Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Bray Manor Nursing Home
Centre ID:	0018
Centre address:	Meath Road Bray Co. Wicklow
Telephone number:	01-2863127
Email address:	braymanor@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Barravore Ltd.
Person authorised to act on behalf of the provider:	Shay Costello
Person in charge:	Geraldine Cleary
Date of inspection:	9 July 2013
Time inspection took place:	**Start:** 09:30 hrs **Completion:** 18:10 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	19 (+1 in hospital)
Number of vacancies on the date of inspection:	5

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 Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing 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 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*.

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

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

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

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

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

While areas for improvement were identified, overall the inspector found a good level of compliance with the requirements of 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.*

Arrangements were in place for the management of health and safety. However, the provider could not demonstrate that the fire detection system was serviced at the appropriate frequency. Improvements were also required with regard to the arrangements in place for residents who smoked.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Some improvement was required in the care planning documentation.

Improvements were identified in medication management relating to transcribing and crushing of medications. Other improvements were identified with regard to contracts of care, the complaints procedure and the maintenance of staff recruitment documentation.

There were systems in place to audit and review the quality of care provided. The premises were maintained to a high standard and improvements to the premises had been made since the previous inspection. The number of multi-occupancy rooms had been reduced and there was a plan in place to address the two remaining multi-occupancy rooms.

Procedures were in place to ensure all staff members were trained in elder abuse and to ensure residents were protected from harm.

These matters are discussed further in the report and in the Action Plan at the end of the report.

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: Leadership, Governance 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 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 action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations. The statement had been updated further to the previous inspection and was maintained under review by the person in charge. A copy of the statement of purpose was made available to residents in their bedrooms.

Outcome 2
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

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

Action(s) required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Inspection findings

Residents were not provided with contracts which met the requirements of the Regulations.

The inspector read a sample of contracts and found that they did not include details of the weekly fee charged to the resident. The services which were covered by the weekly fee and which the resident could expect to receive were also not described. The provider stated that a new contract had been drawn up, which had not yet been forwarded to all residents for signing.

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 arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated good organisational skills. Residents, relatives and staff spoke highly of the person in charge. The person in charge had recently completed a certificate course in management skills and had maintained her professional development through attending short clinical courses in areas such as medication management and behaviours that challenged.

She was supported in her role by two senior nurses who deputised for the person in charge when required.

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 from any form of abuse.

A detailed policy relating to the prevention, detection and response to elder abuse was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff were required to attend this training annually and there was a training matrix in place which showed that this was taking place.

The inspector reviewed the systems in place for safeguarding residents' money. The centre was responsible for safekeeping money and valuables for a number of residents. A locked, safe was provided for this purpose and it was accessible to the person in charge and the provider only. Documentation was in place to monitor and record transactions. The inspector noted that all transactions were accompanied by two signatures. The inspector checked the recorded balances for a number of residents and found them to be in order.

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:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The previous inspection found that a number of staff did not have up-to-date training in fire safety. The inspector found that this matter had been addressed. The training records and training matrix showed that all staff had attended annual fire safety training and biannual fire evacuation drills were carried out. All staff members spoken with by the inspector were able to describe the correct procedure to follow in the event of a fire.

While procedures were in place to promote the health and safety of residents some improvements were required in relation to fire safety. Improvements were also required for residents who smoked.

The inspector reviewed the fire safety procedures and found that there were systems in place to service and maintain equipment. However, the available documentation

indicated that the fire detection and alarm system and emergency lighting was being service at yearly intervals. The documentation showed that it had been most recently serviced in March 2013 and previous to this in May 2012, by an external consultant. However, this did not comply with the centre's own policies and procedures which required servicing on a quarterly basis. The provider stated that quarterly checks were taking place, however, the documentation could not be located. The records showed that fire fighting equipment was regularly serviced at the required intervals. A daily, in-house check on fire exits and fire fighting equipment was documented and up-to-date.

A small number of residents were smokers. The person in charge was supporting residents to give up smoking where they wished to do this. Individual risk assessments were carried out for residents who smoked in order to determine any safety measures which they might require. However, care plans did not detail all relevant instructions for maintaining residents' safety while they smoked. For example, the level of supervision or assistance which the resident might require was not detailed in the care plan. The external smoking area had been risk assessed and smoking aprons were provided for residents' use where necessary.

