Health Information and Quality Authority
Social Services Inspectorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Centre name:	Brabazon House
Centre ID:	0017
Centre address:	2 Gilford Road Sandymount Dublin 4
Telephone number:	01 2691677
Email address:	admin@brabazontrust.ie
Type of centre:	☒ **Private** ☒ **Voluntary** ☐ **Public**
Registered provider:	Brabazon Trust
Person authorised to act on behalf of the provider:	Graham Richards
Person in charge:	Susan Anderson
Date of inspection:	2 and 8 October 2012
Time inspection took place:	**Day-1 Start:** 07:50 hrs **Completion:** 16:40 hrs **Day-2 Start:** 09:20 hrs **Completion:** 16:40 hrs
Lead inspector:	Angela Ring
Support inspector:	None
Purpose of this inspection visit:	☐ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☐ following an application to vary conditions ☐ following a notification ☐ following information received
Type of inspection	☐ **announced** ☒ **unannounced**

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected against. The purpose of the inspection was:

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

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

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

This monitoring inspection was the fourth inspection of this centre, it was unannounced and took place over two days. As part of the monitoring inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

On the first day of inspection, there was a fault with the centres internet provider, this resulted in staff having no access to residents nursing records as they were stored on a software system that relied on internet connection. This problem was not resolved until four days later, this issue is discussed in more detail in Outcome 4.

The premises were clean and finished to a high standard. Overall, the inspector found that although residents and relatives reported a high standard of care and there were several examples of good care being provided, significant deficits were found in the documentation of the care provided.

Further improvements were required in risk management, medication management, developing a system for quality review, maintenance of staff files, contracts of care and staff training on fire procedures and the prevention, detection and response to elder abuse.

These issues were identified as areas for improvement at the last inspection and had not been adequately addressed.

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

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

Theme: Governance, Leadership and Management

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

Outcome 1

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

References:

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the statement of purpose accurately described the service that was provided in the centre. The inspector was satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the provider. The inspector found that the provider had adhered to the conditions placed on the registration. This ensured that only ambulant residents resided in the three bedrooms that could only be accessed by three steps.

Outcome 2
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.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings
While reviewing the residents finances, the inspector noted that residents were charged a fee each year to insure their personal possessions. This was not in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) which states that the provider must ensure that residents' possessions are insured. The inspector reviewed the resident's contract and found that it did not include the specific details of additional fees to be charged such as the insurance premium. A short time after the inspection, the sheltered housing manager submitted a draft revised contract which was in line with the Regulations.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings
The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. The inspector found that she had a good knowledge of the residents and their individual needs however there was no evidence of the person in charge completing continuous professional development since the previous inspection. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations. She was supported in her role by an assistant director of nursing and a clinical nurse manager (CNM) who deputised in her absence.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Inspection findings:

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required * ☒

Due to the disruption to the internet, staff had no access to the most up to date electronic residents nursing records for four days even though there was a hard copy of recent care plans on site. This caused a risk to the accuracy of documentation and the continuity of care.

General Records (Schedule 4)

Substantial compliance ☐ Improvements required * ☒

Due to the disruption to the internet, staff had no access to additional residents' records such as finance and incidents. This caused a risk accuracy of documentation and the continuity of care.

Staffing Records

Substantial compliance ☐ Improvements required * ☒

These deficits are discussed in more detail in Outcome 18.

Insurance Cover

Substantial compliance ☐ Improvements required * ☒

There was inadequate evidence to demonstrate that the insurance cover in place against loss or damage to the property of residents included the liability as specified in Regulation 26.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.
In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.
To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused. There were records to indicate that staff had received training on identifying and responding to elder abuse and the person in charge told the inspector that the prevention of elder abuse was regularly discussed with staff. The inspector found that with the exception of one staff member, the remainder of staff were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents spoken to confirmed to the inspector that they felt safe in the centre.

The inspector reviewed the centres policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and investigating an allegation of elder abuse.

The inspector reviewed the arrangements for the safekeeping of residents' money and found that it was safely secured and there were records maintained of transactions.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

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

Outstanding actions required from previous inspection:

Provide suitable training for staff in fire prevention.

Provide adequate means of escape in the event of fire.

Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Ensure that the risk management policy covers the precautions in place to control the risks associated with assault, aggression and violence and accidental injury to residents or staff.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The following actions required from the previous inspection were satisfactorily implemented:

Provide adequate means of escape in the event of fire.

Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

The outstanding actions under this outcome are:

Provide suitable training for staff in fire prevention.

Ensure that the risk management policy covers the precautions in place to control the risks associated with assault, aggression and violence and accidental injury to residents or staff.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Inspection findings

The inspector found that improvements were required in relation to the health and safety of residents and the management of risk to promote the safety of residents, staff and visitors.

The inspector reviewed the emergency plan and found that it gave guidance to staff on the procedures to follow in the event of an emergency. There was a health and safety statement in place which was developed in September 2010 which identified some of the environmental hazards in the centre and the control measures in place, however it required updating. This issue was discussed with the manager who had responsibility for these areas and he explained to the inspector the plans already in place to address this and there was documentary evidence to support these plans.

There were hand rails placed throughout the centre to promote residents' safety.

There was no overall risk management policy to identify and assess all of the risks throughout the designated centre and the precautions in place to control the risks identified. There were some risk management policies which identified the risks specified in the Regulations such as assault, self harm, residents going missing, and accidental injuries to residents and staff. However the policy on self harm was not sufficient to guide staff and the policy on aggression and violence was included in the behaviours that challenge policy for residents and did not include the wider risks associated with this issue. The risk management policy did not cover the arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Therefore, these issues had not been addressed since the last inspection.

The person in charge informed the inspector that there were currently no residents that smoked in the centre. However, the inspector found that the risks associated with smoking had not been considered in the risk management policies and procedures.

The inspector found that there were adequate procedures in place to manage infection control. Wall mounted dispensers containing hand sanitising gel were located at the entrance door and throughout the building. Staff were observed to be in compliance with appropriate infection control practices. The person in charge explained to the inspector that training on infection control was planned for staff in the coming weeks.

The procedures for fire detection and prevention were in place and had been addressed since the last inspection. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored recently. There were records to indicate daily checks of fire exits, and the fire procedures were displayed. There was evidence of fire drills taking place each week. There were training records which confirmed that staff had attended training on fire prevention and response and the staff spoken with were clear about the procedure to follow in the event of a fire with the exception of one. The person in charge was asked to address the lack of this staff member's knowledge as a matter of priority which she agreed to do.

The inspector found that there was a relatively low number of falls in the centre with few resulting in an injury to a resident. The policy on falls was inadequate to provide guidance to staff and this had not been addressed since the last inspection. The inspector found that incident forms were completed for each incident. Staff were aware of residents at high falls risk and closely monitored them throughout the day. However, the inspector reviewed a sample of files of residents who experienced falls and found that although risk assessments were completed, the care plans were not kept updated to reflect the preventative strategies in place to reduce further falls and the plan of care for these residents.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

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

Outstanding actions required from previous inspection:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

The actions required from the previous inspection were not satisfactorily implemented.

Inspection findings
Improvements were required in medication management. Discontinued medication were not consistently signed and dated. There was a medication management policy in place however it did not include the procedures for the prescribing of medication and the administration of 'as required' (PRN) medication, these issues had been highlighted as areas for improvement at the last inspection but had not been adequately addressed. The person in charge did have a draft policy in place to address these issues but it had not yet been approved or implemented.

One resident was self medicating, however the inspector found that there were no safeguards in place and the practice was not in compliance with the centres policy on self medication.

The inspector found that resident's medication was reviewed regularly by the general practitioner (GP) and there was documentary evidence to support this. The person in charge told the inspector that they had good involvement and support from their pharmacist who was also involved in the review of medication and there was documentary evidence of these reviews.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. 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.

The inspector found that there was a medication fridge at the correct temperature, and there were records being maintained of daily temperature checks.

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

Outcome 10
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings
The inspector found that there were inadequate systems in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. There was no robust system in place of auditing for quality monitoring purposes. Data was not being consistently collected and analysed on a number of key quality indicators such as accidents/incidents, wounds, complaints, infections and medication and areas for improvement were not being identified.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Outstanding actions required from previous inspection:

Provide a high standard of evidence based nursing practice (restraint)

Set out each resident's needs in an individual care plan developed and agreed with the resident.

