

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated Centres under Health Act 2007**



Centre name:	Bridhaven Nursing Home
Centre ID:	0205
Centre address:	Spa Glen
	Mallow
	Co Cork
Telephone number:	022-22205
Email address:	info@bridhaven.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Paul Rochford and Mary Clare Rochford
Person authorised to act on behalf of the provider:	Paul Rochford
Person in charge:	Anita Turner
Date of inspection:	24 April 2012 and 25 April 2012
Time inspection took place:	Day 1: Start: 10:30hrs Completion: 18:00hrs Day 2: Start: 09:50hrs Completion: 15:00hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	Breeda Desmond
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under 18 outcome statements. The outcomes set out what is expected in designated centers.

Outcome 1
<i>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.</i>
Outcome 2
<i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3
<i>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</i>
Outcome 4
<i>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.</i>
Outcome 5
<i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6
<i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7
<i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. 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.</i>
Outcome 8
<i>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.</i>
Outcome 9
<i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</i>
Outcome 10
<i>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.</i>

<p>Outcome 11 <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>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.</i></p>
<p>Outcome 15 <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Outcome 16 <i>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).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Bridhaven Nursing Home is a purpose-built designated centre that has been in operation since 1989. From February 2004 it has been owned and run by husband and wife team Paul and Mary Clare Rochford and has had two substantial extensions to date. The centre is registered for the care of 134 residents; there were 125 residents living in the centre at the time of the inspection.

Resident accommodation is provided over three floors. Each floor is staffed separately and has its own nurses' stations, dining rooms, kitchen facilities and sitting rooms. Each floor is referred to as a suite.

The Backwater suite, which is the largest, is on the ground floor and is accessed via the main entrance. It provides accommodation for 74 residents in single and twin-bedded rooms which are all en suite, with the exception of one twin-bedded room. Communal accommodation for residents' use in the Blackwater suite consists of a spacious dining room, a large lounge, a second lounge/quiet room, a recently renovated smoking room and a prayer room. Assisted bathrooms, toilets, and a visitors' toilet are also conveniently located for residents' and visitors' use.

The Bandon suite is located on the second floor and is accessed via stairs and two lifts. This floor can accommodate 42 residents in single and twin-bedded rooms which are all en suite. Communal accommodation for residents' use in the Bandon suite consists of a dining room and a large lounge. Assisted bathroom and toilet facilities are also provided for residents' and relatives' use.

The Clyda Suite is located on the lower ground floor and is a dedicated dementia facility which opened at the beginning of 2010. It has 18 single en suite bedrooms, a dining room, a multi-purpose/activities/visitors' room and a large bright lounge with doors opening out to secure gardens. Access to the Clyda suite is via its own separate entrance but it can also be accessed from the main building.

The main kitchen, a hairdresser room and a physiotherapy department are located on the lower ground floor/basement area. Management and administration offices are located on the first floor.

The centre is set in large grounds providing walkways, grassed areas with seating and ample car parking space. There are also secure garden areas accessible from the new building and from the dining room on the Blackwater suite.

CCTV cameras are present in all the corridors, dayrooms, dining rooms and throughout the perimeter of the property.

The centre is located in Mallow very close to the town centre. This location allows residents easy access to shops, banks, post office and all other local amenities.

Date centre was first established:			1989	
Date of registration:			26 November 2009	
Number of registered places:			134	
Number of residents on the date of inspection:			125	
Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	22	43	35	25
Gender of residents			Male (✓)	Female (✓)
			(✓)	(✓)

Management structure

Bridhaven Nursing Home is owned and managed by husband and wife team Paul and Mary Clare Rochford.

Paul Rochford is the Registered Provider and Anita Turner was appointed as Person in Charge in July 2011 and reports to the provider.

The Person in Charge is supported in her role by two clinical nurse managers, a senior nurse and a team of nursing staff who look after all of the medical and day-to-day needs of the residents.

