

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brooklodge Nursing Home
Centre ID:	ORG-0000324
Centre address:	Ballyglunin, Tuam, Galway.
Telephone number:	093 32 944
Email address:	info@brooklodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Michael Moran
Provider Nominee:	Michael Moran
Person in charge:	Ann Cummins
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	40
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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 April 2014 11:00	08 April 2014 18:00
09 April 2014 09:30	09 April 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

As part of the inspection the inspector met with resident, relatives and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed satisfaction questionnaires submitted to the Authority by relatives and residents and these indicated a high level of satisfaction with the service provided.

Since the last inspection the management team had been working to improve the standards of safety and care and also the physical environment to increase levels of comfort for residents.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioners and healthcare services.

Residents were supported to practice their religious beliefs as they wished and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean and comfortably furnished and residents had access to a safe and secure outdoor area. The person in charge had robust fire safety measures in place.

Some improvement however, was required to the abuse policy, medication management, documentation of bed rail assessments and the statement of purpose. The person in charge and provider stated at the feedback meeting that the issues outlined would be addressed.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a statement of purpose, which reflected the service being provided in the centre and was generally in line with the requirements of the Regulations. The statement, however, did not contain some of the requirements of Schedule 1 of the Regulations and required some further development. For example, the organisational structure of the centre was not clearly indicated and the staffing compliment for the management of the centre was not given by grade.

Outcome 02: Contract for the Provision of Services

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge stated that each resident had a contract of care. The inspector read a sample of the contracts which were appropriately signed and agreed. The contracts were in line with the requirements of the Regulations and outlined the services which residents would expect to receive and identified what was not included in the fee.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. She had completed courses in gerontology and management. Since the last inspection the person in charge had participated in a range of training courses including challenging behaviour, risk management, restraint management and dementia care and she also attended a recent information day on thematic inspections. In addition, she stated that she also kept her knowledge up to date by reading professional journals and publications.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

During the inspection, the inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents, medical and nursing records and staff recruitment documentation. The documents viewed were informative and

generally in line with legal requirements. However, some improvements were required to the abuse policy, medication policy and the documentation of bed rail assessments. These are further discussed in outcomes 6, 8 and 11 of this report.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority if the person in charge was to be absent for an extended period.

A senior staff nurse, who was suitably qualified for her role, deputised for the person in charge in her absence.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to protect residents from being harmed or abused. They had arranged training in detecting and reporting elder abuse and all staff had received this training. Staff who spoke with the inspector were clear on what constituted abuse and were aware of their responsibility to report any suspicion of abuse. The person in charge and provider were clear on the management and investigation of allegations of abuse. There was a policy on the management of abuse

which required some further development as it did not provide clear guidance on reporting and investigating allegations of abuse.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The management team had put measures in place to protect the safety of residents, staff and visitors to the centre. There was a health and safety statement and a risk management policy in place. The policy outlined a range of risks in the centre and clearly covered the precautions in place to control all specified risks as required by the Regulations such as the unexplained absence of a resident and the arrangements for identification, recording, investigation and learning from serious incidents. The person in charge had recently attended risk management training. As a result of this a risk management team had been developed, which included a representative from each department of the centre, such as care, maintenance and housekeeping staff, caterers and nurses. The first meeting of the team had taken place, at which the risk register had been reviewed and additional risks and their control measures had been identified.

The maintenance person carried out a range of regular safety checks throughout the building to reduce risks to residents and staff, such as weekly checks of beds, mattresses, water temperatures and the sewage treatment plant. In addition, regular servicing of equipment, such as hoists, chair weighing scales and the central heating boiler were being undertaken.

The provider had prioritised the safety of residents in the event of fire. Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Monthly fire drills were held in the centre and the manager ensured that all staff had participated in fire drills and continued to do so on a regular basis. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. Fire extinguishers were serviced annually and fire alarms were serviced quarterly. There were records to

indicate that weekly checks of automatic door releases, fire alarms and emergency lighting were being carried out by the maintenance person. Daily checks of escape routes were also undertaken.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation and transport arrangements.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents and the inspector observed staff using appropriate manual handling techniques while assisting residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on corridors to promote independence. The environment was clean and there was a robust, colour coded cleaning system in place. There were ample supplies of hand sanitising gels for staff, residents and visitors to use and staff were well informed of infection control measures.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The processes in place for the management of medication were generally safe, although improvements were required in the management of PRN (as required) medication, identification of medication administration times on prescription sheets and the medication policy.

There was a generally informative medication management policy to guide staff. Since the last inspection the person in charge had revised the medication management policy to include guidance on transcribing, administration of covert medication and the management of medication errors. The policy, however, did not include guidance on self administration of medication and the guidance on disposal of medication was not clearly documented although there was robust practice in place which staff could explain.

The inspector reviewed the administration of medication. Each resident's medications were stored in individual locked cupboards in their bedrooms, which had been fitted since the last inspection. A copy of each resident's transcribed prescription, signed by the general practitioner (GP) was attached to each administration sheet and nurses administered medication from this. There were colour photographs of residents on the medication charts, which the nurses could check to verify identification if required. There was a nurses' signature sheet available.

The inspector read some of the medication administration charts and found that they were clear and legible. They included the required information such as the dose of medication and the routes of administration. However, on the charts viewed the times of medication administration were not recorded, although the daily frequencies were documented. In addition, the maximum permissible doses of PRN medications were not recorded on the prescription charts.

Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.

At the time of inspection none of the residents self administered their medication or required their medication to be administered crushed.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

The inspector reviewed the practice in relation to recording and notifications of accidents and incidents and found that it was well managed.

