

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Brookhaven Nursing Home
<b>Centre ID:</b>	0207
<b>Centre address:</b>	Donoughmore
	Ballyraggett
	Co Kilkenny
<b>Telephone number:</b>	056-8830777
<b>Email address:</b>	info@brookhaven.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Gearóid Brennan
<b>Person in charge:</b>	Bernadette Brennan-Fennelly
<b>Date of inspection:</b>	14 May 2012
<b>Time inspection took place:</b>	<b>Start:</b> 10:15hrs <b>Completion:</b> 20:30hrs
<b>Lead inspector:</b>	Noelene Dowling
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

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.

## About the centre

### Description of services and premises

Brookhaven Nursing Home is a purpose-built designated centre which opened in 2006, providing long-term, convalescence and respite care to older people. It is registered to provide care for 55 residents. There were 52 residents living there at the time of the inspection.

The centre is a single-storey building, divided into three wings. The layout, furnishings and décor are homely and of a high standard, with ample private and communal areas for residents' use.

Residents' private accommodation consists of 47 single bedrooms and four twin-bedded rooms. All bedrooms have en suite facilities. In addition to the en suite bedrooms, there is an assisted bathroom on each wing and a total of 10 toilets provided.

Communal accommodation comprises of a large reception area, two main lounges and a conservatory which opens out to enclosed courtyards. There is a large multipurpose room which is used for activities, parties, social functions and for staff training. A comfortable lounge, used for relaxation and aromatherapy, is also available. The centre has two dining rooms, an oratory, a visitors' room and a hairdressing room. One of the wings also has its own sitting room, visitors' room and activities room. The gardens are landscaped and there is an inner courtyard to which residents have easy access.

There is ample car parking available for relatives and visitors at the front of the building.

### Location

The centre is located in the village of Ballyraggett, Co Kilkenny and is in close proximity to all amenities and services.

<b>Date centre was first established:</b>	2006
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	21	11	13	7

## Management structure

The centre is operated by a board of directors consisting of the Provider and the Person in Charge. Gearóid Brennan is the Provider on behalf of the company and Bernadette Brennan-Fennelly is the nominated Person in Charge and Director of Care. Both are involved in the day-to-day running of the centre. Gillian Kinahan was appointed as Assistant Director of Nursing in November 2012.

The nursing staff and care assistants report to the Person in Charge. The household and catering staff report to the Assistant Director of Nursing. Maintenance and administration staff report to the Registered Provider. Administration staff report to both the Registered Provider and the Person in Charge. There is a Human Resource Advisor contracted to offer assistance for specific human resource issues.

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 of inspection	1	3	9	3	3	1	1*

\*One maintenance person

## Background

This was fourth inspection undertaken by the Authority in Brookhaven Nursing Home and the third since the registration inspection on 7 March 2011, with further inspections taking place on 19 April 2011 and 15 September 2011. The provider was granted registration on 21 November 2011.

Overall, findings from that registration inspection indicated that the premises was well maintained and fit for purpose and all requirements in relation to fire safety and health and safety were complied with. Residents had choice in their daily routines, and the residents' forum was utilised to support consultation with residents. Residents generally reported a feeling of safety and wellbeing. General healthcare was well managed and residents had regular access to general practitioner (GP) services.

Improvements were required in the prevention, assessment and management of wounds and pressure sores and use of specialist equipment such as pressure-relieving mattresses and cushions. Some other improvements required were in relation to an increase in the number of nursing staff available, risk management strategies, response to accidents and injuries, supervision of staff, infection control and moving and transporting residents.

The first follow-up inspection of 19 April 2011 focused on the actions taken to ensure adequate clinical care of residents with or at risk of developing pressure sores, assessment of wounds, clinical care and specialist advice on treatment; training for staff in wound care, infection control measures; access to mental health specialists; practice in relation to moving and transferring of residents and adequacy of equipment such as cushions and specialist mattresses. The inspector found that the provider had responded promptly and within the agreed timeframe to the issues identified. Considerable progress had been made and was continuing. Appropriate assessment and treatment plans were evident and a programme of relevant staff training had commenced. Reviews of practice in relation to infection control and safe moving and handling of residents had taken place.

