

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

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Brentwood Manor
Centre ID:	0322
Centre address:	Letterkenny Road
	Convoy
	Co. Donegal
Telephone number:	074 9147700
Email address:	brentwoodmanor@brindleyhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Brindley Manor Federation of Nursing Homes Ltd.
Person authorised to act on behalf of the provider:	Amanda Torrens
Person in charge:	Patricia Mosgrove
Date of inspection:	15 November 2012
Time inspection took place:	Start: 10:00 hrs Completion: 17:30 hrs
Lead inspector:	Geraldine Jolley
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, in which 15 of the 18 outcomes were inspected against. The purpose of the inspection was:

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

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

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

This monitoring inspection was unannounced and took place over one day. During the inspection the inspector met with residents, visitors and staff members. The inspector observed care practice and reviewed documentation such as care plans, accident and incident records, policies and procedures and health and safety arrangements.

This was the third inspection carried out by the Health Information and Quality Authority (the Authority). The findings of the inspection are set out under 15 Outcome statements. These outcomes outline what is expected from a designated centre and are based on the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older Persons) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspector found that Brentwood Manor was managed by a well organised staff team who demonstrated a commitment to ensuring that the care and quality of life of residents was in keeping with their choices. The centre cares exclusively for residents who have dementia care needs. The person in charge was off duty and the nurse in charge demonstrated a good level knowledge of the business of the centre and care practice. There was good emphasis on supporting residents to remain independent and the inspector saw that residents were encouraged to move around their units and to participate in activities that were stimulating. The centre had access to transport that enabled residents to go out around the local area or to visit places of interest.

The centre was found to be well organised and the four units provided appropriate small scale environments that residents with dementia could become familiar with and find their way around. There were several sitting areas where residents could sit together or where they could choose to spend time alone. There was an appropriate activity schedule that stimulated residents and facilitated their social care needs. The inspector noted the efforts that had been made to address the social care needs of male residents by the introduction of a Men's Shed project. This was laid out with memorabilia and a bar and provided a comfortable space for residents to meet and spend time together. Staff reported that this had been well used during the summer months and had been nominated for a national award. Care records conveyed that residents' needs were appropriately assessed and addressed. The standard of decoration and maintenance was generally good.

The last inspection was an announced follow up inspection. The report outlined eight actions where breaches of the Regulations were identified. These were reviewed during this inspection. All except one action had been completed and the outstanding action related to the preparation of a report in accordance with Regulation 35 was in progress. An action in the last report identified that standards of cleanliness and decoration needed improvement. These matters had received attention. Carpet and flooring had been replaced and decoration renewed.

There were some aspects of health and safety that were noted to require attention during this inspection. A smoking room needed better ventilation and the regular checks of fire exits that were undertaken were not documented. There were aspects of some documentation such as medication records and policies and procedures that needed attention to provide appropriate guidance for staff.

The Action Plan at the end of this report identifies mandatory improvements that must be made to comply with the requirements of the Regulations and the Authority's Standards

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

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

Theme: Governance, Leadership and Management

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

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

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

Action(s) required from previous inspection:

The provider was required to compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations. The provider was also required to make the statement of purpose available to residents on request and to provide a copy to the Chief Inspector. There was a further requirement that the Chief Inspector is notified before changes are made to the statement of purpose which affect the purpose and function of the centre.

Inspection findings

This action was complete. A revised statement of purpose was provided to the Authority following registration. This was noted to include the required information and outlined the registration conditions that applied. There had been no changes to the purpose and function of the centre which is to provide care for older people with dementia.

Outcome 3

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge, Patricia Mosgrove, was off duty and the nurse in charge Nisha Koshy assisted with the inspection. She was competent and professional in her role and provided a detailed overview of the service, the resident group and the way staff were deployed. She was familiar with the centre's policies and procedures and provided the inspector with access to the documentation required to conduct the inspection.

The nominated nurse to take charge in the absence of the person in charge is Ann MacCombe from the neighbouring designated centre Brindley Manor also owned by the company.

Outcome 4

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

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Medical Records

Substantial compliance

Improvements required *

The daily records maintained by nursing staff while they provided good details on physical care practice they did not reflect residents care plans and did not fully convey an adequate nursing record of the persons health and condition and treatment given.

