



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

Issued by the Chief Inspector

Name of designated centre:	Bridhaven Nursing Home
Name of provider:	Bridhaven Nursing Home Limited
Address of centre:	Spa Glen, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0004455
Fieldwork ID:	MON-0034537

About the designated centre

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

Bridhaven Nursing Home is a designated centre and is located within the suburban setting of Mallow, Co. Cork, close by to shops and other amenities. It is registered to accommodate a maximum of 184 residents. It is a three-storey facility with three lift and two stairs to enable access throughout the centre. It is set out in five suites named after local rivers: 1) Clyda is a dementia-specific unit with 18 bedrooms (all single rooms with full en suite facilities of shower, toilet and wash-hand basin) and is located on the lower ground floor 2) Lee (41 beds – two twin and 37 single with en suite facilities) located on the ground floor 3) Blackwater (44 beds – six twin and 32 single full en suite facilities) located on the ground floor 4) Bandon (45 beds – four twin and 37 single with en suite facilities) located on the first floor upstairs 5) Awbeg (36 beds – seven twin and 22 single with en suite facilities) located on the first floor upstairs. Additional assisted toilet facilities are located throughout the centre adjacent to communal areas. Each suite had a day room and dining room and there are additional seating areas located at reception and throughout the centre. There is a large seating area upstairs for resident to relax with views of the enclosed bonsai garden and also the entrance plaza. Residents in Clyda have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery; there is a second smaller enclosed garden accessible from the Blackwater day room. Bridhaven Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

120

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 October 2021	09:15hrs to 18:00hrs	Mary O'Mahony	Lead
Wednesday 13 October 2021	09:15hrs to 18:00hrs	Caroline Connelly	Support
Wednesday 13 October 2021	09:15hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, that staff promoted a person-centred, rights based approach to care and were found to be very kind and caring. Inspectors met with a large number of residents on the day of the inspection, spoke in more detail with 12 residents and met two relatives visiting their family members. In general, residents told inspectors, and inspectors observed, that staff were considerate and respectful when interacting with residents and treated them with dignity.

Inspectors arrived unannounced to the centre at 09.15, and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature check. This was very significant at the time of this inspection as the centre was experiencing an active outbreak of COVID-19. Following an opening meeting with the management team, inspectors were accompanied on a tour of each section of the premises. Two units on the centre were designated as cohorted areas to care for those experiencing the outbreak, while the remaining three units continued to function unaffected by the virus to date. Residents on the unaffected units said they were relieved to see their visitors and were aware of the fact that there was an active outbreak in the centre. Residents spoken with were very complimentary about the professionalism and dedication of staff during the outbreak. They spoke about the kind staff who cared for them and the attentive medical care. Inspectors saw that, generally, there was a high level of compliance with infection control guidelines around the centre to minimise further transmission. In relation to infection control, throughout the day, staff were seen to wash their hands frequently and to use the hand sanitising gel appropriately.

Inspectors observed that there appeared to be sufficient staff on duty to attend to residents' needs. The doctor was seen in the centre during the day attending to residents' medical issues. It was evident that staff in the centre had strived to facilitate meaningful engagement between residents and their relatives through the use of in-person visits, video calls, window visits and a social media groups confined to their own residents and families. Residents spoke positively about this to inspectors and relatives spoken with were glad that visits were allowed where there were lower risks. The inspectors saw that the units where COVID-19 was not present continued to encourage visitors following public health advice. Inspectors saw that visitors were screened on arrival to the centre and generally visited in the designated visiting rooms in the units. During the fine weather visitors were encouraged to visit outdoors in the gardens and grounds. Compassionate visiting was also facilitated in the COVID-19 positive units. The feedback from visitors was very positive about the staff, the welcome they received and how well they felt their relative was being cared for.

Inspectors observed that there was a rights based approach to care in the designated centre whereby both staff and management strived to promote and

respect the rights and choices of residents living in the centre. Inspectors met the resident advocate who came into the centre weekly and had visited a resident on the COVID-19 area who was lonely and in need of company. The advocate was seen to support residents with various applications and generally befriended them. She would also refer to other national advocacy services as required. Inspectors also spoke with the family liaison officer who assisted in the process of settling new residents into their new home and greeting and supporting families.