Teresa Connolly is the general manager and the Human Resource manager. She manages all aspects of recruitment and retention of staff and the general management of the centre. The head of housekeeping who manages the cleaning and laundry staff, the head of catering who manages the cooks and kitchen staff, all report to her. Maintenance staff report to the Registered Provider Paul Rochford.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day 1 of inspection	1	7	21	4	9	3	* 5

- *1 Provider
- 1 Physiotherapist
- 2 Activities staff
- 1 Maintenance staff

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*.

Bridhaven Nursing Home was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 8 September 2009, 9 September 2009 and 10 September 2009. This was a registration inspection and the inspectors found that overall the centre provided a high standard of person-centered care in a clean and well maintained environment and registration was granted.

This was Bridhaven's sixth inspection by the Health Information and Quality Authority and this report sets out the findings of an unannounced inspection. This inspection took place over two days the 24 and 25 April 2012. As part of the inspection, inspectors met with residents, relatives, the providers, the person in charge, general manager and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, policies and procedures and staff files.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

The inspectors found the premises, fittings and equipment were of a high standard, were clean and well maintained and there was a good standard of décor throughout. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

A wide variety of social and recreational activities are available to residents. Family involvement is encouraged with residents saying their relatives felt welcome at any time.

Overall there was a good standard of person-centred care and staff were aware of the challenges of delivery of this care. Some improvements are required to comply 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*.

These improvements included:

- introduction of more robust complaints documentation
- Completion of a comprehensive assessment for residents
- One medication practice required review
- Incomplete staff file.

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*.

1. Statement of purpose and quality management

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

Inspection findings

The statement of purpose and function was viewed by the inspectors, it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements.

Outcome 2

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

Inspection findings

There is an active residents committee in place which allows residents to raise issues and bring forward their experiences and suggestions of the care and service provided; this will be discussed further in outcome 11.

The person in charge told inspectors that she spoke to residents daily to establish their experience of the services and the head of catering and the activities coordinator undertook a survey of the residents' view of the food currently being provided.

The management team, under organisational governance have recently introduced a system of key performance indicators, which are measured on a monthly basis which includes falls, incidences, wounds, outbreaks of infectious disease, dependency levels, restraint, complaints and admissions to hospital.

This system identifies trends, highlights areas requiring attention and identifies concerns. Each department head is responsible for completion of key performance indicators which are then discussed and actioned at the management meetings.

The person in charge showed the inspector regular audits that were completed on medication management by the pharmacist on each suite quarterly, the audits were very comprehensive and feedback and actions were given to staff as a result of these audits.

Audits on care planning and accidents and incidents are also completed on a regular basis the results of which are fed back to staff and used for the purposes of ongoing quality monitoring and continuous improvement. A new accident and incident recording book was developed which records contributing factors, risk assessments and follow up action required. The introduction of a 17:00hrs to 21:00hrs shift has increased supervision in the lounges in the evenings and the audit shows falls have been substantially reduced in these areas at that time.

The person in charge showed the inspectors plans she had in place to audit various other aspects of the service provided; these included audits on the use of psychotropic medications, restraint and bedrail usage and an audit on wound care.

The inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and ongoing audits will take place. The inspectors request a quarterly report to be submitted to the chief inspector in respect of any future reviews conducted and any changes implemented in relation to practices to be submitted with the quarterly returns.

Outcome 3

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

Inspection findings

There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. The complaints procedure was on display in the main foyer.

The providers and person in charge conveyed a good understanding of the purpose of a complaints procedure. In practice, records of complaints and their outcomes were kept, with an independent appeals person nominated. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The complaint log was viewed by the inspectors but the documentation for a number of complaints was not sufficiently robust in that it did not contain a record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.

2. Safeguarding and safety

Outcome 4

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

Inspection findings

The training records viewed by the inspector showed that staff received ongoing elder abuse training and one of the CNM's was an approved trainer. Staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities.

Staff were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance to any form of abuse in the centre. Any allegations of abuse had been acted on immediately, investigated fully and appropriate action taken. Notification was sent to the chief inspector as required by legislation.