The actions required from the previous inspection were not satisfactorily implemented.

Inspection findings

The healthcare needs of residents appeared to be met, however significant improvements were required in ensuring that residents' care plans were person centred and reflected each resident's individual needs.

Residents had good access to medical and allied health professionals. There was documentary evidence of residents being reviewed by medical practitioners, psychiatry of old age, dental, chiropody, dietetics, speech and language therapy (SALT) and physiotherapy. The person in charge explained that the GP's visited regularly and were available anytime if necessary.

There was a record of residents health condition and treatment given, completed on a daily basis. There was some evidence of the involvement of residents and their families in the development and review of their care plans.

The inspector found that staff knew residents well and could describe the care required by and given to residents. However, the inspector reviewed a sample of residents' care plans and found that they were not person centred to reflect residents' identified needs and care plans were not developed for all residents needs. Assessments and care plans were not consistently reviewed every three months and more often when there was a change in the resident's condition. Some of the information in the care plans was not relevant to the resident and was therefore misleading. For example, one resident was described as requiring a hoist to transfer and was in fact mobile and another resident's diet was recorded as coeliac, diabetic and low fat which was not the case.

There were a small number of residents with wounds on the day of inspection. The inspector found that there was a wound management policy in place and the person in charge stated that there was access to a tissue viability nurse (TVN) when

required although there were no records to show that the TVN had been requested to review residents. There were assessments completed for each wound and a treatment plan. Specialist pressure relieving equipment was in place for residents.

The inspector found that residents' weights were recorded each month and the nursing staff monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk. Records showed that residents were being prescribed supplements where necessary.

The inspector found that there were a small number of residents with behaviours that challenged on the day of inspection. The inspector found that there was a policy on managing behaviour that challenged in place to guide staff but it was not being carried out in practice. There was inadequate documentation of the triggers to the residents' behaviour and the strategies used to address the behaviour and meet the residents' needs.

The inspector found that significant improvements were required in the use of restraint. Lap belts were used for three residents and there was no risk assessment completed and no care plan developed. There was still a significant number of bedrails used. The centres policy on restraint was comprehensive and based on national guidelines however it was not being carried out in practice. There was very little evidence to demonstrate that restraints were used as a last resort and that all alternatives had been tried prior to its use.

The inspector found that there were arrangements in place for the provision of meaningful engagement for all residents. The inspector found that there were opportunities for residents to participate in activities appropriate to their interests and capacities. There was an activity coordinator employed. The inspector observed residents in communal settings, some were seen engaged in activities such as art, music and newspaper reading.

Theme: Person-centred care and support

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

Outcome 13

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

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Outstanding actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings
The inspector found that the complaints policy was comprehensive and complied with the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints procedure was prominently displayed and the inspector found that staff members were aware of the complaints procedure. Residents and relatives told the inspector that they felt comfortable raising any concerns with the person in charge.

The inspector noted that there was a complaints log maintained and there was one complaint recorded for 2011. The complaint had been acted upon and followed up by the person in charge. The person in charge informed the inspector that no other complaints were received.

Outcome 14
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings
There were no residents receiving end of life care on the day of inspection however one resident had passed away the night before the inspection. The inspector met with the family of this resident who were complementary of the care that their relative had received prior to his death. The spoke highly of the person in charge and the staff and complemented their kindness and commitment.

There was a policy on end of life care to guide staff. The person in charge explained that they accessed the services of the nearby hospice to provide support and there was documentary evidence to support this.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings
The inspector was satisfied that residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

The inspector spent time in the main dining rooms and in the day room during lunch and found that it was quiet, unhurried and relaxed. The inspector noted that meals were hot, well presented and tasty. Residents all expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully if required. The inspector saw residents being offered a variety of drinks throughout the day.

The inspector found that the meals for residents who needed their food served in an altered consistency were presented in appetising individual portions. There was evidence of residents receiving a variety of meals at lunchtime to suit their individual preferences.

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

Outcome 18
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

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

Outstanding action(s) required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

The action required from the previous inspection was not satisfactorily implemented.

Inspection findings

Improvements were required in the documents required for staff files.

The inspector reviewed the recruitment policy and found that it did not outline all of the requirements outlined in Schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that they did not contain all of the information required by the Regulations. For example, there was only one reference obtained for a care assistant recruited a number of years ago.