The findings of the second follow-up inspection found that the provider had continued to make progress in implementing the actions required by the registration inspection and continued to implement progress on these actions which had commenced on the follow-up inspection.

### **Summary of findings from this inspection**

This inspection reviewed the three outstanding actions issued to the provider at the follow-up report of 9 September 2011 and also examined adherence to the regulations in terms of health and social care needs, safeguarding and safety, staff recruitment and training and fire safety. The inspector met with residents, relatives, staff, the person in charge and the provider. Records examined included four residents' care plans, wound or ulcer care plans for four residents, accident and incident records, rosters, training schedules and staff files, the fire safety register, maintenance and equipment service records and insurance documentation.

The three actions outstanding since the inspection of 15 September 2011 had been addressed satisfactorily and as agreed. The provider had completed the work required to safely enclose the stream to the front of the premises. Good practice was found in fire safety management systems, staff training and fire drills and equipment servicing taking place as required. The premises are well maintained and equipment for residents' use was serviced and maintained in good working order. Recruitment practices were found to be good and a schedule of planned staff training, both mandatory and other training specific to the needs of the resident population had continued. The provider had, as agreed, increased the quota of nursing staff available to two over a twenty-four hour seven-day period to provide adequate care and support to residents.

However, the inspector found that there were improvements required in the care planning process and documentation, risk management strategies such as the systematic reviewing of incidents, implementation of strategies to control risks identified and clarity regarding the responses to incidents and accidents.

## Issues covered on inspection

### Health and Social Care needs

The inspector examined four residents' care plans, nursing records and medical records. While there was evidence of medical review and medication monitoring within the required time frames, and good access to GPs, some issues were identified which required improvement. Residents and relatives spoken with stated that they were confident the staff would respond to any healthcare issues and had regular access to healthcare services. However, the care plans and records examined demonstrated that the care planning processes were not consistent, and there was a lack of cohesion between the documentation, assessment and staff knowledge of the residents' needs and healthcare. There was evidence of the need for improvement in both the documentation and how it was utilised, and in the practices in relation to residents' healthcare and day-to-day care.

Examination of residents' records demonstrated poor admission assessment information. For example, a resident's assessment stated that the resident wore spectacles; however there was no reference to the fact that the resident's spectacles were missing, and therefore the resident could not see to undertake normal recreational tasks such as reading. Nursing staff did not appear to know that the resident required glasses. However, the person in charge stated that the resident was on the list for attendance by the visiting optician.

The assessment in relation to a resident's nutritional care and preferences stated that the resident liked toast and other solid foods. In fact, the resident was on a pureed diet due to a previous asphyxiation incident with food. This was not referenced as a factor for her immediate care plan. The inspector confirmed that the resident was provided with a diet of suitable consistency, however, and that a referral had been made to a speech and language therapist for assessment of this condition. The assistant director of nursing has devised a detailed admission assessment form which, if utilised as planned and implemented, will provide detailed information and a more comprehensive care planning focus for each resident.

Residents may retain their own GPs if the GP is available to travel within the catchment area. The medical records available demonstrated that a resident had been seen by the GP to whom she was transferring within the required time frame following admission. However, the resident had multiple healthcare issues, some of which required pain relief. The admission medical records stated that the resident had been admitted and seen by the GP, but provided no details of review of the underlying condition. The resident's medication prescription records were signed without review of this. The staff had taken the resident's blood pressure on admission but there was no pulse or weight taken at that point to support the GP's consultation. The resident's relatives were unsure as to whether the resident would be transferring to the local GP or if a medical had been undertaken on admission.

Overall, the residents' records were poorly maintained, and fragmented. This resulted in lack of cohesion and clarity of information. In some cases, staff were not accurate in the knowledge of healthcare status and interventions planned for residents. Care plans were fragmented and did not correlate. For example, a resident with Methicillin Resistant *Staphylococcus Aureus* (MRSA) had a care plan for this condition which included the cleaning of a wound with a specific disinfectant. The wound care documentation contradicted this. The care plan had not been updated to correlate with the treatment plan as instigated and the nurse spoken with by the inspector did not know that this cleansing routine was no longer to be utilised.