Outcome 5

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

Inspection findings

The fire policies and procedure was viewed by the inspectors and were centre-specific. There were notices for staff on "what to do in the case of a fire" appropriately placed throughout the centre. The fire alarms, extinguishers, hoses, blankets and emergency lighting were all checked and serviced by external companies and records reviewed showed that they had all been checked and serviced on a number of dates from July 2011 to February 2012.

Fire training was provided to staff in March 2012 and ongoing training is provided including fire marshal training to approximately 20 staff. Regular fire evacuation drills were undertaken the last one documented for the Clyda suite in April 2012.

Inspectors viewed the comprehensive log of accidents and incidents that took place in the centre. Resident accidents and incidents were documented in their notes and these entries corresponded with the centres accident and incident log. Accidents were trended on a monthly basis and there was found to have been increased incidents of falls in the day rooms in the evenings. As discussed in outcome 2, the providers responded by increasing supervision and staffing levels in the evenings which resulted in a reduction in falls.

The centre-specific health and safety statement dated March 2012 was seen by the inspectors. The risk management policy was also viewed by the inspectors which contained numerous safe working practice sheets and hazard identification sheets with control measures.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence, moving and handling.

The inspector observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers and hand wash sinks were also present at the entrance to the buildings and throughout staff and resident areas.

Outcome 6

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

References:

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

Inspection findings

The inspectors accompanied a staff nurse on a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available. However the inspectors noted that the policy of the centre when dealing with some prescriptions received from hospital appointments or other prescriptions not written on the centres prescription chart by the doctor, required review. The practice was to send the original prescription chart to the pharmacy and for the staff to administer medications from a copy of the prescription chart until the doctor signs the centres prescription chart, this practice is not in line with best practice guidelines. The medication policy also required updating to reflect this change required to practice.

The medication trolleys were secured and the medication keys were held by the nurse in charge. Controlled drugs were maintained as per professional guidelines. Medication management was the subject of a very comprehensive audit by the pharmacist and inspectors saw the results of these audits which are fed back and actioned by the staff.

The pharmacist provided monthly training on various aspects of medication management, medication updates and treatment options for all nursing staff and they were responsive to the training requirements of the staff and the centre.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. 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

Inspection findings

The inspectors observed that the residents looked well cared for; this was reflected in the residents' comments that their daily personal care needs were met.

Residents were provided with the services of the general practitioner (GP) of their choice and the ability to maintain their own GP wherever possible. The majority of the residents in the centre were under the care of three different GP practices that provided a comprehensive service to the residents. The GPs held a clinic in the centre on a twice weekly basis and visited as required in between. Residents received a full review of all their medical care, bloods were taken frequently and their medication was reviewed. This was documented on the drug card and in the medical notes. "South Doc" was accessed for out-of-hour's service. Residents and relatives commended the medical care available in the centre.

There was a full time physiotherapist directly employed by the centre, who provided physiotherapy to the residents over five days. Many residents received physiotherapy up to five times a week based on their individual needs. Residents voiced their great satisfaction with this service saying it keeps them moving and they would be lost without it. This easy access to physiotherapy promoted independence and enabled

many residents to be more active in their day-to-day lives. New physiotherapy care plans have been implemented in the residents' notes.

A chiropodist service was available in house every six weeks. A local dentist provided wheelchair accessible dental services and saw residents as a priority. Optical assessments were undertaken on residents in house by a local optician. Dietetic services and advice were provided by a nutritional company.

A number of residents used the services of a support group for people with acquired brain injury in Cork where they went each week for workshops. The centre kept good communication links with this group and this was documented in residents' notes.

The wound assessment charts and records were reviewed, the person in charge said she had planned to audit wound care and implement new wound care documentation following an intense and comprehensive wound care course accredited by An Bord Altranais that was undertaken by the person in charge and four other nursing staff.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Residents received regular checks of their weight, blood pressure and pulse. The centre has also established a walking group to keep the residents mobile and outdoors.

Although there has been substantial improvements noted in the care planning documentation, it was noted that a full comprehensive assessment was not being completed due to missing pages from the assessment, therefore care plans could not be fully reflective of the assessed needs of the residents. The person in charge said there are plans to change some of the documentation to reflect care needs as well as problem identification.