The person in charge told the inspector that there are no volunteers in the centre.

The inspector found that there were adequate levels of staff on the day of inspection to meet residents' needs and there was good supervision of communal areas where residents spend most of their time. Staff, residents and relatives agreed that there were adequate staff on duty.

The inspector found that there were induction arrangements for newly employed staff members and an appraisal system for existing staff. The inspector found that all nurses were registered with An Bord Altranais for 2012.

The inspector carried out interviews with staff members and found that most were knowledgeable of residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting alleged elder abuse. There were records to indicate that staff had recent training on best practice in dementia care and responding to the needs of residents with behaviours that challenge.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Angela Ring

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

17 October 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report *

Centre Name:	Brabazon House
Centre ID:	0017
Date of inspection:	2 and 8 October 2012
Date of response:	2 November 2012

Requirements

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

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Each resident's contract did not include details of the services to be provided for that resident and the fees to be charged.
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation: 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Contract of Care has been revised and further information has been added to provide details of service for the resident and the fees charged in accordance with the regulation and Standards requirements.	Completed

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

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

The records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) were not available to the resident to whom the records refer and were not available at all times for inspection and monitoring purposes under the Act.

There was inadequate evidence to demonstrate that the insurance cover in place against loss or damage to the property of residents included the liability as specified in Regulation 26 (2).

Action required:

Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.

Action required:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Reference:

Health Act, 2007
Regulation: 22: Maintenance of Records
Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The records of a residents care are kept under a password controlled nurse management system which requires a broad band internet service. There is a primary broad band connection and a secondary back up connection for use in the event of the primary connection failing. At the time of inspection the primary	

connection had failed and un be-known to the nursing home the secondary broad band connection had become disabled in the network exchange. The faults have been fully rectified and the primary and back up service are fully tested and operational. The most current addition of a residents care plan is always available in hard copy and stored in their respective file. Details of insurance cover is in place to cover loss or damage to the property of residents as specified in Regulation 26 (2)	 Completed Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: There were inadequate arrangements in place to ensure that all staff were aware of their responsibilities in preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All staff in Brabazon are trained in recognising Elder Abuse and this subject is taken very seriously by the organisation. Elder abuse is discussed at our regular staff meetings. All staff have seen the HSE DVD and read the accompanying booklet. To further reinforce the dangers attached to Elder Abuse and the risk to residents if it is not noticed or acted on. We have run four training sessions which all staff have attended in the last two weeks.	Completed

Outcome 7: Health and safety and risk management

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

The risk management policy did not adequately cover the precautions in place to control the following risks; aggression and violence; and self-harm.

The risk management policy did not cover the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

The risk management policy did not cover the arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

There was an inadequate falls prevention policy in place to guide staff.

A staff member was not aware of the procedures to follow in the event of fire.

Action required:

Ensure that the risk management policy covers the precautions in place to control the following specified risks; aggression and violence; and self-harm.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Action required:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action required:

Develop and implement a falls policy to guide staff.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Reference:

Health Act, 2007
Regulation: 31: Risk Management Procedures

Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Risk management Policy is being fully reviewed and will be updated in accordance with Regulation 31 and Standards 26 and 29. All policies will be documentation controlled, whereby policies will be indexed and filed for easy access and reference. Specifically included are policies relating to Aggression and Violence and Self harm. In addition all staff receives regular training in the identification and assessments of risks and the precautions in place to control risks identified. Incidents and accidents will be recorded separately from falls and all adverse events will be audited and analysed monthly. A falls Policy is in place. Fire bell testing and fire emergency procedures are undertaken weekly and evacuation training is undertaken monthly. All fire training is recorded in the training register. Currently a new internal emergency response plan is being introduced which will include a new fire registry which will include all fire training records and fire safety issues. The person in question was an agency employee who has since relocated to Austraila. All staff, both permanent and agency receive fire training on their induction which is recorded.	31 January 2013 Completed Completed 31 December 2012 Completed

