

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	OSV-0000325
<b>Centre address:</b>	Hazelhill, Ballyhaunis, Mayo.
<b>Telephone number:</b>	094 963 1555
<b>Email address:</b>	brookvalemanor@brindleyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brindley Manor Federation of Nursing Homes Unlimited Company
<b>Provider Nominee:</b>	Amanda Torrens
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	16

## 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 1 day(s).

**The inspection took place over the following dates and times**

From: 09 March 2017 09:30 To: 09 March 2017 19:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
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	Substantially 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. Previous inspection reports can be accessed at [www.hiqa.ie](http://www.hiqa.ie).

Brookvale Manor is a purpose designed building located in a residential area a short drive from the town of Ballyhaunis, Co. Mayo. It can accommodate 57 residents who

require long term, respite, convalescence or palliative care. Accommodation is provided in single and double bedrooms, all of which have ensuite facilities that include an accessible shower. Residents' rooms were observed to have a range of personal effects that included family photographs, ornaments, books and flowers.

There were several communal sitting areas including a library where residents could sit together and where varied social activities took place. Appropriate furniture including varied types of seating and armchairs were available that met the needs of residents. There was a large dining room that was used at all meal times. This was light and adequately spacious to ensure residents with walking aids or specialist chairs could be accommodated at dining tables in comfort. All areas were in good condition and decorated in a comfortable homelike style. The areas inspected were clean and equipment was also noted to be clean and well maintained. There was a safe secure outdoor garden area and it was accessible from several points of the building. It was cultivated with shrubs and flowers, had seating and had interesting features such as a summer house where residents could sit in the shade. There was a pet rabbit that provided additional interest for residents.

Inspectors met with residents, staff, visitors, the person in charge and the provider representative during the inspection. They reviewed the journey of a number of residents who lived in the centre. Inspectors also reviewed documentation such as care plans, policies and procedures and a range of records that described accidents/incidents, staff training, complaints and social care. There was an admission procedure that included assessment prior to admission. Visits to the centre by the prospective resident and family were facilitated where it was possible to arrange to ensure the service could meet their needs and to determine the suitability of the placement. The health needs of residents were met and the inspectors noted that residents had access to general practitioner (GP) services, allied health professionals and specialist staff as needed.

The centre accommodates residents who have dementia or cognitive impairment due to other health conditions. The inspectors found that there was a well informed and evidenced based approach to dementia care practice which was based on the GEMS model. Staff assessed residents' abilities and cognition and a gem stone rating was applied to indicate the support they needed day to day to achieve maximum independence. Emphasis was placed on what residents could do, their ability to undertake activities of daily living and participate in social opportunities, rather than their frailty or care needs. This approach was reviewed in detail during the last inspection, which was conducted in June 2016 for the purpose of assessing the quality of dementia care. The inspectors found evidence at that time that the introduction of this approach had resulted in good outcomes for residents. The approach had been developed further since then and the inspectors saw that residents were fully engaged in a range of activity throughout the day. The emphasis placed on the activities that residents could do, and on placing activity material in an accessible way, meant that residents sometimes spontaneously engaged in an activity and did not need to be prompted by staff. They were observed folding material, tidying items and singing. There was a range of interesting activities scheduled each day and these were facilitated by designated activity staff and care staff. The regular activities included arts, music sessions, gardening and sensory

activity aimed at the needs of people with dementia. There was good quality information recorded on lifestyles prior to admission to ensure care planning was meaningful and person centred. Residents who choose to spend time in their rooms were visited regularly by staff and positive interactions between staff and residents were noted throughout the day.

Care plans were noted to provide appropriate guidance to staff and were underpinned by the GEMs model. Daily care and personal care needs were described. Medical conditions and associated health care problems and fluctuating behaviours were described.

The inspectors found that residents were positive about their experiences of living in the centre. They described being “well cared for” and “comfortable” during conversations. Feedback forms completed by residents and relatives also described the care and facilities in positive terms. The specific areas that were valued were:

- The admission procedures and the information sought which confirmed for many relatives that the care was based on personal choices
- The availability of staff
- The range of activity and access to the garden and
- The good relationships that staff developed with residents.