Group activities, including bingo and quiz, were facilitated for residents who had no symptoms of COVID-19 and those who were deemed safe to be involved. A number of residents were seen to go outside the building to smoke, to walk in the fresh air and relaxing in various day rooms and alcoved seating areas. On the Bandon Unit a group of residents were observed using the communal sitting and dining room for quiz while in the Awbeg unit residents were seen having their meals in the dining room, walking about and relaxing in the large bright, foyer between two units. There was a record player in this section where residents were seen to choose a variety music from the range of vinyl records available. In the Clyda unit inspectors saw a number of sensory group activities taking place in the morning and individual activities in the afternoon such as nail painting, music sessions and walks in the grounds. Inspectors observed that residents maintained a physical distance while engaged in group activities in accordance with health prevention surveillance centre (HPSC) guidance. Inspectors also met the recently appointed social care manager who oversaw the activities teams. She described a number of the activities that had taken place in the centre in the last number of months, including volunteer singing groups who visit the centre weekly and a group that sing and tell stories of old Cork. This enabled good links with the community and residents told inspectors it was something they looked forward to. These events were also live-streamed to residents' rooms if they did not feel like joining in person. The highlight of the social calendar in the centre was a Rose of Tralee ball that took place in the Blackwater unit in August. Residents dressed up in ball gowns and the gentlemen donned their best suits. A red carpet was acquired from the local hotel and residents were escorted by staff, who also dressed up for the occasion. The interview and entertainment process was followed by music and food. The event proved so popular that it was repeated in the Bandon unit. Residents informed inspectors it was "the highlight of the year" so far.

Overall, the physical environment in the centre appeared clean and well maintained throughout. Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items. The corridors were sufficiently wide to accommodate walking aids, and handrails were readily available for residents' use. Many bedrooms were seen to be personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. A number of residents who spoke with the inspectors told them they were very proud of their bedrooms and loved the privacy it provided them. One resident told inspectors she liked to stay in her room and enjoyed looking out at the view from her window. In the Clyda unit carpets had been installed in residents' bedrooms to promote a more homely appearance. Inspectors saw these were steam cleaned and the cleaning staff on duty said they were steam cleaned daily. Nevertheless, inspectors noted some rust stains on handrails and radiators, which is discussed

further in the report.

The inspectors saw a number of residents freely walking around the centre and saw that access to the external court yards was available from the Clyda unit and the Blackwater unit areas of the centre. The courtyards were well maintained, very decorative with lovely seating areas and colourful vegetation. However inspectors noted it was more difficult for residents in the upstairs units to access the outdoor areas.

Residents were very complimentary about the food and inspectors saw that residents were offered choice. Inspectors saw menus displayed and staff also informed residents regarding the choices on offer. The menu was seen to be varied and residents said if they didn't like what was on the menu they were given other food choices. Modified diets were well presented and appetising. The food overall appeared nourishing and was provided in adequate portions. Inspectors observed that tables in the dining rooms were attractively set and assistance was given to residents in a discrete and unhurried manner when this was required. Mealtimes in the dining rooms were observed to be a social occasions and a number of residents told the inspectors that they looked forward to their meals.

Lovely, person centered interactions were seen between residents and staff during the inspection. Residents said "staff always find a way to help you" and they were kind and understanding.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The provider had been proactive in responding to findings on the previous inspection of 22 February 2021. Nevertheless, some improvements were required in infection control, fire safety, notifications, premises and medicine management.

Bridhaven Nursing home was a designated centre for older adults with the capacity to care for 184 residents. At the time of the inspection there were 64 vacant beds. The ownership of the centre had changed since the previous inspection. The provider was now part of the Virtue group and the company had three directors. One of the directors acted on behalf of the provider and attended the feedback meeting by teleconference at the end of the inspection day. Since the change of ownership the staff team had remained largely unchanged, providing consistency and continuity in the lives and care of residents. The centre was managed by an

appropriately qualified person in charge, who was knowledgeable of the responsibilities of the role. She was supported in the delivery of care by a governance manager, two assistant persons in charge, five clinical nurse managers, nurses, a health-care team, as well as household, catering and administration staff. This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 following the declaration of an outbreak of COVID-19 in the designated centre in September 2021. This was the second significant COVID-19 outbreak in the centre in 2021.

While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. A significant amount of work had been undertaken by the provider in implementing multiple measures to manage the ongoing COVID-19 outbreak. Discussion with staff and review of documentation showed that daily management meetings were convened to oversee the management of the outbreak. The outbreak had so far been contained within two units. Both units appeared quiet and calm on the day of the inspection. Staff were coping well with the stress of the outbreak and were supporting residents, relatives and staff on a daily basis.