Inspection findings

This outcome was partially reviewed. The inspector noted that where residents exhibited challenging behaviour, the behaviours were recorded but the interventions to support and assist the resident were not documented. Physical care interventions were outlined well, however, the emotional and psychological support that was

provided to residents who were anxious or who needed regular reassurance was not consistently documented.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. There was an elder abuse policy in place to guide and inform the actions of staff and training sessions were noted to take place regularly. All staff were found to have been trained to recognise and report elder abuse. Two carers interviewed could outline the actions they were expected to take which were in line with the centres policy on elder abuse.

The inspector found that the while the procedure alerted staff to report suspicions or allegations of abuse but there was no report format to guide staff on the information to record in the event of an allegation of abuse and there were no contact details for the designated social worker in the area or senior staff.

Visitors expressed confidence in the staff team and indicated that they were capable and competent. Their views can be summarised by the following comments, "staff are kind and well informed" and "devoted to residents care".

Outcome 7

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that systems and practices that promoted health and safety were in place. There was a general safety statement dated 9 April 2010 which was reviewed in September 2012 and left unchanged. The environment was noted to be clean and there were appropriate arrangements for the management of household and clinical waste. Sluice rooms and cleaning areas were appropriately locked and cleaning staff were observed to keep cleaning equipment in close proximity to where they were working in the interest of residents and visitors safety. There were good missing persons profiles completed for each resident and these were readily accessible to staff. There was an emergency plan in place that covered a range of emergency situations such as flooding, disruption to the electrical supply, gas leak or other reasons for evacuation. A list of senior staff and persons on call for the company was clearly outlined for staff.

Procedures for fire detection and prevention were in place. Smoke detectors were located throughout the centre. Service records showed that the fire alarm system was serviced on a quarterly basis and the emergency lighting and fire equipment was serviced annually. Training records reviewed confirmed that all staff attended training on fire prevention. A review of the fire safety arrangements had been completed by a fire safety officer from Donagal County Council in July 2010.

The inspector found that some improvements to the fire safety arrangements were needed. These included:

- the daily checks of fire exits and the fire panel were not documented
- the fire action signs did not provide adequate guidance for staff or anyone in the building on the action to take in the event of fire or activation of the fire alarm. For example, the location of the fire panel, who will manage the situation and give instruction and what to do when one gets to the assembly point in the grounds were areas that were not clear
- the fire exit signs were not large enough to be read by persons with visual problems
- the direction to follow to get to the assembly point was not clearly identified from each exit.

The inspector viewed the infection control policy and found it provided appropriate guidance for staff when managing a range of infectious illnesses and also provided guidance on maintaining equipment in a hygienic condition. As a result of recent outbreaks of influenza in designated centres there were some improvements identified that would be helpful in the event of an influenza outbreak and it is required that these changes are included in the infection control policy to ensure effective management of outbreaks. These improvements included:

- a record of all residents and staff that receive the influenza vaccine should be maintained and be readily accessible. In this centre this information should also be sought for residents admitted for respite care
- the contact details of the local public health office including out of normal working hours contact details should also be available in the procedure.

The inspector saw that staff had appropriate guidance and signs available to remind them to operate appropriate standards in hand hygiene. Staff were noted to be diligent about hand washing practice and were observed washing their hands when moving from one area to another and after each activity. The laundry was noted to be managed well with no build up of laundry evident.

There was a process in place to record incident and accidents and records were found to contain factual and substantiated information that described the event and the immediate actions taken by staff to ensure residents wellbeing. An analysis was undertaken to identify trends to prevent further episodes and there was a prevention strategy in place where residents were identified as particularly vulnerable to falls.

The inspector identified the following risk factors that needed attention:

- the smoking area in Oak/Ash units was not well ventilated and the surrounding area smelled strongly of smoke
- the manhole cover at the rear of the premises was off the ground and presented a trip hazard.