Relatives conveyed that they could always talk to staff and nurses if they were concerned about anything and all said that they were regularly consulted and informed about care plans and changes in health needs.

The centre was compliant with legislation in 14 of the 18 outcomes inspected. Areas identified for improvement included safety issues where the practice of propping open fire doors compromised the otherwise good fire safety measures, clothing that required labels to prevent loss, contracts of care that did not indicate the type of room to be occupied, and the protection procedures that required expansion to include information on possible causes/sources of abuse. The actions outlined in the last report were reviewed and had been addressed. There were adequate nurses employed to ensure support to the person in charge and adequate care of residents. The centre featured fire signage and general signage which provided information that enabled residents and anyone in the building to find their way around and to the exits if needed.

**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 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:**

The statement of purpose contained the information required by Schedule 1 of the regulations. It was updated annually. The 2017 version was provided to HIQA and was available in the centre.

**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 and staff knew how this worked. They knew who was in charge and the reporting structure to be observed. There were systems in place to ensure that the service was safe and effectively monitored. For example there were audits of unanticipated events such as falls and preventative measures were put in place to prevent repeat falls and keep residents safe. An annual

report for 2016 had been prepared. This included consultation with residents on aspects of the service that included the quality of information provided on admission, complaints and the laundry service.

Adequate resources were in place to meet the needs of residents. There was adequate staff employed and scheduled for duty to ensure appropriate resources were in place to meet the needs of residents. The staff allocation was based on a dependency tool that took into account the varied dependency needs of residents. Staff said that they felt well supported and that a good team spirit had been fostered by the provider and person in charge.

The premises were well maintained and appropriately equipped. The centre was visibly clean and good practice in infection control and hand hygiene practices was observed.

**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:**

The centre maintained a residents' guide which outlined the centre's details and the services provided or facilitated for residents living there.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the fee payable, the resident's contribution and the services to be provided under that fee. There was a schedule of services facilitated by the provider that would incur a separate charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

**Judgment:**

Substantially 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 who has held the role of person in charge in this centre since June 2016. She also holds the person in charge role for another centre in the Brindley group, Oughterard Manor. She has a full time role and divides her time equally to the two centres. She has completed a number of training courses relevant to her role. She has a Train the Trainer qualification in the GEMs model for dementia care and has delivered this training in the centre and some other centres in the Brindley group. Her training on the mandatory topics of moving and handling, fire safety and elder abuse was up to date, as was her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland).

She demonstrated that she had a sound working knowledge of the regulations and HIQA standards that govern designated centres for older people. She is supported in her role by a nurse who is nominated to take charge in her absence. The inspectors noted that the appointment of a nurse to support the person in charge has strengthened the nurse management structure which had been highlighted for attention during the last inspection in June 2016. At that time the inspectors had noted that the person in charge was often the only nurse on duty which restricted the time she had for supervision and management duties.

The person in charge facilitated the inspection in a competent manner and conveyed that she was familiar with residents' care requirements and treatment plans.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre had an established administration system that was well managed by the staff team and ensured that the records, policies and procedures required by the regulations and associated schedules were in place. The care records, medical information and other records, relating to residents and staff, were maintained in a secure manner with information easy to access and to retrieve. Some records were maintained on a computer programme.

The required operational policies were in place. Records required by Schedule 4 of the regulations were maintained and included a record of visitors, staff records, fire safety documents, details of complaints, food records and charges incurred by residents. The directory of residents contained all information required by Schedule 3 of the regulations and was up to date.

The inspectors reviewed the documents that are required to be in place for staff employed to work with vulnerable people. All documents required by legislation were in place. The person in charge and provider confirmed that vetting disclosures were in place for all staff.

Appropriate public and employers liability insurance cover was in place for the centre.