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Discontinued medication were not consistently signed and dated. The medication management policy did not include the procedures for the prescribing of medication and the administration of as PRN medication. The practice of residents self medicating was not in compliance with the centres policy or An Bord Altranais guidelines.
Action required: Put in place suitable arrangements and appropriate procedures and written policies in

accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation: 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The drug forms have been re written to reflect the maximum daily dose of PRN medications as prescribed. One resident had been self administrating his medication, he had been living in Sheltered Housing and when he transferred into our Nursing Home he was assessed as fit to continue self administration. He has no cognitive issues. He lives in a two roomed unit which is locked when he is out. Following our inspection we talked to him about continuing this practice but we needed to lock his medications in a cupboard beside his bed in order to increase safety. Following this conversation he decided he would prefer if we took over care and administration of his medication. We have policies and procedures in place to cover ordering, prescribing and storing of medication. Our pharmacist visits regularly to assist with medication management and we use their SOP (copy with medication policy) for the safe disposal of unused and discontinued medications. Staff Nurses are spoken to at every meeting about medication management and all are expected to complete the An Bord Altranais on line medication course. Medication audits are carried out every month and any errors are recorded on file.	Completed Completed Completed

Theme: Effective care and support

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

The provider is failing to comply with a regulatory requirement in the following respect: There was no system in place for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Reference: Health Act, 2007 Regulation: 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We accept that while fulfilling the requirements we are not keeping adequate documentary evidence on file for inspection if and when required. To comply with the requirements stated in Regulation 35 and Standard 30 we intend to formulate a system where we will keep documentary evidence of all quality initiatives in our Nursing Home.	30 November 2012

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect: Each resident's needs were not identified in an individual care plan developed and agreed with the resident. Each resident's care plan was not kept under formal view as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals. The use of restraint was not in line with national guidelines. The documentation of residents with behaviours that challenged was not in line with

the centres policy.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Action required: Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.	
Action required: Provide a high standard of evidence based nursing practice in the use of restraint and behaviours that challenge.	
Reference: Health Act, 2007 Regulation: 8: Assessment and Care Plan Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 21: Responding to Behaviour that is Challenging Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We are in the process of auditing and updating all our care plans keeping in mind the specific needs of each resident. The resident and or their family will be consulted and their wishes will be incorporated into every aspect of the plan. At a minimum three monthly assessments will be carried out or more frequent if the resident's condition changes. One resident who has Challenging Behaviour did not have comprehensive documentary evidence in place to prove that the organisation were working hard to try and help her overcome this behaviour. She has had GP visits, consultant neurology visits, CT brain scan, medication reviews, various blood tests and other laboratory tests. Since our inspection we have addressed this matter and are satisfied that we are now fully compliant. This organisation takes the issue of restraint very seriously, we try at all times to maintain and if possible improve the quality of	14 December 2012 Task complete.

life of our residents. All staff are aware of The Department of Health document Towards a Restraint Free Environment in Nursing Homes. In the last year we have significantly increased our staffing levels, we have purchased Low Low beds and as many vulnerable residents as possible sleep in these. We allow our residents to wander freely in our large secure garden, they have freedom of movement in the Nursing Home, they are not confined to a particular area. Dependant residents are taken for regular walks both in the home and outside. Medication reviews are carried out regularly and sedation of residents is actively discouraged. In an effort to avoid the use of restraints we have carried out a comprehensive review of our documentation. We have also engaged the services of an Occupational Therapist who is reviewing all our vulnerable residents. Since the inspection we have reviewed falls risk assessments for Residents at risk and we have formulated new restraint forms which reflect the minimal use of restraints in particular lap belts.	31 November 2012

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: Staff files did not contain all of the information indentified in Schedule 2 of the Regulations.	
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation: 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Outstanding employment documents and information relating to staff is being actively sought to comply with Schedule 2	

requirements. It should be said that many of our staff have been employed for many years and some have found difficulty obtaining retrospective references. This matter has been resolved.	30 November 2012

Any comments the provider may wish to make:

Provider's response:

The provider is concerned that it has had to agree to the insurance levels as detailed in Regulation 26 which states that cover should be provided up to €1000 per item per resident. It is the Providers understanding through the advice of Nursing Homes Ireland that all nursing homes are registered by HIQA on the basis of cover of €1000 per resident and HIQA have, to date, taken a practical view on implementation. This appears to be at variance with the requirements of this inspection.

Provider's name: Mr Graham Richards

Date: 2 November 2012