There was a centre-specific risk management policy in place which addressed the procedures for the identification and management of risk in the centre. The risks specified in the Regulations were also addressed. However, some of these risks, such as self harm, were addressed in separate policies. At the time of inspection, the provider was reviewing the risk management policy to ensure that all these areas were addressed under a single risk management policy.

The inspector saw that the health and safety statement for the centre had been reviewed and updated in May 2013, with the advice of an external consultant. There was a risk register in place which covered both clinical and environmental risks and this register had been kept under review. The person in charge had received training in health and safety and risk assessment. She was carrying out risk assessments and was updating the risk register as new hazards were identified.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. The person in charge reviewed each accident and incident and carried out an analysis of them in order to identify any potential trends. The results of this analysis were discussed at regular meetings with the provider in order to identify interventions to prevent reoccurrence. The inspector saw that there was a good falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds and alarmed mats were provided as appropriate. The inspector reviewed the records of a resident who had repeated falls. The inspector saw that the resident had an appropriate care plan in place and although the resident had experienced a small number of falls no injury had been associated with these. A falls diary and post fall assessment had been completed after each fall. Further to this assessment relevant interventions were put in place such as review of foot wear, medication review and review by the physiotherapist.

The centre had an emergency plan in place which was comprehensive and provided information to guide staff on the procedures to follow in the event of an emergency. It had been updated since the previous inspection and provided information on alternative accommodation in the event of evacuation. The transportation arrangements were also included.

The training matrix showed that staff had up-to-date training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Residents' moving and handling needs were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to all nursing and care staff.

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

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

Action required from previous inspection:

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

Inspection findings

Although there was evidence of good medication management practices, improvement was required with regard to the transcribing of medication prescriptions by nurses and the procedures for crushed medications.

The inspector saw that nurses routinely transcribed prescriptions. The centre's policy stated that this practice should be carried out by one nurse and checked by a second nurse, both of whom sign the document. However, the independent verifier had not signed the transcriptions in a number of cases.

A centre-specific medication policy was in place. However, this policy did not provide sufficient detail to guide practice in relation to the crushing of medications. The inspector found that nursing staff did not administer these medications in line with safe practice guidelines.

The previous inspection found that temperature checks for the medication fridge were not carried out. The inspector found this matter had been addressed. A locked medication fridge was provided and the temperature was monitored and recorded daily.

There was a clear, documented system in place to ensure residents' medications were reviewed on a three monthly basis by the GP in consultation with the pharmacist and nursing staff. A system of quarterly medication management audits had been implemented since the previous inspection. The inspector reviewed the results of the most recent audit which showed a high level of compliance with the centre's policy on medication management.

The inspector observed and discussed medication management practices with one of the nursing staff. Each medication administered was recorded and signed and the nurse was knowledgeable with regard to the procedure to follow if a resident refused prescribed medications. No medication errors had been recorded since the previous inspection. Medication error forms were readily available and staff were knowledgeable with regard to the appropriate procedure to follow in the event of a medication error. Records showed that nursing staff received regular training in medication management.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. The provider had consulted with an external consultant in order to introduce revised system of auditing and review. Centre-specific audit tools had been introduced along with an audit schedule for the year. Audits were being completed on several areas such as care planning, medication, use of restraint and health and safety issues. There was evidence of improvements being identified following these audits.

A residents' committee was also active within the centre. The inspector read the minutes of the most recent meeting and saw that issues raised by the residents were promptly addressed by the person in charge.

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 required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that residents' healthcare needs appeared to be met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, some ongoing improvements were required to ensure that all residents' needs were addressed as part of the care planning process.

Residents had good access to general practitioner (GP) services and out-of-hours medical cover was provided. GPs visited the centre on a daily basis. Residents had access to a number of other allied health services including physiotherapy, speech and language therapy (SALT), dietetic services and psychiatry of old age. Chiropody, optical and dental services were also available to residents. The inspector reviewed residents' records and found that results of appointments were written up in the residents' notes.

The inspector reviewed a sample of residents' files and found that on admission, a comprehensive nursing assessment and additional risk assessments were carried out for residents. Nursing assessments and care plans were updated at routine intervals and there was evidence of resident and/or next of kin involvement in the development of care plans. There was a record of residents' health condition and treatment given completed on a daily basis.