**Judgment:**

Compliant

***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 provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge if absent for a continuous period of 28 days.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Staff conveyed an informed awareness of the factors required to ensure residents are protected and safe in the centre. They described being familiar with their care needs, their capacity to communicate and having awareness of signs of distress that could indicate an abuse situation. The inspectors confirmed that all staff had been provided with training on the prevention and detection of abuse. Staff were confident that they would be able to identify an abuse situation and knew the steps required if they had to make a report on an incident of abuse or suspected abuse.

The person in charge and provider were familiar with the role of the Health Service Executive (HSE) adult protection teams and the case worker role. The inspectors viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. One of the persons in charge of another centre in the group is a nationally approved Train the Trainer on the safeguarding procedures introduced by the Health Service Executive and this training was due to be scheduled for staff. The centre had a policy and associated procedures to guide staff on the detection and management of elder abuse. The inspectors found that the policy required review as it did not include the full range of sources that could be responsible for an abuse situation. This was outlined for attention in the last report.

The inspectors discussed the needs of residents with staff and this included how responsive behaviours were managed.

Staff knew the residents who exhibited responsive behaviours and said that while this was only an occasional problem, they had measures in place to ensure residents' safety that met good practice guidance. Staff confirmed that they had attended training in dementia care and were aware of how to address behaviours associated with dementia or cognitive impairment. Records confirmed that changing behaviour patterns were described in care records and there were records of all episodes of behaviour that required intervention.

Residents told inspectors that they were "content and had nothing to worry about" and also said they "were safe and secure". They knew that staff were available during the day and night and one resident said "I can call any time and someone comes to see what I need".

There was a protocol in place to guide staff when restraint measures were considered. There were safety measures used to prevent falls such as sensor alarms and low level beds and if bedrails were required they were only put in place when other measures had not provided adequate safety, or if residents requested a bedrail as an enabler to help them move in bed. The person in charge said that a weekly review of bedrails is undertaken to ensure that the measures are required and appropriate.

There was a visitor log located at the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be complete and was signed by all visitors to the centre on arrival.

The arrangements for the management of residents' finances were reviewed. The centre acted as a pension agent for a number of residents. For this, a residents' account was set up with each relevant person set up with a sub-account. The account was separate from the centre's financial accounts and clearly identifiable.

The centre held petty cash for some residents and kept a balance sheet for all incoming and outgoing expenditure. Inspectors reviewed a sample of balance sheets and compared them to the actual money held for safekeeping. The money stored and the account balances matched for each account viewed.

**Judgment:**

Substantially 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 generally promoted well in this centre. There was a risk management policy and a range of associated procedures and risk assessments. The policy outlined a range of environmental, clinical and associated business risks however it required revision to include the specific risks outlined in regulation 26-Risk management. The inspectors' review of the risk management procedure showed it did not include control measures to address the named risks required by regulation 26(1)-Risk Management such as abuse, unexplained absence of a resident, accidental injury, self-harm, and aggression and violence. There were separate procedures to address risks. The risk of self harm was evident at the time of inspection as there were some residents who had problems adjusting to the residential care setting and where hazardous behaviours were being assessed as well as the suitability of the placements long term.

The centre maintained a centre specific safety statement and emergency policy. The evacuation procedure was prominently displayed throughout the centre. Staff spoken to could describe their duties should they hear the alarm system trigger. Regular fire drills were arranged and the times these were scheduled varied so that all staff including those working night shifts were included. The date, time and duration of these drills were recorded. Issues that could cause potential delay together with actions to remedy these were outlined to advise learning and future drills. Personal emergency egress plans (PEEPs) were available for every resident living in the centre. These were concise and clearly explained for emergency staff and others the mobility and cognitive ability of each resident, and the number of staff and equipment required for each fire zone. The emergency procedures outlined arrangements in place for transport and temporary accommodation if returning to the centre after an evacuation was not an option.

The centre documented daily, weekly, monthly and quarterly checks and tests of the fire alarm system, the evacuation routes, emergency lighting and call bell system. Service records maintained by external companies confirmed that the fire fighting equipment and other fire related equipment were serviced regularly. There was certification that upholstery, curtains and bedclothes were of fire retardant quality.