<p>Outcome 8 <i>Each resident is protected by the designated centres' policies and procedures for medication management.</i></p> <p>References: Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>
<p>Action(s) required from previous inspection:</p> <p>No actions were required from the previous inspection.</p>

Inspection findings

The inspector found that medication management practice was generally satisfactory. The inspector observed part of a medication round and found that medication was administered in accordance with professional guidelines. Care was

taken to ensure residents had time to take their medication and to check on their well being. Medication charts were signed as soon as medication was administered. There was a medication management policy in place which provided guidance to staff. The medication trolley was appropriately stored in the treatment room and was locked when not in use. Prescription and medication administration sheets were reviewed regularly and they accurately outlined each resident's details and their prescribed medication. Each medication prescribed was individually signed by the GP. A photograph of each resident was provided on their respective medication administration chart.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. A sample of the stock checked had been signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

The inspector noted that there were some improvements needed to the medication management system to ensure that it complied with good practice guidance. The maximum dose of PRN (as required) medication to be administered over a 24 hour period was not identified on all medication administration charts. For example, the inspector saw that medication such as ativan, lactulose and paracetamol was prescribed on an PRN basis did not have maximum doses specified. The inspector also found that the procedure document in use would benefit from better organisation so that staff can access the different procedures expeditiously.

Outcome 9

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

All required notifications had been sent to the Authority. The inspector noted that the accidents and incident records provided good detail on the events that had occurred and the actions taken by staff following the incidents.

Theme: Effective care and support

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

Outcome 10

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

References:

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

Outstanding actions required from previous inspection:

The provider was required to:

- establish and maintain a system for reviewing the quality and safety of care provided to, and quality of life of, residents in the designated centre at appropriate intervals
- to consult with residents and their representatives in relation to the system for reviewing the quality and safety of care, and the quality of life of residents
- to make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Inspection findings

The inspector found that these actions were in progress.

There were systems in place to review aspects of the quality and safety of care and quality of life of residents but a report as described in the Regulations had not yet been compiled. The inspector was provided with reports that outlined audits of varied areas of practice that included falls, episodes of challenging behaviour, hygiene standards and housekeeping. The activity coordinator confirmed that there was regular consultation with residents and their relatives particularly where residents' capacity to communicate was impaired.

Residents that the inspector talked to said they were treated with respect and kindness. Staff were noted to be attentive. For example, carers were observed to ensure residents were reminded about mealtimes and activities. All staff promoted residents dignity by ensuring that they talked to residents as they carried out their

duties and addressed their needs swiftly. The centre had a Residents' Guide and there was a regular newsletter for the organisation that conveys information about all the centres including activities and events that residents' and staff have taken part in.

Outcome 11

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre provides care to residents who have dementia care needs. There were 33 residents in the centre during the inspection. Staff had assessed that 24 residents were in the high and maximum care categories and the remainder were assessed as having medium level care needs. Dependency levels were determined using a recognised assessment tool which was reviewed when residents needs changed and at the regular three month reviews.

The inspector found that there was a generally good standard of evidence-based nursing care in place and access to medical and allied healthcare professionals was facilitated to ensure that resident's healthcare needs were appropriately addressed. The arrangements to meet residents' assessed needs were set out in individual care plans which were based on an activities of daily living assessment model. Specific assessment tools were used to determine care needs and to assess levels of risk in areas such as vulnerability to falls, nutrition, communication needs and mobility

problems. Information from assessment tools was noted to be used to inform care plans and to direct the actions of staff.

Care plans were maintained on a computerised system. The inspector reviewed two care plans. Assessments and care plans were found to be up to date and had been reviewed within the required three month time period. One resident was unwell at the time of the inspection and the care record reflected current health status and the actions that staff were undertaking to ensure her comfort. This included regular position changes, ensuring adequate fluid intake, skin care and oral care. There was information that conveyed her spiritual care needs had been met and that her family had been informed of her condition and were being provided with regular updates. The nurse in charge described good access to general practitioner (GP) services and stated that GPs attended the centre on a weekly basis and more often if they were required. There was documentary evidence in records to support this.

The inspector noted that care records contained person centred information that enabled staff to undertake reminiscence activity. Each resident's ability to carry out daily activities was assessed on admission and the inspector was told that staff encouraged residents to maintain their independence as long as possible particularly in areas such as personal care and mobility. The inspector found that residents looked comfortable and well cared for and found that staff were particularly attentive to residents dress and general appearance particularly where residents could not make decisions for themselves.

Daily notes were recorded at a minimum of twice a day for each resident. However, the inspector observed that these were sometimes less person centred, did not always relate to the specific problems identified in the care plan and did not give a full picture of the care delivered over a 24 hour period.