Outcome 8

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

Inspection findings:

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Overnight facilities were available for relatives use. Residents had the option of a single room and access to specialist palliative care services, if appropriate.

End of life training was provided to staff and a number of the nursing staff have also undertaken palliative care training.

Outcome 9

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

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

There were two separate meal sittings in the dining rooms for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second sitting up to an hour later was for the more independent residents and those who only required minimal assistance. Many residents remained at the table after their meal to chat and socialise.

Residents were offered a varied nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. The variety, quality and presentation of meals were of a high standard. Round tables facilitated communication. Residents expressed satisfaction with the food and the dining experience. The very full and varied desert table was popular with the residents. All deserts that were suitable for diabetics were presented in glass bowls, so staff and residents were aware of which deserts were suitable whilst still facilitating choice.

There was an area in the dining room in the Blackwater suite where residents and relatives could access tea/coffee and other drinks throughout the day as required. Inspectors observed residents and relatives using this facility. In the Bandon and Clyda suites drinks could be accessed from the kitchenette at the end of the dining room. For residents who required food at times outside the regular mealtimes, staff could access a variety of food from the kitchen day or night.

There was good communication between the catering staff and the nursing staff. The head of catering told the inspectors that she talks to all new residents on admission to establish their likes, dislikes and any special dietary requirements.

4. Respecting and involving residents

Outcome 10

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

Inspection findings

Each resident or his/her representative has been provided with a contract of care detailing the services to be provided to the resident and the fees to be charged.

Contracts of care had been implemented for residents and were seen by the inspector. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated the fee to be paid and what was included and excluded from that fee.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

There was an active residents committee called "the residents' council" which offered residents an opportunity to participate and engage in the running of the centre. The council has been in place for over two years and meets every six weeks. The resident advocate and the activities coordinator facilitated the meetings and they have a relative representative from the Clyda suite. The registered provider and the general manager also attend the residents' council meetings. The council made detailed suggestions about the meals, menus, facilities and practices in the centre. Residents spoken to were complimentary about the residents' council and felt that their issues and suggestions were taken seriously by the provider, person in charge and staff. They believed that

they had been effective in bringing about change for the better for all residents. A number of residents had requested fish suppers which were accommodated and provided by the centre.

There is a reception area on the entrance to the building where a sign-in book for visitors was present. A suggestion box was also available in the main reception and residents and relatives were encouraged to use it.

The manner in which residents were addressed by staff was appropriate and respectful. Inspectors observed the residents' privacy and dignity being respected and promoted by staff in that staff knocked before entering residents' bedrooms. However the inspectors noted that adequate screening was not provided in some shared bedrooms in the Blackwater unit. Screens were only provided around one bed which did not ensure the privacy and dignity was maintained for the resident in the other bed especially while staff were delivering personal care.

Religious needs were catered for with mass held in the centre every two weeks. Communion was available every Sunday and the Legion of Mary came in on a weekly basis and said the rosary with the residents. Other religious denominations were visited by their ministers as required. There was a prayer room in the centre which the residents confirmed they enjoyed using.

There has been a continued increase in the variety of activities available since the previous inspection, and there were three activity coordinators employed to ensure an active social and recreational programme was in place. Residents informed inspectors that they were aware of the activities available to them. Inspectors saw this programme displayed on the notice boards. A face book page, you tube channel and twitter account are available for friends, families, members of the community and other nursing homes to follow the progress of the centre, social events and activities they are undertaking with residents.

The organised activities included music and movement exercises, art work, knitting, massage therapy, bingo, newspaper reviews, cards, gardening, music and dance. Inspectors saw many different organised activities taking place at different times throughout the inspection, these included a lively exercise to music session which many residents were observed to be enjoying and participating in. A paper reading session, cake decoration which all appeared very popular with many residents. A number of residents and relatives informed the inspectors that there has been an increase in outings from the centre and that they had a trip to the races, outings to the library and pantomime. A drama company also came in and performed for the residents in house which residents said they really enjoyed. Other new initiatives included the introduction of the walking club, cinema club, movie nights, darts club, patchwork group and they are looking at introducing a men's shed for the male residents.