Double doors separating fire zones were held open with magnetic holdbacks which would disengage in the event of a fire alarm trigger. However, inspectors noted a number of doors to bedrooms and communal rooms being held open with door wedges, weighted doorstops and items of furniture. This was particularly prominent in the evening after residents had retired to their bedrooms for the night and preferred having the door open. These methods of keeping the doors open prevented the doors from containing the spread of smoke and flames in the event of a fire and compromised the fire safety arrangements. The inspectors were told that self closure devices that responded to activation of the fire alarm were on order. The person in charge confirmed that these were fitted following the inspection and are now operational. The areas that required improvement and were outlined in the last inspection were addressed. The fire signage indicated the nearest route to be followed to fire exits, the material stored in the summer house in the garden had been removed to maintain safety here as it was used as a smoking area and dust at the rear of machines in the laundry had been removed.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition, skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect signs of deterioration expediently.

The inspector reviewed practice in relation to the implementation of health and safety procedures. The way infection control, moving and handling manoeuvres and cleaning procedures were conducted were observed and discussed with staff to determine how health and safety was addressed in practice. Good infection control practices were in effect in the centre. The cleaner's store was tidy and cleaning equipment was appropriately stored, and colour coded based on it's area of use. The housekeeping staff advised inspectors about how reusable mop heads were managed from use, through the

laundry and back to clean storage without contact with clothing passing through the laundry. The household staff could also describe the equivalent procedure for soiled clothing and bed linen. They were knowledgeable about the procedure to follow in the event of an outbreak of infectious illness or a resident having an infectious illness, and could also describe the chemicals available for use when attending to bodily spills. The cleaner's store and sluicing facilities were locked at all times. Hand gels were regularly used as staff moved around the centre. All staff the inspectors spoke to had appropriate knowledge on hand hygiene and the infection control measures they were expected to follow. Training on this topic had been provided according to training records viewed. There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean hygienic condition. Staff were knowledgeable about the use of hazardous substances and these were not left unattended when work was in progress the inspectors noted.

There was good emphasis on promoting independence and on maintaining the capacity of residents. Staff were observed to encourage residents to walk around the centre and out to the garden. All residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists and wheelchairs.

Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred, details of witnesses and if medical care had been required. Information was recorded on contacts with next of kin following falls or other events. The inspectors noted that incidents were described well and that neurological observations were undertaken to identify deterioration in health following falls sustained by residents. The person in charge reviewed falls to detect patterns and to ensure that prevention measures were put in place. The inspectors found that the reviews included details of changes made and interventions by allied health professionals physiotherapists where required. All staff had up-to-date training in moving and handling. A moving and handling assessment was available for each resident in the care records reviewed. The inspectors observed safe moving and handling practices during the course of the inspection. There were hoists and mobility equipment available to assist staff when helping residents mobilise.

There were contracts in place for the service of equipment and the inspectors viewed records that confirmed that equipment was regularly serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the procedures in place ensured safe medicines management. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected good practice guidance. The medication administration records were clear and the required information including photographs of residents were available. Medicines that were discontinued or no longer required were signed off with the date to indicate the regime was complete. The inspectors found that resident's medicines were reviewed regularly by doctors.

Safe storage arrangements were in place and medication trolleys were locked and stored securely. Each resident's medication was supplied via a monitored dosage system. Some residents were able to manage their own medication and were facilitated to do this for as long as possible.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet that was double locked 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 the change of each shift.

Residents who had diabetes were monitored by doctors and reviewed by specialist staff when needed. No resident was insulin dependent and the dietary recommendations were known to catering staff. All residents had their own glucometers for their regular tests.

The nurse who facilitated the medication inspection was well informed about the medications in use. Residents who had conditions such as epilepsy had emergency supplies of medication to control seizure activity and nurses were aware of triggers that could prompt seizures for some residents. Medication that was prescribed for weekly administration was identified clearly and the day of administration highlighted to ensure that no errors occurred.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed the record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. All matters had been notified as required. Nursing staff and the person in charge were appropriately informed about the time lines for particular notifications.