Outcome 12

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

Action(s) required from previous inspection:

Areas of the designated centre were not clean or suitably decorated. Some carpets and furnishings needed replacement. Orientation and directional signage was poor for residents with dementia. The provider was required to ensure that all parts of the designated centre are clean and suitably decorated and to ensure that the physical layout and design of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Inspection findings

The inspector found that these actions had been completed. A number of areas had been refurbished. Carpets had been replaced and paintwork had been renewed in the areas identified. Overall the inspector found that the centre was clean and in a good state of repair. There were some bathroom and toilet areas where the paintwork needed attention following the relocation of soap dispensers. The inspector also found that these areas could benefit from the addition of some home-like touches to make them more comfortable and conducive to relaxation for residents. Signage had been improved and the inspector noted that resident's rooms were identified by photographs to assist their orientation. Some bedrooms were noted to be very personalised with photographs and ornaments belonging to the occupants.

Brentwood Manor is a dementia-specific, purpose-built single storey facility with the capacity to provide care for up to 48 residents. It is organised in four units, Oak, Ash, Elm and Birch which provide 34 single and six twin rooms, all with en suite toilet and shower facilities. There are several sitting areas, a dining room and a small kitchen area in each unit. In addition, the centre has a catering kitchen, a treatment room, an oratory and a visitor/family room located off the main reception area. A hairdressing room and administrative offices complete the layout. There is a well maintained enclosed garden that is accessible to residents. The inspector found that the small scale layout of the units supported the provision of good dementia care as it enabled residents to identify with small scale sitting and dining areas. The inspector noted that some residents were able to move around safely and find their way around independently although most residents needed support from staff.

The inspector saw documentation that regular housekeeping audits were completed and that action was taken to remedy deficits identified. The last audit report was completed on 27 September 2012. The original flooring had been replaced in Elm unit due to deterioration and odour and new flooring had eliminated this problem.

Theme: Person-centred care and support

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

Outcome 14

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that while end of life wishes had not been recorded formally in the care records examined that staff had recorded contact with family in one instance and that information was available on managing pain and ensuring comfort. Staff described consultation with family as an ongoing process and that arrangements would be made to ensure family members could remain with residents at end of life if they wished.

Outcome 15

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that residents were provided with a nutritious diet that was varied and that met their needs. The catering manager for the company oversees the menus and changes them seasonally. The inspector observed that the majority of residents needed assistance at mealtimes. Fluids were noted to be left out in the sitting areas and residents were prompted by staff to drink throughout the day. No weight loss problems were being managed.

The dining rooms were small and were well laid out enabling residents to move around freely and to identify with a small group of people.

Outcome 16

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed this outcome with the nurse in charge and with activity staff. Resident's wishes and choices were noted to be recorded and fulfilled. There was an activity programme available that reflected resident's needs and that was undertaken by trained and experienced staff.

The communication needs of residents were described in the communication section of the computerised record. There were records of the regular consultation with residents and the inspector saw that this consultation had been recorded for May, July and September 2012. Resident satisfaction surveys had been completed and these covered areas such as satisfaction with staff, the comfort and cleanliness of the environment, the quality and choice of food and suggestions for change. There was evidence that where residents had particular preferences that these choices were respected and fulfilled. For example, a resident who wished for a particular choice of sandwich had this provided on request. The inspector found that residents' views were valued and that residents' privacy and dignity was preserved and promoted. For example:

- staff interactions were positive and there was a high level of engagement with residents during the day of the inspection
- staff took time to communicate with residents who had impaired communication such as confusion, speech difficulties or who had challenging behaviour problems
- staff knocked on doors, referred to residents respectfully and addressed their needs promptly.

There were two activity staff in post who worked throughout the week. There was a regular schedule of activities and this reflected resident's choices and abilities. The inspector was told that while some residents were able to communicate their choices where residents were unable to communicate clearly staff tried different activities to find out what interested them. The inspector saw the afternoon activity which was a painting session. This was noted to be well organised and staff prompted and encouraged residents to maximise their participation. There was also a story telling activity that focused on school days. The inspector noted that there was a good level of engagement with this activity with residents able to talk about their journeys to school and their daily school life. Several staff had completed training in the Sonas

activity approach which is relevant to residents with dementia. This activity was scheduled once a week. Other activities that staff said were popular were baking, exercises and drama. The inspector saw that social activity was scheduled over the weekend and included music, films and aspects of personal care. There were some good examples of innovation particularly the project known as the "Men's Shed". This was targeted towards providing an interesting social outlet for male residents and had been nominated for a national award. A building in the garden had been attractively converted and included a bar area, memorabilia, a work bench, games and a fire place. Staff said that this had proved very popular with residents.