However, despite local infection control efforts the outbreak was ongoing. The Chief Inspector was notified of 41 residents and 17 staff members that had tested positive for COVID-19 during the current outbreak. Sadly a number of residents diagnosed with COVID-19 had passed away.

The management team were proactive in response to infection prevention and control issues as they arose and the action plan from the last inspection event had been addressed. Inspectors were informed that revised infection prevention and control governance structures were being formalised and an annual infection prevention and control programme and plan had been drafted. An infection prevention and control committee had been established to oversee the programme. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. A review of the management of the January 2021 COVID-19 outbreak had also been completed and included evidence of how learning had been applied to practice. A resident information booklet had been developed which outlined the symptoms of COVID-19 and how to prevent the spread of COVID-19. Inspectors found that these booklets had been delivered and discussed with residents.

Up-to-date infection prevention and control policies and procedures were in place and were based on national guidelines.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Generally staff demonstrated awareness and understanding of their roles and responsibilities in working to prevent and control infection, during discussions with inspectors.

There was a scheduled programme of audits carried out at regular intervals to

monitor the quality and safety of care delivered to residents. Infection prevention and control audits covered a range of topics including weekly audits of donning and doffing PPE and hand hygiene. A daily infection prevention and control audit was undertaken on each unit to monitor compliance with outbreak management measures. Surveillance of infections and colonisation was undertaken in each unit. Management walkabouts were undertaken three times daily to monitor compliance with infection prevention and control practices.

The provider also had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, colour coding of cleaning textiles, infection control guidance, and audits of equipment and environmental cleanliness. The high levels of compliance achieved in environmental hygiene audits were reflected on the day of inspection. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. Housekeeping staff were available 24 hours a day. This was found to be a very robust measure and had greatly assisted in the management of the outbreak. Staff continued to be assigned to different zones in the centre and additional measures such as, separate changing and dining facilities ensured staff minimised their movements around the centre, thereby reducing the risk of cross infection.

Regulation 14: Persons in charge

There was a person in charge in the centre who met the requirements of the regulations. The person in charge was qualified, knowledgeable and experienced.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, inspectors found that there were sufficient staff on duty in the centre to meet the needs of residents. The roster corresponded with the information discussed with the management team.

Management staff were also assigned to work at weekends which supported communication over the seven days, this had added significance during the outbreak of COVID-19. Staff were divided into teams and cohorted into different groups to prevent cross infection.

Since the previous inspection, two new personnel had been recruiting for the activities team, which now had four members. A family liaison person and an advocate were also available to residents and relatives who wished to discuss care issues or raise concerns.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training matrix which indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures and the wearing of personal protective equipment (PPE).

Staff had undertaken mandatory and appropriate training such as, safeguarding training, annual fire safety and manual handling. Staff confirmed their attendance at this training. Additional training appropriate to the roles of staff such as palliative care and nutritional needs training, was provided by external facilitators.

A training video had been developed in the centre to demonstrate how to don and doff PPE. This was supported by supervision from the nurse managers.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained for inspection purposes were readily available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined. Staff were aware of same.

There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was evidence of regular management meetings taking place and of actions resolved following same.

Resources were available to ensure the effective delivery of care in accordance with

the centre's statement of purpose.
Judgment: Compliant
Regulation 3: Statement of purpose
This document had been updated to include details of the new management structure.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of the complaints book indicated that not all the notifications specified under the regulations had been submitted to the Chief Inspector. These complaints included allegations of inadequate care, which were required to be submitted within a three-day time frame.
These were submitted retrospectively following the inspection.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
Complaints were seen to be recorded in great detail and each element of the complaint was documented. Complainants were advised of the appeals process and had used this if they were dissatisfied with the outcome of any complaint.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies and procedures on the management of the COVID-19 virus and the policies required under schedule 5 of the regulations were maintained in the centre.
Judgment: Compliant

Quality and safety

Overall inspectors found that residents were enabled to have a good quality of life in Bridhaven Nursing home with good access to medical and health care services. There was a rights-based approach to care in evidence; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection prevention and control, fire safety, premises, and medicine management. These will be addressed under the relevant regulations.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' health care needs were promoted through ongoing daily visits by the general practitioner (GP) services. The centre employed a physiotherapy service with a physiotherapist generally on site twice a week to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, dental, occupational therapist (OT), speech and language therapist (SALT) and tissue viability expertise nurse (TVN) was available to residents who required these services.