An assessment/treatment plan for a leg ulcer ceased on 28 March 2011 for no apparent reason; for example, it did not state that the wound was healed, but a further plan was then found dated 4 May 2012 for the same ulcer. Staff could not inform the inspector of the reason for this. Some wound documentation included clear grading and measurements and others did not.

A resident was observed on 17 December 2012 to present with a significant pressure area and this was reported to the Authority. However, the first reference to this in the resident's medical record was 1 January 2012 when the resident was referred to a specialist, although there was evidence of regular attendance by the GP and that the person in charge contacted the resident's GPs in a timely manner.

Other documentation in relation to the management and treatment of this was not consistent. However, the inspector found a handwritten and detailed outline separate to all other records which detailed interventions, including antibiotic treatment, which had not been included in or as part of the appropriate records for the resident.

Residents' weights were updated monthly but blood pressure and pulse were recorded separately to this, again making monitoring of vital signs more difficult.

Recognised assessment tools were utilised and in the main these appeared to have been updated within the required timeframes. However, one resident's Barthel dependency rating had not been updated for five months. Falls risk assessments were undertaken, again with varying degrees of completeness and accuracy. One assessment completed identified a high risk of falls but no preventative actions or controls were indicated on the control section of the assessment. Another assessment was completed in a routine fashion with all controls identified as having been reviewed or implemented. The staff could not confirm or clarify what actions had been taken.

A section of the care plan on maintaining a safe environment for a resident who had a number of falls had not been revised for some time to reflect that an appropriate strategy had been implemented, which was the use of a low-low bed and a monitoring alarm system. This strategy had in fact reduced the incident of falls for this resident. This negated the value of the care plan as a tool to guide staff in supporting this resident and also demonstrates significant dependences by staff on the assistant director of nursing and the person in charge to hold the relevant information on residents and implement strategies.

Overall, medication management practices were in line with legislation and guidelines and one of the two nurses on duty is responsible for the administration of the medication each day. However, photographic identification was not present on the medication prescription and administration record of one resident.

The inspector examined the records in relation to one resident who had required end-of-life care. The daily nursing notes provided a good outline of the treatment plan and demonstrated that the staff had been attentive, supportive and observant of the resident during this crucial time. The person in charge had consulted appropriately with relatives during this period. However, the records also pointed to lack of clarity with regard to clinical planning for symptom relief or support during this period. Further records examined demonstrated that staff had contacted the GP regarding palliative care support which they understood was available and found that it was not arranged.

In the inspector's view these findings in general demonstrate a lack of agreed planning, clarity of interventions and overview of staff, which is further compounded by the lack of adherence to the care planning process.

The inspector found that residents had, as on previous inspections, good access to mental health specialists and disability services and the person in charge continued in her efforts to access appropriate day care services for a resident who required this. Health promotion was supported with continence support and the person in charge had accessed alternative therapy for a resident to help him give up smoking. Residents' independence continues to be supported with the use of aids and staff assistance. However, access to other essential multidisciplinary services such as speech and language, occupational therapy and physiotherapy was severely limited as a result of the moratorium on recruitment in the Health Service Executive (HSE). There was evidence, however, that the person in charge continued to recommend and seek referrals.

Residents' social and psychological wellbeing was supported. The provider had recently employed an activities coordinator whose function when fully operational was articulated to the inspector as planning and implementing a range of activities and support for residents. The coordinator had been getting to know the residents to ascertain their preferences in order to devise a range of activities and equipment suitable to and of interest to the residents. The inspector observed the staff member doing one-to-one art work with one resident and the recreation room was well equipped with books, and other materials. The staff member informed the inspector that it is intended she will undertake training in the Sonas therapeutic model and implement this with relevant residents. A significant number of residents had been diagnosed with a dementia or cognitive impairment and this would be of significant benefit to them. The inspector also observed leg massage being undertaken with individual residents.

A range of other activities was still in place which included bingo, music and art and crafts and access to external activities. Residents were observed reading the papers

and maintaining familial contact by virtue of the open visiting policy and ease of access.