There were well established links with the local community. Some events were specific to Christmas when members of the community were invited to the centre to have dinner with residents. Visitors were noted to be welcomed throughout the day. One visitor told the inspector that her friend was well cared for and said that staff prompted her memories so that the majority of the time she recognised her when she visited.

Outcome 17

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The arrangements for residents to store and maintain control over their belongings was satisfactory. All residents had good sized wardrobes in their rooms to store their clothing and there was space to accommodate personal effects. The inspector observed that many rooms had been personalised with photographs and ornaments belonging to the occupant.

Personal clothing was laundered on site or by family members. Residents clothing was noted to be in good condition and the inspector noted that laundry staff took care to ensure that clean laundry was appropriately returned to the owner. Clothes were individually marked and there were few problems with garments being mislaid or going missing according to laundry staff.

The inspector discussed the general management of laundry with laundry staff. She said that she had training on topics that included hand hygiene, the use of the equipment, fire safety, elder abuse and moving and handling.

Theme: Workforce

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

Outcome 18

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed staffing rosters and discussed the staffing levels with the nurse in charge. She said that the assessed dependency level of residents, resident numbers and the clinical judgment of nurses were used to inform decisions on adequate staffing levels. Holidays were planned in advance. Where there were unplanned absences, staff who worked on a part-time basis worked additional shifts which ensured that staff were familiar with residents and their care needs. The inspector found from the information provided and from observation of care practice that staff numbers and skill mix was appropriate to meet the needs of residents. A staff handover occurred at the commencement of the morning and night shift.

The direct care complement consisted of one nurse and four carers on duty during the day. During the evening the number of carers reduced to three. From 8pm until 10pm there was one nurse and two carers on duty and from 10pm for the duration of the night one nurse and one carer were scheduled to be on duty. In addition there were two staff allocated to activity and social care and two staff allocated to catering

duties. There was also a cleaner, laundry staff and an administrator available each day. The catering manager responsible for the catering service across the organisations centres was also in the centre during the inspection.

Staff had been provided with essential training and updates. This was evidenced by the training records provided. Staff were interviewed on a range of topics associated with their work that included care of people with dementia, safeguarding issues, healthcare issues and the administration of medication. They were noted to be knowledgeable and well informed.

Staff informed the inspectors that copies of the Regulations and the Authority's Standards had been made available to them and they could refer to parts of these documents when responding to queries from the inspector. The person in charge maintained a record of An Bord Altranais professional identification numbers (PINs) for all registered nurses. This was reviewed and the inspector found that up to date registration was in place for the nurses employed.

Closing the visit

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

Acknowledgements

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

Report compiled by:

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

27 November 2012

Action Plan

Provider's response to inspection report *

Centre Name:	Brentwood Manor Nursing Home
Centre ID:	0322
Date of inspection:	15 November 2012
Date of response:	20 December 2012

Requirements

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

Theme: Governance, Leadership and Management

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

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

The daily records maintained by nursing staff while they provided good details on physical care practice they did not reflect residents care plans and did not fully convey an adequate nursing record of the persons health and condition and treatment given.

Action required:

Maintain an adequate nursing record of the persons health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

Reference: Health Act, 2007 Regulation 25: Medical Records Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We acknowledge that while nursing records accurately reported instances of challenging behaviour, in all cases the interventions made and the emotional and psychological supports given to residents at such times were not always entered. All nursing staff are now recording these events.	Complete/ Ongoing

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect:	
The elder abuse policy and procedure did not provide staff with sufficient guidance to assist them to address an allegation or suspicion of abuse. There was no guidance for staff on the information to record in the event of an allegation of abuse and there were no contact details for the designated social worker in the area or senior staff available in the procedures examined.	
Action required:	
Make all necessary arrangements, by policy revision and implementation, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A policy review is scheduled by our Management Team in consultation with Staff and residents, as part of our ongoing Policy Review Plan. The revised policy, with flow charts will further guide staff in the event of an allegation of abuse. This	February 2013

revision will be introduced and implemented following the consultation process, which will commence early in 2013.	
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Outcome 7: Health and safety and risk management

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

The inspector found that some improvements to the fire safety arrangements were needed. These included more appropriate signage to guide residents, staff and visitors in the event of fire and the maintenance of records of all fire safety checks such as checks of the fire alarm and fire exits.