The nutritional status of residents was monitored through regular regular weights and nutritional assessments. Residents who were not in isolation were able to choose where to dine and this choice was respected. Choice was offered to residents at mealtimes and meals viewed by inspectors appeared wholesome and nutritious. The centre had two sittings for mealtimes to enable social distancing. Regular drinks were available between meals. Intake and output charts were recorded by care staff for residents who required them.

Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings. Minutes of residents' meetings reviewed by inspectors noted that these meetings were attended by a large group of residents. Items discussed at these meetings included, keeping residents informed regarding the ongoing COVID-19 pandemic, meals and the visiting arrangements. Residents had access to independent advocacy if they wished.

All of the residents and the 92% of the staff in the centre opted to be vaccinated against COVID-19. Eligible residents had recently received their booster vaccines. The gap in vaccination rates between residents and staff meant that the centre remained vulnerable to COVID-19 outbreaks. The provider continued to educate and encourage staff to avail of the vaccine. As an additional precaution un-vaccinated staff were required to undertake regular antigen tests.

The current COVID-19 outbreak had been declared on 15 September 2021. Senior management reported that they had acted to implement Public Health (PH) recommendations. Inspectors were informed that serial COVID-19 testing was not undertaken on the advice of the Public Health team. Testing of symptomatic residents for COVID-19 was been done in line with Public Health recommendations.

Polymerase chain reaction (PCR) based testing was supplemented with antigen testing.

Residents with active COVID-19 infection were accommodated with single rooms in designated areas of the centre. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Staff had been trained on infection prevention measures, including the use of, and steps to, properly put on and remove recommended personal protective equipment (PPE). However, inspectors observed that surgical masks were worn incorrectly by a small number of staff during the course of the inspection.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities inspected appeared clean with few exceptions. The infrastructure and equipment within the laundry supported functional separation of the clean and dirty phases of the laundering process. However a number of minor maintenance and premises issues were identified which had the potential to impact on infection prevention and control measures, for example, rust was observed on a small number of waste bins, an old commode and some radiators.

Dedicated hand hygiene sinks were available for staff use. Sinks were observed to be clean with associated schedules in place. However the stainless steel hand hygiene sinks did not comply with current recommended specifications for clinical hand wash sinks. The provider informed inspectors that they will seek to replace with sinks, when next upgraded, with those specified in document HBN-09 Infection control in the built environment (DoH 2013). Offices within the units were also used to store clean and sterile supplies and medications. There were no separate treatment rooms with suitable hand washing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. The provider stated that this had been risk assessed and would be kept under review.

Regulation 11: Visits

- Visitors were seen to attend the centre within the public health guidelines.
- The nurse managers explained that any resident who was receiving end of life care was facilitated to have a compassionate visit with relatives at any time.
- A visitors' hub was set up on the grounds of the centre as an alternative visiting venue.
- Residents also had access to their visitors using video technology on their personal phones.

Judgment: Compliant

Regulation 13: End of life

Residents' wishes for their end of life care were recorded on specific care plans and they were seen to have been followed. Letters were seen from relatives which complimented staff on the care received by the resident and the family at end of life.

Judgment: Compliant

Regulation 17: Premises

Although the centre was generally maintained to a high standard inspectors observed that some hand and grab rails particularly on the Clyda unit were rusty and this was also seen on a number of radiators which made effective cleaning difficult. These required review and repair.

Additionally, signage around the centre required improvement as the room numbers on one directional sign was seen to be incorrect. This was significant due to the fact that the layout was so diverse and the wall colours were similar in each hallway, making it difficult for residents with various needs to negotiate back to their bedrooms easily.

There were insufficient clocks available to residents and in one communal room where there were two clocks on the wall, both displayed different times and the batteries required changing as they were no longer working. This was important for the orientation of residents.

The hairdressing salon was not sufficient for the needs of residents as it was a small internal room in the basement area access by lift. There was not sufficient space in this room to facilitate social distance.

Some residents did not have easy access to adjacent showers despite a large number of vacant rooms with full en-suite facilities. These residents were required to use a shower in a vacant bedroom nearby. One of these shower rooms was seen to contain an old commode with rust visible on the wheels.