Links were maintained with the local community through residents' visits to the local library and a number of local musicians that came in to entertain the residents. The local school choir also performed occasionally for the residents.

Residents' right to choice in participation was respected by staff and while many residents participated in organised activities, inspectors observed that others chose to spend time in their room or in another room where activities were not going on.

The centre was open to visitors throughout the day. The residents commended the staff on how welcoming they were to all visitors. Relatives were observed taking residents out. Plenty of daily newspapers were seen throughout the centre and residents confirmed their enjoyment of reading the paper and watching the news to keep up with current events.

Outcome 12

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

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Arrangements were in place for the management of residents' finances for those that did not have capacity to manage it themselves. All transactions were signed and witnessed. Regular audit of the resident's finances would ensure a more robust system. The system in place for managing residents' clothing was effective. Following residents agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the correct resident. Residents and relatives stated that they were happy with the way their clothing and personal belongings were managed in the centre.

The inspectors saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were much personalised with residents' own, cushions, ornaments, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

5. Suitable staffing

Outcome 13

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

Inspection findings

The person in charge is an experienced nurse and manager and has embraced the role of person in charge. She was fully involved in the day-to-day running of the centre and met with staff and residents on a daily basis and was found to be greatly committed to improving the service and quality of care for the residents. She discussed her plans with the inspectors for further auditing of the service and plans for further training and development. The person in charge is supported in a robust management structure with regular management and clinical meetings.

Outcome 14

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

Inspection findings

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Inspectors spoke with the general manager who has been appointed with responsibility for human resources. She informed inspectors that substantial work has been undertaken on staff files and they are now being organised in a systematic way. The

inspector viewed a number of files which were organised and had been updated. However one staff file did not contain three written references or contain documentary evidence of any relevant qualifications or accredited training of the person as required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A large number of care staff had achieved a Further Education and Training Awards Council (FETAC) Level 5 award and the provider informed the inspectors that a further group were planning to undertake the course this year.

Training records seen by the inspectors confirmed the provision of an increased level of appropriate training to staff both in-house and externally and showed a number of staff have undertaken the following training:

- manual handling
- fire training
- infection control
- elder abuse
- health and safety training
- continence promotion
- venepuncture
- wound care
- restraint
- dementia training
- care plan workshops
- care of the dying
- medication management
- supervisory management
- Legionella
- artificial hydration
- catheterisation.

The general manager informed the inspector that returns to work interviews following sickness has not only provided more support to staff but also has substantially reduced staff absenteeism. There is a staff forum which meets regularly. And regular staff meetings take place.

Inspectors viewed and staff confirmed that the staff facilities were of a high standard with dining facilities, changing rooms, toilets and showers.

There was a staff appraisal system in place with staff receiving an appraisal at least annually. Inspectors viewed records of same.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was purpose-built and had two substantial extensions and one smaller extension from its original 24-bedded unit to a 28-bedded, then 28-bedded to a 64-bedded centre and now it accommodates 134 residents. Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected and found to be of a good standard, comfortable and appropriate to the residents' needs. The environment was observed to be bright and very clean throughout. There were appropriate pictures, furnishings and colour schemes. Residents reported that it offered a very comfortable environment and spoke of the lovely home they lived in. They enjoyed the spacious well maintained grounds with plenty of seating available for residents and visitors. Residents and relatives interviewed said that they were very happy with the accommodation provided.

The kitchen was clean and well organised. Catering staff interviewed had all received food handling training, and records of training reviewed by inspectors were up-to-date.

There was appropriate assistive equipment available to meet the needs of the residents such as electric beds, low/low beds, hoists, pressure relieving mattresses, wheelchairs and walking frames.

The centre generally had wide corridors enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. Inspectors observed residents moving independently around the corridors using their individual mobility aids. Hoists and other equipment were all maintained and service records were up-to-date. The centre employed three maintenance personnel who responded to all the day-to-day maintenance of the centre, grounds and equipment.