While there was evidence of good practice in the area of wound management and pressure-area care, some improvement was required in the care planning documentation. There was a centre-specific policy in place which guided practice in this area. Overall, there was a low incidence of pressure ulcers. The inspector saw that residents' skin integrity was routinely assessed and residents at high risk of skin breakdown had access to pressure relieving equipment. Turning charts were also in place for some residents who required this. However, the inspector reviewed the records of a resident who had a pressure ulcer and found that although staff were very aware of the resident's care requirements, the care planning documentation did not describe the management of this care need. The inspector found that this could result in inconsistency of treatment. The person in charge stated that she could access the services of a tissue viability nurse (TVN) when necessary.

The inspector reviewed the procedures in place for responding to behaviours that challenged. The previous inspection found that the policy on behaviours that challenge was not evidence-based and did not provide sufficient detail to guide staff. The inspector found that while the policy had not been addressed, there was evidence of good practice in this area. The provider had completed a "train the trainer" qualification in the area of behaviours that challenge and training had been provided to all staff. A number of staff members stated they found this training beneficial. The inspector reviewed residents' care plans and noted that appropriate assessment and intervention strategies were in place. Behaviour logs were maintained and this information was used to identify appropriate ways to respond to residents and meet their needs. Staff spoken with were very familiar with appropriate interventions to use. There was good access to psychiatry of old age services for those residents who required this.

There was evidence of good practice in relation to the management of restraint. The person in charge was aware of the need to minimise the use of restraint in accordance with national guidelines and the provider had completed a "train the trainer" course in this area. A restraint register was maintained. There was a policy

in place to guide practice in this area. Restraint assessments and a documented consultation process were carried out prior to any decision to use restraint.
There was evidence of good practice in relation to the management of nutrition. Resident's weights were monitored monthly and more frequently where indicated. Residents who had lost weight were seen by the dietician and supplements were prescribed as necessary. Residents who had experienced weight loss had care plans in place which incorporated the recommendations of the dietician. Training had been provided for a number of staff in the area of nutrition and dysphasia.

The inspector found that residents had many opportunities to participate in activities and pursuits appropriate to their interests. A full time coordinator for activities was employed in the centre. There was a comprehensive schedule of activities which was displayed. Activities included music, exercise classes, art classes and residents stated that they found these activities varied and interesting. A number of residents enjoyed knitting and told the inspector about plans to knit a large quilt for a local charity. An activities assessment was carried out with each resident and an activities plan was developed based on this information. The activities coordinator explained that she also developed a programme of activities for residents who were unable or declined to participate in group activities. Individual activities included pet therapy, hand massage and nail care. A number of residents were accompanied outside to enjoy the fine weather on the day of inspection.

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:

No actions were required from the previous inspection.

Inspection findings

The premises were maintained to a good standard and were found to be clean and hygienic.

The provider had made a number of improvements to the building since the previous inspection. Three multi-occupancy rooms which formerly contained three beds had been reduced to twin rooms in order to comply with the requirements of the Regulations and Standards. New ensuite facilities had been provided in four bedrooms. The inspector noted that these ensuite facilities had been finished to a high standard and an accessible shower had been provided in two of them. There were two remaining multi-occupancy bedrooms, one room for three residents and

one room for four residents. The inspector found that these rooms did not meet the requirements of the Regulations and Standards. However, the provider had consulted an architect and had a plan in place to commence renovation works and address the remaining rooms in advance of 2015.

The centre is located in a period property and is spread over three levels. Bedrooms are located on all three floors and bedrooms on the upper two floors were accessible by means of a stair-lift. As part of the renovation works the provider was also planning to improve accessibility and install a passenger lift to all floors.

The inspector visited a number of other bedrooms and found them to be clean and well maintained. Rooms were provided with suitable lighting and call bells which were within easy reach. The inspector was satisfied that there was suitable and sufficient communal space for residents. There was a large sitting room, a dining room, sun room and two smaller sitting rooms for residents who preferred this. There were a sufficient number of wheelchair accessible toilets, showers and baths for use.

A safe and secure patio garden was available to residents to the rear of the building. Garden furniture was provided as well as raised flower bed to facilitate residents who had an interest in gardening.

The inspector found that the premises and equipment were maintained in good order. A maintenance person was employed and the documentation showed that equipment such as beds, pressure relieving mattresses and hoists were regularly serviced.

Provision for storage was found to be adequate and it was noted that assistive equipment such as hoists, specialised beds, mattresses and chairs were appropriately stored and did not hinder the movement of residents at the time of inspection.

The inspector visited the laundry and found that, although small, it was clean and well organised and systems were in place to promote infection control.