In the main, the inspector observed staff treating residents respectfully and kindly, speaking appropriately and demonstrating a good knowledge of residents and good manual handling techniques. However, the inspector also observed a number of incidents which were brought to the provider's attention.

On the morning of the inspection, the inspector observed two care assistants transporting a resident in a wheelchair into the day room. The resident informed the care assistant that she did not wish to be seated in a particular chair, in a particular location of the room. Without any further discussion with the resident the staff member commenced moving the resident from the wheelchair to sit in the identified chair. This action commenced prior to the brake being put on the wheelchair, placing the resident at risk, and there was no further consultation with the resident regarding the seating arrangement of her choice.

The inspector observed meal times in both dining rooms. The food was nutritious, freshly prepared and served in a manner suitable to the residents' dietary requirements. There was a suitable level of staff allocated to the room to support residents and they were supported in a sensitive and appropriate manner. However, in the assisted dining room, the inspector observed that one resident's lunch was left uncovered on the table before them for some time. The resident appeared to be asleep and required assistance with her food. The inspector tasted the resident's food and found that it was cold. Following this, a staff member commenced assisting the resident with the cold meal.

Another resident, who had been eating by herself, albeit slowly, informed the inspector that her meal was cold. A care assistant who was attending to other residents at another table interjected by saying this was not the case. In both of these observed events there were nursing staff present whose function was to supervise the care provided. The inspector acknowledges that these incidents are not features of the overall care provided in the centre. However, they do require attention.

### **3 Suitable Staffing**

Since the registration inspection the provider had employed additional nursing staff. This was designed to support residents' care and provide adequate nursing cover given the size and layout of the premises. This has resulted in two nurses on duty over a twenty-four hour period and rosters confirmed that this number was maintained.

The inspector examined the staff training matrix and found that mandatory training had been updated as required. Records demonstrated that fire safety training which included the use of fire fighting equipment and evacuation procedures had taken place for 48 staff in 2012. One newly appointed staff member had not been present for this training, but was able to articulate to the inspector the procedure to follow in the event of a fire safety emergency. This had formed part of the induction process

carried out by the person in charge. Manual handling training had taken place for all staff and was current. Training in elder abuse had taken place in 2011 for 31 staff.

In addition to this, two additional staff had undertaken training in wound care in November 2011 as the provider had agreed to do. Thirteen staff had undergone training in the use of the malnutrition universal screening tool (MUST) in January 2012 and two staff underwent falls prevention training in April 2012. The assistant director of nursing has attended modular training in gerontology in February and March 2012. Other training outlined in the training schedule as planned for 2012 included challenging behaviours and infection control.

This demonstrates the continued commitment by the provider to supporting training as relevant to the needs of the resident population.

The provider and person in charge informed the inspector that it is their intention to open a second nursing station and allocate the specific responsibility for this 17-bedded section of the centre to the second nurse on duty. They stated that in their view this would provide more cohesion for residents' care throughout the centre. They also informed the inspector that they intend to appoint an additional care assistant in the evening time once this process commences. The communication, management systems and care planning systems, however, do require monitoring to ensure that all staff are consistency applying them.

### **Safeguarding and Safety.**

The inspectors examined the fire safety register and found good practice in the servicing and maintenance of fire safety systems. There was documentary evidence that fire safety systems including the fire alarm and emergency lighting were serviced quarterly on 21 November 2011 and 1 March 2012 respectively and fire fighting equipment was serviced annually. Fire drills were held twice yearly. All equipment used for residents had been serviced including beds, hoists, slings and weighing scales. The stream to the front of the premises had been safely contained.

A risk management and safety strategy has been implemented in the form of a number of audits undertaken by the assistant director of nursing. An audit on falls and care planning was undertaken between January 2012 and March 2012. These provide some information and clarity on incidents. However, they are not of themselves sufficiently detailed to provide clarity on possible triggers and offered no conclusions or controls for such incidents, although the audits demonstrated that the falls assessments were not updated following incidents. The assistant director of nursing informed inspectors that a number of falls had been identified as occurring in the evening time and this was the reason the additional care assistant would be rostered from 28 May 2012. However, in their current format these are primarily audits of the documentation as opposed to a systematic review of the actual incidents which support ongoing practice development strategies.