The waste management system was well managed and secure. Staff demonstrated awareness of correct bags to use for domestic and clinical waste. An up-to-date contract was in place for the removal of waste. This was viewed by the inspectors.

The household staff were clear of their roles and responsibilities. This included managing spillages and cleaning schedules. New lockable cleaning trolleys have proved valuable to ensure residents safety and a new system introduced with individual mop heads to abide by best practice in infection control.

The bedrooms in the newly built extension were spacious and above the minimum usable floor space as identified in the *National Quality Standards for Residential Care Settings for Older People in Ireland*. As discussed in outcome 11 additional screening curtains are required in a number of the shared bedrooms to protect residents' privacy and dignity.

The laundry was clean and well organised and the staff member was able to describe best practice in management of all laundry.

Closed-circuit television (CCTV) is positioned in communal areas and outside in the grounds helping to maintain the safety of the residents.

7. Records and documentation to kept at a designated centre

Outcome 16

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:

Part 6: 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 were maintained and stored in line with best practice and legislative requirements.

Residents had daily access to national and local newspapers and residents were seen to be enjoying same.

Policies, procedures and guidelines availability were in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the Social Service Inspectorate of all incidents and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

Outcome 18

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There had been no periods where the person in charge was absent from the centre for 28 days and there had been no change to the person in charge since the last inspection. The providers were aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, the CNM's and provider cover for the person in charge when she is away. And there is always a nurse identified as being in charge of the centre and always a manager on call.

Closing the visit

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

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

Caroline Connelly

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

30 April 2012

**Health Information and Quality Authority
Social Services Inspectorate**

Action Plan



Provider’s response to inspection report*

Centre:	Bridhaven Nursing Home
Centre ID as provided by the Authority:	0205
Date of inspection:	24 April 2012 and 25 April 2012
Date of response:	18 May 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*.

Outcome 3: Complaints procedures

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

In some instances the results of any investigations into complaints; the actions taken and whether or not the resident was satisfied with the outcome of the complaint were not documented.

Action required:

The nominated person must maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new complaints book is currently being printed and our policies have been updated.	1 June 2012

Outcome 6: Medication management

2. The provider is failing to comply with a regulatory requirement in the following respect: The policy of the centre to occasionally administer medications from a copy of the prescription chart until the doctor signs the centres prescription chart requires review to be in line with best practice guidelines.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the administration and storage of medicines 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 time scales	Time scale
Provider's response: Our policy has been updated to reflect the fact that the original prescription will be retained in Bridhaven until the GP has completed the relevant documentation.	Completed

Outcome 7: Health and social care needs

3. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The inspectors saw that a full comprehensive assessment was not being completed due to missing pages from the assessment; therefore care plans could not be fully reflective of the assessed needs of the residents.

Action required:

The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or his/her representative.

Reference:

Health Act 2007
 Regulation 8: Assessment and Care Plan
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

A comprehensive assessment is now being completed.

Completed

Outcome 11: Residents' rights, dignity and consultation

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

There was not appropriate screening around each bed in a number of the shared rooms to protect resident's privacy and dignity.

Action required:

Provide privacy to residents to the extent that the resident is able to undertake personal activities in private.

Reference:

Health Act 2007
 Regulation 10: Residents' Rights Dignity and Consultation
 Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:

Measurements have been taken, quotes have been received and orders will be placed shortly.

15 July 2011

Outcome 14: Suitable staffing

5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

One of the personnel files viewed did not have copies of three written references. One staff file did not have evidence of the relevant qualifications of nursing staff.

Action required:

Provide full and satisfactory information in relation to all staff in respect of matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act 2007
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment

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

Time scale

Provider's response:

The staff member in question is registered with An Bord Altranais. Her file will be updated with copies of her qualifications and written references.

1 July 2012

Any comments the provider may wish to make:

Provider's response:

No further response.

Provider's name: Paul Rochford

Date: 18 May 2012