**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:**

The inspectors found that the nursing, medical and social care needs of residents were met to a good standard and found that residents' quality of life was enhanced by the way services were delivered. Residents and relatives conveyed in conversation and in feedback forms that they felt care practice was satisfactory and enhanced their well being. An evidenced based dementia care model known as the "GEMs model" had been introduced during 2016 to support and guide dementia care practice. This model was based on supporting residents to remain as independent as possible while ensuring that staff were aware of their changing cognitive abilities. A particular gem stone was used to reflect cognitive ability. For example a diamond indicated clarity and good cognition while ruby indicated a significant level of support was required. The use of the model was reviewed during the dementia thematic inspection conducted in June 2016. At that time the inspectors judged that the use of the model contributed positively to quality of life and the findings of this inspection were similar. Over 50% of residents accommodated had problems associated with dementia either due to old age or consequent to other conditions such as alcohol problems. There were 41 residents accommodated and dependency levels had been determined as 32 residents in the maximum or high dependency category, eight in the medium category and one who had low level care needs.



There was a detailed admissions policy that staff adhered to for all admissions. Relatives confirmed that assessments prior to admission had been undertaken and that they had been able to visit the centre to view the facilities to ensure that it was suitable for their relatives' needs. When residents were admitted from acute hospital settings or other designated centres there was information provided on their nursing and medical needs to ensure appropriate continuity of care.

Residents had access to doctors of their choice and to allied health care professionals. There was access to specialist medical teams that included the team for old age psychiatry and the inspectors saw evidence of referrals that were made, assessments completed and interventions to be put in place to address specialist needs. There were some residents who had fluctuating moods and behaviours that could be unpredictable and varied. The inspectors found that staff were managing these situations well, that problems encountered were discussed with doctors and specialists and that reviews of the placement were undertaken to ensure that it continued to meet residents' needs. Staff had completed training on managing a range of behaviours associated with dementia and responsive behaviours.

Doctors visited the centre regularly and in response to requests from staff when health needs changed. There was evidence that residents had their medical needs including their medications reviewed on a three/ four monthly basis by the pharmacist, general practitioner and person in charge. Residents and family members were consulted and their views were included in care plans and used to inform staff on approaches to particular aspects of care including social care.

Residents' nutritional needs were assessed and a malnutrition risk screening tool (MUST) was completed on admission. This was reviewed regularly when residents needs changed. Residents were weighed each month and more frequently if weight fluctuated up or down.

The inspectors found that staff adjusted care routines to meet the needs of residents. For example there were more residents with significant problems associated with dementia accommodated during this inspection and they were now cared for in a larger area that was designated as -the Ruby room so that everyone who needed high levels of intervention could be provided with the care they needed comfortably. This room was furnished with items that prompted memory and was used daily. The inspectors noted that there was a continuous staff presence here and staff were observed to keep residents engaged and stimulated throughout the day.

There was a varied social activity programme for residents as well as the specific activities for residents with dementia. An activity coordinator and care staff facilitated a range of activities that included exercises, music sessions, films and gardening. There were good connections established with the local community. Some residents attended day care facilities and others had personal assistants to support them to go out regularly to do shopping or to attend social events.

There was one resident who had a wound care problem and this had been appropriately assessed and referred for medical opinion. A dressing regime was in place and the

inspectors found that there were generally good records of the interventions in place that included wound measurements, dressings and reflections on progress. However there were a number of records for the days prior to the inspection where dressings had been renewed and no commentary on the condition of the wound or the response to treatment had been recorded.

**Judgment:**

Substantially 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):**

**Findings:**

The location, design and layout of the centre were suitable for its stated purpose and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors reviewed all areas of the premises. Accommodation was provided in single or double rooms and all were adequately spacious so that equipment could be used safely and in comfort. Hallways were wide and unobstructed and there was a variety of communal areas where residents could spend time during the day.