The inspector examined the accident and incident log and all notifications forwarded to the Authority. Some of these provided a detailed account of the incident but others were poorly documented; for example, one does not state the time of the

incident which is a key factor in preventing a reoccurrence. The number of incidents of slips or falls was not a significant feature, with 16 in total having occurred between 1 January 2012 and 30 April 2012. However, the inspector's review of the care files demonstrate the review and monitoring of individual incidents did not adequately demonstrate a consistent approach to risk management for residents and the documentation does not support this process.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Ensure that all equipment, including support mattresses used for residents' care is maintained and serviced in a timely manner.

The inspector examined the service logs for equipment and found that the equipment, specifically specialist beds, had been serviced on 29 September 2011 following the inspection and all equipment had been serviced by contract in 2011. The maintenance person was observed by the inspector undertaking a weekly check on the equipment to ensure that it was in working order. However, there was no log maintained of the audit. The service check examined included hoist, specialised beds and all other equipment used for residents' safety and comfort.

### **2. Action required from previous inspection:**

Ensure that nursing staff adhere to the legislation and best practice in the documentation relating to MDA Schedule 2 drugs at all times.

This action was resolved and best practice was adhered to in the management of, and accounting for, the controlled drugs stored and utilised on the premises.

### **3. Action required from previous inspection:**

Ensure that full and satisfactory information and documents required by Schedule 2 are obtained prior to any person commencing employment.

The inspector reviewed the personnel files of three of the most recently recruited staff and found that the required documentation was present. The employer had devised a very detailed reference questionnaire for use in verifying information and obtaining verbal references.

**Report compiled by:**

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

16 May 2012

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
18 March 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
7 March 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
19 April 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 September 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

### Provider's response to inspection report \*

<b>Centre:</b>	Brookhaven Nursing Home
<b>Centre ID:</b>	0207
<b>Date of inspection:</b>	14 May 2012
<b>Date of response:</b>	31 May 2012

#### Requirements

These requirements set out what the registered provider must do to meet 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*.

#### 1. The person in charge has failed to comply with a regulatory requirement in the following respect:

Failure to maintain adequate and comprehensive medical records for all residents.

#### Action required:

Ensure that there is an adequate record of the resident's medical, nursing and where applicable psychiatric conditions on admission.

#### Action required:

Ensure that there is an adequate record of all investigations made and treatment given, signed and dated by a medical practitioner.

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

<b>Reference:</b> Health Act, 2007 Regulation 25: Medical Records Standard 10: Assessment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  New admission checklist now accompanies all new admissions and is retained in the resident's file. In the case of any new admission changing his/her GP, their old case notes will be requested for new GP.	Completed

<b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Care plans were not comprehensive, adequately reviewed and did not always reflect the resident's actual needs as assessed.	
<b>Action required:</b>  Ensure that each resident's care plan is an accurate, integrated, updated and complete reflection of the resident's assessed needs and changing needs.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Further person-centered care planning training will be undertaken with all nursing staff. Care planning documentation has been reviewed and adjusted accordingly by the director of care and assistant director of care.	Documentation Changes - Completed.  Training by 27 July 2012

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

Policy on end-of-life care requires review.

**Action required:**

Put in place an adequate and comprehensive policy on end-of-life care which is reflective of residents' and relatives' wishes and the integration of multidisciplinary approaches.

**Reference:**

Health Act, 2007  
 Regulation 14: End of Life Care  
 Standard 16: End of Life Care

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

**Timescale:**

Provider's response:

Brookhaven's policy on end-of-life care has been reviewed. The home care team has been contacted and are available to review and provide further guidance to Brookhaven staff on the management of residents during end-of-life care.

Completed

**4. The person in charge has failed to comply with a regulatory requirement in the following respect:**

Wound care documentation including frequency of assessment was inadequate to meet and accurately reflect the actual needs of the resident. A consistent account of the incidence and grading of wounds and status was not maintained.

