes.

Staff said they were supported to provide care and treatment safely. Carers said they were well supported by the nursing staff and all staff said that there was a good team spirit where staff worked together for the benefit of residents. The inspector observed that staff worked well as a team. They discussed areas of activity throughout the day and allocated the workload between them. Staff were regarded as capable and competent by residents that the inspector talked to.

The rotas provided to the inspector indicated that a nurse and four carers were on duty throughout the morning period. This reduced to a nurse and three carers after 6pm. At night there was a nurse and one carer on duty from 10 pm until 8 am. Care and nursing staff were supported by an administrator who worked full-time and by catering, household and maintenance staff. There was also a physiotherapist attending to residents two days a week from 10 am until 6 pm each day. An activity therapist was employed full-time and had an active role in the centre organising and facilitating activities as well as supervising residents. The person in charge was on duty in addition to this allocation .

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the administrator to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives and the staff team during the inspection.

Report compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

24 June 2013

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Brookvale Manor
Centre ID:	0325
Date of inspection:	11 June 2013
Date of response:	2 December 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 4: Records and documentation to be kept at a designated centre

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

All required information was not available in the directory of residents.

Action required:

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

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

Reference: Health Act, 2007 Regulation 22: Maintenance of Records Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The maintenance of all records pertaining to Schedule 3 & 4 of the regulations have been addressed.	Completed July 2013 and ongoing

Theme: Safe care and support

Outcome 7: Health and Safety and Risk Management

The provider is failing to comply with a regulatory requirement in the following respect: The following areas of risk were identified during this inspection: <ul style="list-style-type: none"> the hairdressing and laundry areas were left open and furniture/equipment and chemicals in these areas could be hazardous for some residents plastic aprons and plastic disposal bags were left on handrails and were accessible to residents a radiator opposite the laundry was hot to touch there were a number of windows that did not have restrictors in place and this continued to present a risk for some residents there was a visitors' book just inside the main door, however, the record of visitors was incomplete with no record of who had visited evident from 2 to 11 June and only periodic records of who had entered the building completed during May there were still some hazards identified in the smoking area. It smelled of smoke which did not dissipate despite the fan being activated. The call bell wire was trailing along the floor which presented a trip hazard.
Action required: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our risk management policy within the centre includes measures to prevent accidents. It further identifies the assessment of risks and the precautions to control same.	Completed November 2013 and ongoing

The provider is failing to comply with a regulatory requirement in the following respect: Thermostatic control valves to ensure water is dispersed at a safe temperature had not been fitted to hot water outlets.	
Action required: Provide thermostatic control valves or other suitable anti scalding protection, at appropriate places in the premises.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Since inspection, fitting of thermostatic control valves has commenced and will be completed by end of January	January 2014

The provider is failing to comply with a regulatory requirement in the following respect: <p>The checks made of the fire exits to ensure they are unobstructed and do not hinder staff in an evacuation situation and the checks to ensure the fire panel is functioning correctly were not recorded.</p>	
Action required: <p>Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.</p>	
Action required: <p>Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.</p>	
Reference: <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Weekly checks of the fire doors and panel were recorded in the fire register, however we are always happy to improve our systems and now record our daily checks on our daily handover sheets, morning and night.</p>	<p>completed June 2013 and ongoing.</p>

The provider is failing to comply with a regulatory requirement in the following respect: <p>Following an instance of aggression there was no information on the action taken to support the staff member. The inspector concluded that the management of health and safety needed to be revised to ensure safe outcomes for residents and staff.</p>	
Action required: <p>Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</p>	
Action required:	

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference: Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The policy to ensure the health and safety of residents, staff and visitors is in place and takes all reasonable measures to prevent accidents.	Completed September 2013 and ongoing

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Medication charts did not have items were not individually prescribed in accordance with An Bord Altranais guidelines and the medication charts in use did not include the address of the centre.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The inspector, at feedback, made reference to the practice of placing a bracket around all the medication prescribed and entering one signature next to the bracket. As explained to the inspector on the day, we ask GP's to sign each individual item prescribed, but have no authority to compel them to do so.	Ongoing

The second part of this action has been completed, with the centre's address now on each prescription sheet.	Completed June 2013
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Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

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

The majority of incidents and accidents involving residents occurred during the night and early morning. It was unclear what if any factors contributed to these events or if staffing levels had been considered as a relevant factor.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Reference:

Health Act, 2007

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

The provision of a system for reviewing the quality and safety of care is underway and will be completed by end of January.

Monthly audits of falls are completed by the Person in Charge, who is satisfied that every effort is made to minimise risk in this area, while acknowledging that there will always remain residual risk of falls and injury.