The centre overall was clean and in a good state of repair internally and externally. The centre consisted of 47 bedrooms on ground level, all of which had en-suite facilities. The centre featured a large dining room, oratory, three large day rooms, and small seating areas in which residents could receive visitors in private. The centre and its bedrooms were home-like and well decorated, personalised with residents' photographs, artwork and furniture from home. Bathrooms were accessible to people with reduced mobility and there were grab rails and sanitary ware at appropriate heights for maximum accessibility. Call bells were available in all bedrooms and bathrooms.

The centre was suitable in its design and layout for the needs of the residents. The building consisted of a large circuitous corridor that had handrails on both sides. There was safe floor covering, and pictorial signage highlighted the location of the main rooms in the building which enabled safe navigation for residents walking around the centre. The building was free of trip hazards such as steps, slopes and obstructions on the corridors.

All communal rooms and bathrooms were identified with appropriate signage and every bedroom door was depicted with some type of visual prompt or memory trigger relevant to the resident who lived there to confirm for them they were at the correct door. In the centre of the circuit corridor was a large contained outdoor space which was paved and that had plants, a smoking shed, and a rabbit enclosure. The doors to this outdoor space were open and the space was inviting and popular with residents. The provider advised inspectors of future plans to develop a separate outdoor space on the periphery of the grounds with a path network, vegetable planters and some farm animals.

Bedrooms contained appropriate storage space for residents' clothes and belongings, including lockable storage for valuables. There was adequate storage for assistive equipment on the corridors such as hoists and wheelchairs. The cleaning, laundry and kitchen facilities were suitable in size, equipment and facilities for the number and needs of the residents in the centre. All relevant rooms were locked and secure on the corridors, such as the cleaner's store and the sluicing room.

**Judgment:**

Compliant

***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):**

**Findings:**

The centre had their complaints policy posted prominently in the centre and in the residents' guide. The procedure identified the complaints officer for the service as well as the independent appeals contact and Ombudsman details. Relatives and residents told inspectors that they knew who they would talk to if they had a complaint. Some said they would tell any staff member if it was a minor problem and described the person in charge as someone they would tell if they had a more significant concern.

The centre maintained a record of complaints received including details of the complaint, actions taken and the outcome, along with information that indicated if the complainant was satisfied with the outcome. The records also included actions and outcomes from anonymous complaints, as well as verbal or informal complaints. The complaints log also categorised each complaint based on issue and complainant type, so that trends and recurring matters could be easily identified.

The inspectors found that concerns relayed had been effectively addressed. Issues had

been brought to the attention of staff and where necessary additional training on topics such as confidentiality had been provided.

**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:**

There was an end-of-life care policy that described the procedures related to end of life care. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented. There were no residents under the care of the palliative team at the time of this inspection.

Residents' end-of-life care preferences, personal and spiritual wishes were described in the sample of care records reviewed. One of the staff nurses showed the inspector how end of life care plans were recorded on the computer programme. It was evident that appropriate support and specialist care from palliative services would be provided to residents and their families at this time if required. Staff said that there was no difficulty accessing clergy to provide spiritual care at any time including end of life.

There was good access to the palliative care team who provided advice on monitoring physical symptoms to ensure appropriate comfort measures.

**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:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a large and well-equipped kitchen that was suitable for the preparation of meals for the number of residents accommodated. The food on offer was observed to be of good quality and varied. The standard of catering was judged to be of a high standard and residents confirmed that they enjoyed their meals and the variety of food available. The mealtimes were staggered so that residents who required assistance from staff could take their time and not feel pressured by others. Orders for meals were taken during the morning however there was always sufficient food stocks available for residents if they changed their mind and wished to have an alternative dish.

The chef was kept up to date on residents' dietary needs by care and nursing staff. There was a summary sheet for each resident in the kitchen that outlined their likes and dislikes, requirements for specialist diets, meals that had to be provided in specific textures and any allergies present.

Outside of the kitchen staff's working hours, the kitchen was accessible for care staff to prepare food and snacks for residents in the evening if requested.