A locked cupboard was required in one accessible kitchenette for the storage of cleaning products and chemicals.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

In one instance staff were seen to use inappropriate sized spoons when supporting

a resident to have dinner.

In addition, not all residents were positioned in such a manner to maintain eye contact with the staff member assisting them.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk register was maintained which contained an assessment of individual clinical and non-clinical risks. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of ongoing transmission of COVID-19 within two units.

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- Three staff members were observed to be wearing their surgical masks back to front
- A staff member spoken with was not familiar with training in the fitting and safe use of FFP2 respirator masks.
- Some alcohol gel dispensers were refilled when empty. Disposable single use cartridges or containers should be used.
- Shower gel dispensers in resident's showers were refilled. Disposable single use cartridges or containers should be used
- The underside of several soap dispensers were unclean.
- There was no housekeeping room on the units inspected. Cleaning solutions were prepared within dirty utility rooms.
- The air filter unit on one unit ceiling was dusty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there was evidence that fire safety was seen as a key element of residents' and staff safety inspectors required further assurance that training records for fire drills were maintained in a consistent manner and the names of staff who attended were recorded. This was significant as one staff member spoken with had not attended a drill organised by staff on the unit. This oversight would have been addressed if all the attendees on each unit were listed.

Two tins of paint were inappropriately stored in the CCTV server room where there was electric wiring and equipment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Further oversight of medication practices was required to ensure all that all medicinal products were administered as prescribed.

For example, in the electronic medicine administration system not all the medicines had been individually signed as suitable for crushing where this had been assessed as necessary.

In addition, there appeared to be issue with the electronic system on the day of inspection as the printed document awaiting the GP signature did not match the record held on the system for the date on which an antibiotic had been prescribed.

In addition, on the medicine administration system used by nurses as the prescription, not all medicines had been signed individually.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a wide range of validated assessment tools which were regularly reviewed and completed to assess clinical risks such as risks of malnutrition, pressure ulcer formation and falls. Residents care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans were very person centred and sufficiently detailed to direct care. Language used in care plans was respectful and spoke of the resident in terms of their background and sensitivities. For example, they described how residents responded to body language and best ways to approach residents particularly those living with dementia. Inspectors saw, in a sample of care plans reviewed, that residents were comprehensively assessed within 48 hours of admission with relevant care plans developed to support their assessed

needs.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff and regular reviews took place. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietitian, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of inspectors, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. This was reflected in very detailed responsive behaviour care plans. Staff spoken with outlined person centred interventions including walks around the centre, music and other distraction techniques.

The principles of a restraint free environment were promoted by the person in charge and staff at the centre. There was a low level of restraint such as bed rail use observed in the centre and alternatives to restraint were readily available.

Judgment: Compliant

Regulation 8: Protection

Mandatory training had been attended by all staff and staff were knowledgeable of how to recognise and report suspected or actual abuse.

Residents stated that they felt safe in the centre.

Inspectors found, and managers confirmed, that staff were subject to a probationary period, an annual appraisal and an induction process to ensure they fulfilled the job description for their role and had knowledge of the care needs of residents. Copies of these documents were available in the sample of staff files

reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of regular residents' committee meetings and the activity staff explained how they regularly elicited the views of residents through surveys.

The new management group explained that they hoped to introduce a household model of care with an emphasis on homeliness and separate entrances to each unit. This would enable residents and visitors to have easier access to their individual section without having to walk through the reception and other care units to reach their bedrooms.

Minutes of residents meetings given to inspectors on inspection showed that residents' opinions and suggestions were followed up on, particularly in relation to food choices and activities. By way of example one resident complained that their egg was cold in the morning and in feed back at the next meeting the resident stated that it was "always warm" now.

There was easy access to advocacy services and activity provision had improved since the previous inspection.

The centre was providing a pastoral care service and religious services were readily available to residents.

Residents were familiar with the staff on duty and felt confident that their needs would be addressed.

A residents' newsletter and Covid-19 information booklet were seen to have been circulated to residents with information about the virus, activities, community news and staff changes.