Action required:

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action required:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Reference:

Health Act, 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

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

Timescale:

Provider's response:

The practice of undertaking fire alarm tests and fire door checks are now recorded as they occur.

Commenced and ongoing

The signage to guide staff, residents and others in the building to the nearest fire exit has been reviewed and replaced.

Complete

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

The inspector identified the following risk factors that needed attention:

- the smoking area in Oak/Ash units was not well ventilated and the surrounding area smelled strongly of smoke
- the manhole cover at the rear of the premises was off the ground and

presented a trip hazard.	
Action required:	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
As part of our ongoing refurbishment plan the areas in Oak Suite and Ash Suite, where residents smoke, will have an external extractor fan fitted.	February 2013
According to our maintenance programme, an assessment of how to lower the greasetrap outlet, external to the kitchen area, is being undertaken. This will establish how best to proceed to lower the outlet and so reduce risk.	February 2013

The provider is failing to comply with a regulatory requirement in the following respect:
The infection control policy needed amendment to include information to guide staff appropriately in the event of an infectious illness outbreak.
Action required:
Amend the infection control policy and procedure to include the maintenance of a record of all residents and staff that receive the influenza vaccine. The contact details of the local public health office including out of normal working hours contact details should also be available in the procedure.

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A policy review is currently in progress, by our Management Team in consultation with staff and residents, as part of our ongoing Policy Review Plan. The medication management policy is now at draft stage and will be implemented following the consultation process, which will commence early in 2013. In the interim, the GP's have entered the maximum dosage within 24 hours of PRN medications for residents for whom they are prescribed.	February 2013 Commenced and ongoing

Theme: Effective care and support

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

The provider is failing to comply with a regulatory requirement in the following respect: A report on the quality and safety of care and quality of life of residents had not been prepared in accordance with the Regulations. The audits and evaluations undertaken had not been compiled into a report format and had not been made available to residents as required.
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Action required: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and to the Chief Inspector on request.

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A report is completed monthly, taking into account the requirements of Regulation 35 and Standard 30. We will be compiling the data from monthly reports to design and issue an annual report. Following presentation of the report to the management board, the annual report will be made available to residents and to the chief inspector, on request. A policy review is scheduled by our Management Team in consultation with staff and residents, as part of our ongoing Policy Review Plan. The revised policy, which we expect to further direct us in the area of quality assurance and continuous improvement, will be introduced and implemented following the consultation process, which will commence early in 2013.	Commenced and ongoing February 2013 March 2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: There were some bathroom and toilet areas where the paintwork needed attention following the relocation of soap dispensers. The inspector also found that these areas could benefit from the addition of some home like touches to make them more comfortable and conducive to relaxation for residents.
Action required: Keep all parts of the designated centre clean and suitably decorated.
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Reference: Health Act, 2007 Regulation: 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As part of our ongoing maintenance programme, the wall areas damaged following the relocation of the soap dispensers, have been attended to as scheduled.</p> <p>Wall art has been replaced in these areas following redecoration.</p>	<p>Complete</p> <p>Complete</p>

Outcome 14: End of life care

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>End of life care and the wishes of residents regarding their care at end of life were not consistently recorded.</p>	
<p>Action required:</p> <p>Put in place written operational policies and protocols for end of life care.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A policy review is scheduled by our Management Team in consultation with staff and residents, as part of our ongoing Policy Review Plan. The revised policy, to support our practice, will be introduced and implemented following the consultation process, which will commence early in 2013.</p> <p>In the interim, for all residents and/or representatives who have expressed so in advance, any wishes regarding care at the end of life have been documented.</p>	<p>March 2013</p> <p>Commenced and ongoing</p>

Any comments the provider may wish to make:

Provider's response:

I would like to extend our thanks for the manner by which the inspector conducted her inspection activities at this inspection in November 2012.

As a team we are pleased with the very positive feedback given by the inspector, who has again acknowledged and endorsed the high standards of care we provide at Brentwood Manor.

Brentwood Manor constantly strives to achieve excellence in delivering care to our residents. We welcome the inspector's comments in respect of recommended areas for improvement and anticipate that the action plan will see these matters are attended to in an effective manner.

We appreciate the continued input of the Health Information and Quality Authority in supporting our efforts to provide quality care into the future.

Provider's name: Amanda Torrens

Date: 19 December 2012