The inspectors noted that mid morning and afternoon residents were provided with home baked scones and cakes as well as a variety of fruit. These were served in portions that were suitable for individual needs.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of fluids and hydration and the care of residents with conditions such as diabetes or renal failure. 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 as well as the preparation and presentation guidelines for specialist diets. There were photographs of all dishes and these were used to help residents with communication problems to help them make decisions about food choices.

**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:**

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that residents were respected, that their views were listened to and they were treated in a respectful and dignified way by the staff team. There was evidence of good communication between residents, the staff team, relatives and visitors.

Residents said they had a choice about how they spent their day and could choose whether to join in the scheduled activity during the morning or afternoon or spend time away from the activity or in their bedrooms. There was a range of communal areas to facilitate these choices. Feedback forms confirmed that consultation took place with residents and relatives in relation to care plans and following significant events.

Relatives confirmed that staff were approachable, that contacts with them were positive and that they were informed in a timely way when changes in health or circumstances took place.

Regular residents' forum meetings were arranged and minutes of these were available. Residents comments were described and conveyed their views whether positive, neutral or negative comments on each topic discussed. Matters discussed in meetings related to varied aspects of life in the centre, including activities, food and snack options, signage, posted information within the centre, and matters relating to staff and care in general. These meetings are chaired by a volunteer who is independent of the service. Action lists are created where matters need attention. For example, if there was an issue in relation to food this is communicated to the kitchen staff and addressed. Feedback from residents and relatives is also captured through satisfaction surveys issued to residents and/or relatives periodically.

Residents were facilitated to practice their religion. Mass was held monthly in the centre and communion is distributed weekly. The regular Mass in the town is broadcast to residents and there is a break to enable communion to be brought to the centre to ensure residents are part of the local community celebration of Mass. The centre had a well-furnished oratory where residents could spend time in prayer or read. Residents had the option to have their wake here too. Residents were facilitated to vote by special voting forms and centre-based ballot boxes. There was access to independent advocacy services and information about this service was available for residents.

Activities were varied and the activity schedule catered for residents of all levels of capacity. Social care plans were reviewed every three months to ensure they remained meaningful and up to date in relation to residents' needs. Protected time was provided for one-to-one interaction where residents spent most of their time in their rooms. The activities coordinator kept a record of attendance for each resident. Changes to the schedule were made if activities were no longer popular or relevant. Alterations were also made when the needs of the resident group changed or new residents were admitted to ensure maximum participation.

The centre had an accessible secure garden that was used well by residents and where the pet rabbit resided. The doors to the garden were easy to open and residents were observed to go in and out when they wished. There was an additional garden area where residents grew flowers and vegetables during the spring and summer. A new venture that was in the planning stage was the development of a "farm" area with small animals which the person in charge hoped would be of interest to many residents who came from rural areas or had farms.

Interactions between staff and residents were polite, friendly and respectful. Staff members conveyed knowledge of the residents, their histories and circumstances, and were confident and familiar with the best way to respond to and reassure residents who appeared worried or confused.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre maintained a policy on managing residents' personal property and clothing. Upon admission, an inventory of residents' clothing and possessions is completed and this is kept up to date as clothes are discarded or purchased. Each bedroom had adequate storage for residents' clothes and belongings and there was lockable storage for valuables.

The system for washing, drying, storing and returning clothes was appropriate for the number and needs of the residents. The laundry was separated and placed in baskets for each bedroom. There were adequate procedures in place for washing soiled clothing. There was a labelling system in place for to identify residents' clothes. However when a sample of clothing in the laundry room was examined a number of items of clothing had no identification label attached.

There had been no complaints about missing items of clothing.

**Judgment:**

Substantially 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):****Findings:**

The inspectors found that there was appropriate staff numbers and a varied skill mix of staff on duty during the inspection. The scheduled duty rota for a three week period confirmed that the staff resources met the assessed needs of residents taking into account the size and layout of the centre. The action outlined in the last inspection in relation to staff deployment had been addressed. At that time the inspectors found that the person in charge was the only nurse on duty and concluded that staff resources and support to the person in charge required improvement as the person in charge also has responsibility for another centre.