**Action required:**

Provide comprehensive and integrated wound care documentation to ensure a high standard of evidence-based nursing practice.

**Reference:**

Health Act, 2007  
 Regulation 25: Medical Records  
 Regulation 8: Assessment and Care Plan  
 Regulation 6: General Welfare and Protection  
 Standard 11: The Resident's Care Plan

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Brookhaven's wound care file and documentation has been reviewed and re-organised to more appropriately reflect wound care assessment, planning, treatment and evaluation. Staff receive ongoing support and guidance from commercial/private TVNs.</p>	<p>Completed</p>

<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Failing to have a comprehensive written risk management policy implemented throughout the designated centre.</p>
<p><b>Action required:</b></p> <p>Ensure that there is an accurate and detailed record of all incidents occurring in the centre.</p>
<p><b>Action required:</b></p> <p>Conduct an adequate review of incidents to identify patterns and initiate appropriate remedial actions.</p>
<p><b>Action required:</b></p> <p>Put in place and identify appropriate individualised interventions, update the resident's risk assessment and maintain adequate, accurate and up-to-date documentation in regard to such interventions.</p>
<p><b>Action required:</b></p> <p>Ensure that all staff are aware of such interventions and adhere to any strategies implemented.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 29: Management Systems  Standard 32: Register and Residents' Records</p>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>All incidents/accidents are recorded in the resident incident/injury analysis chart and will be followed up by action plans. Further measures have been put in place to initiate risk assessment post incident in order to identify appropriate individualised interventions. All new interventions will be discussed at handover, management development team meetings, nurses' meetings and carers' meetings.</p>	Completed

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Failing to ensure those arrangements for maintaining meals at a correct temperature for residents who require assistance are consistently implemented.</p>	
<p><b>Action required:</b></p> <p>Make arrangements to ensure that meals for residents who require assistance can be kept warm until they can be supported to partake of them.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>All meals provided to residents will be nutritious, varied and served at the correct temperature. Appropriate assistance will be given to all residents according to their individual needs.</p>	Completed

<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Failing to ensure that residents' choices are respected and supported by staff in regard to their everyday life insofar as possible and that staff are aware of and adhere to this ethos.</p>	
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<b>Action Required:</b>	
Ensure by means of supervision and monitoring that staff adhere as far as possible to residents' wishes in their day-to-day life.	
<b>Reference:</b>	
Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Brookhaven constantly highlights and promotes the principle of resident choice with all staff members and encourages them to reflect this ethos through their delivery of care. Adjustments have also been made to staff rostering and allocation in order to further improve supervision throughout the centre.	Completed

<b>8: The provider has failed to comply with a regulatory requirement in the following respect:</b>
Failure to ensure that staff adhere to guidelines and policy in relation to care planning, recording, residents' assessments, outcomes and day-to-day care for residents.
<b>Action required:</b>
Make arrangements to ensure that staff are appropriately supervised in carrying out their duties pertinent to their role.
<b>Action required:</b>
Make arrangements to ensure that staff adhere to safe transporting and moving of residents.
<b>Reference:</b>
Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Briefing and further training has been completed with all staff in relation to care planning, recording, resident assessments, outcomes and day-to-day care for residents including transporting and moving residents.</p>	<p>Completed</p>

<p><b>9: The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Failing to ensure that medication management records were maintained and appropriately identified according to best practice and legislation.</p>	
<p><b>Action required:</b></p> <p>Make suitable arrangements to ensure that there is photographic identification on all residents' medication records.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 25: Medical records.  Regulation 33: Ordering, Prescribing , Storing and Administration of Medication  Standard14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Additional steps have been taken to ensure that residents' photograph are taken and included on their medication records as part of the admission process.</p>	<p>Completed</p>

**Any comments the provider may wish to make:**

**Provider's response:**

It continues to be a source of great frustration for operators, as evidenced again in this report, that single infringements are presented as generalisations regarding that aspect of practice within centres. It is surely reasonable that such statements are subject to qualification.

**Provider's name:** Brookhaven Nursing Home Limited

**Date:** 31 May 2012