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

Outcome 13
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Action required from previous inspection:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Inspection findings

There was evidence of good practice in the area of complaints management however, the centre's complaints procedure, which was displayed, did not comply with the Regulations and did not guide practice in this area. The complaints procedure did not clearly identify the complaints officer and the process for handling complaints and dealing with appeals. The person in charge demonstrated a positive attitude towards complaints. The complaints log was read and the inspector found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation.

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 required from previous inspection:

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

Inspection findings

The inspector found evidence of good practice in relation to the level of staffing and skill mix however; some improvements were required with regard to the maintenance of recruitment documentation.

There was 24-hour nursing cover. In addition to the person in charge one nurse and three healthcare assistants were providing care to 19 residents on the morning of inspection. Residents, staff and relatives stated there were adequate numbers of staff on duty.

The previous inspection found that adequate policies and procedures relating to the recruitment, selection and vetting of staff were not in place. The inspector found that this matter had been addressed and a comprehensive revised policy was in place. The previous inspection also found that all required recruitment documentation was not in place on staff files. This inspection found that this matter had not been addressed in full as evidence of physical and mental fitness was not in place for a number of staff in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. The records showed that a range of training had been provided since the previous inspection and this included nutrition, behaviours that challenge, medication management and cardio pulmonary resuscitation (CPR). Staff members stated to the inspector that they were supported to attend any relevant training. A system of annual staff appraisals was also in place and the inspector saw evidence of this on the staff files.

No volunteers were working at the centre at the time of inspection. However, the person in charge was aware of the need to maintain documentation for volunteers including evidence of Garda Síochána vetting and written agreement of roles and responsibilities.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

11 July 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Bray Manor Nursing Home
Centre ID:	0018
Date of inspection:	9 July 2013
Date of response:	31 July 2013

Requirements

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

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: The contracts of care did not include details of the fees and the services provided.
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information

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

Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The schedule of fees will be included in all contracts of care and will be audited by the provider to ensure compliance.	30 September 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

The provider did not demonstrate that the maintenance of the fire detection system and the emergency lighting system was carried out at the appropriate frequency.

The safety arrangements for residents who smoked, as outlined under outcome seven, required improvement.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Action required:

Make adequate arrangements for the maintenance of all fire equipment.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have a maintenance contractor in place with suitably qualified contractors and tests are carried out at appropriate intervals. We will ensure that the contractors will supply the provider with appropriate records. We have already consulted with fire and safety consultants, who will develop a comprehensive risk assessment for smokers, and this will be implemented by the end of August and reviewed and audited by the end of September. Also, the assistance and supervision required by each smoker will	30 September 2013

be reflected in their own individual care-plans, within the same time-frame.	

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Practice in relation to the transcribing of medications and crushed medications required improvement. The medication management policy did not guide practice in relation to crushed medications.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The required actions in relation to medication management have been addressed by the PIC, in conjunction with the pharmacist, and our new system will be implemented on 6 August 2013. The policy on transcribing of medication will be reviewed by the multidisciplinary team at the next clinical meeting, which takes place in two weeks.	30 September 2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider and person in charge are failing to comply with a regulatory requirement in the following respect: All resident's identified needs were not addressed in the care planning documentation. The policy on behaviours that challenge was not sufficiently detailed to guide

practice.
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.
Action required: Put in place all of the written and operational policies listed in Schedule 5.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We are delighted that the inspector has acknowledged the high standard of care-planning in the report. The area referred to requiring improvement, was in regard to two wounds, documented on the same treatment sheet. This area has been addressed & in-line with best practice and procedure, all wounds will in future be documented separately. We have developed person-centred care-plans, addressing all areas of ability and dependency of our resident's, and all appropriate assessments are carried out at regular intervals.	30 September 2013

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect: The complaints procedure was not in compliance with the Regulations. The process for handling complaints and the appeals process was not clearly described.
Action required: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care

and treatment provided in, or on behalf of a designated centre.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The complaint procedure policy as displayed in the home presently will be amended to ensure compliance.	30 September 2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider and person in charge is failing to comply with a regulatory requirement in the following respect: All required recruitment documentation was not maintained on staff files.
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.
Reference: Health Act, 2007 Regulation 16: Staffing Regulation 18: Recruitment Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The provider and provider's assistant will conduct an audit on all staff files, and will ensure that all documentation is in order. All staff have been garda vetting and references are obtained prior to employment commencing.	30 September 2013