Inspectors reviewed the personnel files of the person in charge and a random sample of records from all staff categories. The records contained all documentation and information required under Schedule 2 of the regulations. All nurses active in the centre had documented evidence of their 2017 registration with An Bord Altranais agus Cnáimhseachais na hÉireann. The centre did not employ external agency staff. There was one volunteer operating in the centre and confirmation of Garda vetting as well as an outline of the role and responsibility they had in the centre was available.

The centre had an established recruitment policy which outlined the process for recruitment, the induction checklist for each category of staff and the assessments completed to ensure that staff fulfilled their roles. Staff were up to date on their mandatory training in fire safety, manual handling, and safeguarding of vulnerable adults. Staff had attended a wide variety of supplementary training, including infection control, care of residents with a dementia, falls prevention, end of life care, managing responsive behavior and restraint awareness. A draft schedule of planned training sessions to be provided to the end of 2017 was available. This included training on topics such as wound care, food and nutrition, dysphagia and care planning.

A planned and actual staff rota was available for the week of inspection and the weeks preceding and following same. which clearly identified where changes to shifts had been made. The rota colour coded staff types for clarity and included when staff were on



annual or sick leave. The duty hours for the person in charge were included on the rotas.

There was a good support system for staff according to staff interviewed. Care and nursing staff said that a good team spirit had been fostered and all conveyed a positive attitude to the care of older people. There was enthusiastic support for the dementia care model GEMs that had been introduced during 2016. Staff felt that this had contributed positively to residents' quality of life and felt that it helped them engage in a more meaningful way with residents. For example many staff said that being able to engage residents in ordinary life activity such as folding clothes, polishing items and using utensils had helped them develop more meaningful relationships and to become aware of the range of activities residents could still do.

Minutes of staff meetings were available. These reflected the range of topics discussed and included staff issues, the day to day care of residents, and reminders of proper procedures and policies including confidentiality of personal 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 report<sup>1</sup>

<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	OSV-0000325
<b>Date of inspection:</b>	09/03/2017
<b>Date of response:</b>	13/04/2017

#### 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 03: Information for residents

##### Theme:

Governance, Leadership and Management

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

The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

##### **1. Action Required:**

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

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Contracts of care are being amended in accordance with Regulation 24(1).

**Proposed Timescale:** 30/04/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The adult protection policy required revision to guide staff in situations where allegations or suspicions of abuse involved others such as residents or persons outside the centre.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The Adult Protection policy is under review and will be amended to include the National Safeguarding Policy which will guide staff. One of the persons in charge from our group is a nationally approved Train the Trainer in Safeguarding and will be delivering training to staff in line with the updated policy.

**Proposed Timescale:** 31/05/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The risk management procedure did not contain control measures to address the named risks required by Regulation 26(1)-Risk Management such as abuse, unexplained absence of a resident, accidental injury, self-harm, and aggression and violence.

**3. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Risk Management policy which referred to additional policies in place as per Regulation 26(1), will be updated to include the named risks.

**Proposed Timescale:** 30/04/2017

**Outcome 11: Health and Social Care Needs****Theme:**

Effective care and support

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

Wound care problems required more rigorous assessment. There were a number of records for the days prior to the inspection where dressings had been renewed and no commentary on the condition of the wound or the response to treatment had been recorded.

**4. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The nurse in question who omitted the additional commentary of the wound's condition on the day of the inspection has been re-educated regarding the procedure.

Proposed Timescale: 9th March 2017 – Completed.

**Proposed Timescale:** 09/03/2017

**Outcome 17: Residents' clothing and personal property and possessions****Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Improvement was required to the labelling system to ensure that all clothing is identified as the property of a particular resident and to prevent loss.

**5. Action Required:**

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

A thorough audit has been completed by the ADON and clarifies that those items where the name was beginning to fade through regular laundering, or required labelling, were

relabelled.

Proposed Timescale: 10th March 2017 - Completed

**Proposed Timescale:** 10/03/2017