January 2014

Ongoing

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

The inspector noted that in some care records the aims of care were not person centred and outlined general rather than specific aims for care. Two care plans had the same aims for care interventions and did not reflect residents specific problems, changing needs or critical care issues.

Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required: Revise each resident's care plan, after consultation with him/her.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Resident's needs are recorded in an individual care plan developed and agreed with the resident/representative and revised at least three monthly. While all resident care plans have the same aim, the interventions planned to achieve this aim are individual to each resident.	Ongoing

The person in charge is failing to comply with a regulatory requirement in the following respect: Care plans for specific conditions did not outline person centred goals for care. Residents who had epilepsy were on medication to prevent seizures. However, the care plan for one resident did not include information on the action to take should a problem with the management of seizures arise. Residents with weight loss problems had care plans in place and were being monitored but the aims of care did not outline residents individual targets, contributory factors, the impact on general health or how day-to-day interventions to stabilise the situation were being managed and accepted.
Action required: Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

We feel that this aim is appropriate for each resident, however the interventions planned to achieve this aim are quite individual to each resident and do reflect the residents specific problems.

Put in place suitable and sufficient care to maintain each resident's welfare and

wellbeing, having regard to the nature and extent of each resident's dependency and needs.	
Reference: Health Act, 2007 Regulation 31: Risk Management Regulation 6: General Welfare and Protection Standard 10: Assessment Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: At Brindley Healthcare, resident's welfare and wellbeing is always paramount and we currently feel we have in place, suitable and robust care pathways to maintain each resident's welfare and wellbeing, drawing on evidence-based practice. Since inspection our board of management have reviewed our admission protocol and are satisfied that we have taken regard as to the extent of residents' individual needs. However, in the best interest of resident welfare, wellbeing and good governance, this will again be reviewed as part of our scheduled review under Regulation 35: Quality and Safety of Care and Quality of Life.	Ongoing January 2014

The person in charge is failing to comply with a regulatory requirement in the following respect: Documentation examined did not consistently convey that the use of restraint had been discussed with other professionals and that the restraint was in use following a consensus professional judgement and where other alternatives had not provided adequate levels of safety. The inspector saw restraint risk assessments that had been signed by nurses only and no input from other professionals was evident.
Action required: Put in place appropriate and suitable practices in relation to restraint in accordance with evidence-based practice.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 6: General Welfare and Protection Standard 11: The Resident's care Plan Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Appropriate and suitable practices in relation to restraint are in place, in accordance with evidence-based practice.</p> <p>We very much embrace the move toward a restraint free environment, and as part of our commitment we have become members of IRRIG in order to share best practice in this area.</p> <p>All our residents are assessed for falls risk and restraint. At the time of inspection there were 6 residents using bed rails, 2 of which were assessed as not requiring them, but were in place at the residents request to enable them to change position while in bed. Leaving 4 residents using bed rails to minimise the risk of fall and injury and ensure their safety while in bed.</p> <p>It was our practice in the past to consult with doctors on the decision to restrain. However recent advice from a consultant geriatrician to doctors, to not sign restraint documents, has removed this member of the MDT from our decision making process. We do not have access to occupational therapy services for this purpose.</p> <p>Our current practice is to consult and discuss with our physiotherapist, the resident where possible and/or their representative, when undertaking a risk assessment in the area of restraint. Nurses are however the clinical leaders in the field, as advised to us by IRRIG, of which we are members, as is defined in the National Policy on Restraint and therefore the nurse and the resident/representative sign the risk assessment showing the decision to use same. This is re-assessed at least three monthly or if there is a change in the resident's condition or wishes.</p> <p>On the day of inspection the most recent risk assessments, completed within the days prior to inspection, for 2 of the four residents using bed rails, while agreed, were awaiting signature from their representative .</p>	<p>Ongoing</p>

Outcome 12: Safe and suitable premises

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

There were premises matters noted to need attention during this inspection and these included:

<ul style="list-style-type: none"> ▪ a footstool in the main sitting room was damaged ▪ the arm of a chair was damaged ▪ the trim on some of the specialist chairs was damaged. 	
Action required: Maintain the equipment for use by residents or people who work at the designated centre in good working order.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The three items of damaged furniture have been repaired.	Completed June 2013

Theme: Person-centred care and support

Outcome 14: End of life care

The person in charge is failing to comply with a regulatory requirement in the following respect: Residents wishes at end of life were not consistently identified and recorded.	
Action required: Put in place written operational policies and protocols for end-of-life care that reflect up to date good practice standards.	
Reference: Health Act, 2007 Regulation 14: End of Life Care Regulation 8: Assessment and Care Planning Standard 16: End of Life Care	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Resident/relative wishes at end of life were identified and recorded in all cases where they have been expressed. A record of resident/relative choice to not express a wish or discuss same was recorded in all cases where this situation applied.	Ongoing