Staff members were seen to engage in a friendly and kind manner with residents. One nurse was heard to advise one resident that visitors would be coming in shortly and she was seen to support the resident to get organised for the visit. The resident was also reminded again a short while later as the resident had difficulty retaining the information. This demonstrated the knowledgeable and person centred approach from staff, as already described throughout the report.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bridhaven Nursing Home OSV-0004455

Inspection ID: MON-0034537

Date of inspection: 13/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable incidents will continue be reported in a timely manner. We have a robust daily electronic reporting system in place to ensure all incidents are captured & reported to the management team as they occur. This is then reported to HIQA via the portal.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Bridhaven have an ongoing maintenance schedule to maintain the upkeep of the building along with enhancing the physical environment to ensure a safe, fresh, inviting and pleasing environment for our Residents.</p> <p>Bridhaven has reviewed identified & removed equipment with evidence of rust and this has been replaced since the inspection. New Handrails have been purchased and a schedule for fitting these is in place for the coming weeks.</p> <p>All identified radiators with evidence of rust are on a schedule to be replaced over the coming months.</p> <p>A Signage Steering Committee, involving both staff and residents, was set up in August. New dementia friendly signage (accredited by University of Stirling) had been purchased and has now been installed in one of the Households, with an installation program underway for each Household. Feedback on the new signage from the residents and staff has been very positive.</p>	

New clocks, appropriate for residents' needs, have been ordered and will be fitted once they arrive. A schedule is now in place to ensure all clocks are checked for accuracy.

The current hair salon has been risk assessed, with only one client in the salon at any one time. As part of our refurbishment plan for 2022 the Hair Salon is being relocated to a larger room on the main floor, to enhance residents' experience.

All residents have been offered the opportunity to relocate to a room with an en-suite.

There is a plan in place to have a locked cupboard in each kitchenette for storage of cleaning products, in the interim all cleaning products have been removed and are stored in locked cleaning trolley.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Training is ongoing to ensure staff are resident focused, and our residents have a positive and enjoyable dining experience.

All residents' Food & Nutrition Care Plan's have been reviewed to ensure they are specific to the individual's changing needs and in line with residents' preferences and healthy eating decisions.

This aspect of care forms part of our quality improvement program.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The stainless steel sinks were installed at the time of the new build and in line with recommendations. The sinks provide a facility for staff to perform hand hygiene, are kept clean and maintained with associated schedules in place. We will seek to replace sinks, when next upgraded, with those specified in document HBN-09 Infection control in the built environment (DoH 2013).

All staff have completed IPC training inhouse and on HSEland. Wearing of masks is monitored throughout the day on all shifts during the IPC walk about.

Infection control training had been undertaken with all staff which included correct application, fit checking and wearing of FFP2 masks through the HPSC video presented by Prof. Martin Cormican (HSE Clinical Lead, AMRIC).

All refillable alcohol gel dispensers have now been replaced with disposable single use cartridges.

Refillable shower gel dispensers have been risk assessed, while alternative solutions are under review.

There is a cleaning schedule in place to ensure underside of soap dispensers are being cleaned. This is audited regularly in the common area and room audits to ensure compliance. Housekeepers core competency book has been updated to include the cleaning of the soap dispensers.

Nurses' stations are considered a clean area, with adequate space for storage of clean clinical items. There is a sink in two of the nurses' stations the other nurses' stations have a sink in close proximity to the entrance door. This has been risk assessed to be safe practice.

Cleaning solutions have been removed from sluice rooms and have an assigned storage room.

Dusty Air Filter has been cleaned since the inspection and there is now a cleaning schedule in place.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Brídhaven conducts two simulated fire drills per month and has a comprehensive annual plan in place, ensuring as many staff across all departments have an opportunity to partake in a fire drill. All staff who take part in this drill will sign their name to evidence their attendance.

To further enhance access to simulated fire drill training, we have now incorporated this drill into our Fire Induction Program for all new staff.

It is not common practice to store paint in the server room. The water-based paint was stored here on a momentary basis only whilst the maintenance person had to leave the floor. This was immediately acted on as per policy.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The current electronic system has been risk assessed and is safe and effective. Staff are educated and trained in the current system to ensure safe medication management practice. This system is audited regularly.</p> <p>A plan is in place to have further discussion with the GP and IT team regarding the introduction of an option to individually assign crushing and sign option to each medication.</p> <p>Reviewing Medication Practices, moving from a paper to an electronic medication record system, will form part of our 2022 quality improvement plan for Brídhaven. This will increase efficiency and improve compliance.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	28/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/06/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	16/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/11/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice	Substantially Compliant	Yellow	31/01/2022

	provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	16/11/2021