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

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were systems in place to identify trends, to inform the introduction of preventative measures and to develop improvement of practices. The person in charge carried out reviews of care practices, including care plans, pressure ulcers, food and nutrition, privacy and dignity, residents' records and falls. Any areas for improvement identified in these audits were addressed and additional staff training had been organised as required. For example, the person in charge identified continence care as an area for further improvement and continence training for residents and staff had been scheduled in the training plan. The resulting levels of compliance had increased during the last two audit cycles.

Quarterly medication management audits had been undertaken by the pharmacist. These audits indicated a high level of compliance and any issues identified had been addressed. In addition the person in charge carried out reviews of medication charts approximately fortnightly.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

The inspector found that the health care needs of residents were well met, although some improvement was required in the documentation of restraint assessment.

All residents had access to GP services and could choose to retain their own GP if they so wished. Many of the residents were from the local area and had retained their own GPs. The inspector reviewed the medical files and found that GPs reviewed all residents regularly.

Residents had access to a full range of health care services, including speech and language therapy and occupational therapy which were included in the fee. Chiropody, optical, dietetic, dental and psychiatry services were also available. The provider supplied a weekly physiotherapy group service for residents which was included in the fee and the person in charge arranged individual physiotherapy appointments for residents as required. Recommendations from healthcare professionals were recorded in residents' files and their recommendations were incorporated into residents' care plans.

The inspector viewed a number of residents' files and found that they were completed to a high standard. The files were person centred and included personal information about the residents such as important dates and times in their lives, memories of childhood and earlier life, their families and their likes, dislikes, preferences and interests. Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, wound care, risk of developing pressure ulcers, behaviour that is challenging and mobility issues and found that they were completed to a high standard. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care requirements.

Some residents used bed rails while in bed although no residents used lap belts while seated in their chairs. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. Consultation between nursing staff, GP and residents or relatives prior to the use of bed rails was recorded on all files. However, the documentation of bed rail assessments was not consistently in line with the centre's policy on restraint management. Some bed rail assessments had not been reviewed three-monthly. In some assessments there were no records that other options had been explored before implementing this practice, although staff who spoke with the inspector could explain the options that had been considered and why they had not been deemed appropriate.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The building was constructed and maintained to a high standard, was comfortably and tastefully furnished and was clean, bright and spacious with ample communal space for residents. All bedrooms had en suite facilities and there were sufficient additional bathrooms available to residents. There was a well tended garden and an enclosed outdoor area, as well as secure enclosures for animals, such as hens and ponies. Residents were using the outdoor spaces during the inspection. The provider showed the inspector plans for a new gazebo which was being constructed in the enclosed court yard. It was his intention that this feature would be completed and officially opened at a forthcoming family day in June.

Since the last inspection the provider had carried out further improvements to the centre. All armchairs were being reupholstered on a phased basis and many had already been completed to a high standard. Existing televisions in bedrooms were being replaced with larger screen televisions for any residents who wanted one. Key pad locking systems had been fitted on any rooms where risks had been identified, such as sluice rooms. The provider had purchased an organ for the oratory and had constructed timber fencing and planting boxes to screen off the outdoor utility area. The provider and person in charge had also been working together to increase the homeliness of the centre and create a more domestic and person centred atmosphere. To achieve this, the provider had acquired additional pictures, paintings and shelving units to display ornaments and photographs and these were displayed throughout the building. Photographs of outings attended by residents throughout the year were also displayed in prominent areas and spring flower arrangements were evident throughout the building. Facilities to make tea, coffee and refreshments had been provided in the visitors' room and could be accessed by visitors and residents. The provider had also completed a 'relaxing room', which could be used by all residents, but was particularly designed for residents with dementia. This room contained items of interest to residents, including pictures, flowers, a rummage box and a display of old Irish money.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management. There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was displayed in the reception area. The person who was responsible for ensuring that all complaints were appropriately responded to was identified in the complaints policy and carried out regular reviews of the complaints register.

The inspector viewed the complaints register and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for residents at end of life was regarded as an important part of the care service provided in centre.

Spiritual care for residents of all denominations could be arranged and the sacrament of the sick was available to any resident who wished to receive it. Staff confirmed that support and advice was available from the local hospice care team. Families could avail

of unrestricted visiting time and were provided with food, snacks and drinks as required. Residents who occupied shared rooms were given the option of moving to a single room available for end of life care.

There were links with the local hospice care team, who offered advice and support as required. There was an end of life resource folder in the centre which contained relevant information and guidance. Staff displayed a recognised symbol in the centre when any resident was nearing end of life.

Palliative care plans had been developed for residents who were at end of life. The person in charge was conscious of the need to discuss end of life wishes with residents and to develop comprehensive end of life care plans. She had organised for all staff to attend end of life training days in July 2014 to develop their knowledge in this area. She explained that, on completion of this training, development of end of life care plans would commence. There was an end of life policy in place.

A relative of a resident who had died in the centre highly praised the end of life care that had been delivered, telling the inspector that the care was 'discreet, kind and caring' and that all medical and personal needs were very well taken care of.

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard and residents told the inspector that the food was always very good and that they were offered choices. Some residents required special or modified consistency diets and these needs were met.

Residents and staff stated that food, drinks and snacks were available at all times, including night time if they were required. There was a menu plan which offered choice at each meal. The menu was displayed in the dining room. The inspector met with the chef who knew all the residents well and was familiar with their likes, dislikes, preferences and special dietary requirements.

Meals were served to residents in the location of their choice. Some residents dined in

the communal areas or in their bedrooms, while the majority preferred to have their meals in the dining room. The atmosphere during dinner was relaxed and unhurried and staff offered encouragement and assistance as required.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

During previous inspections inspectors found that residents' privacy, dignity, autonomy and religious rights were supported. During this inspection this continued to be evident.

The inspector was satisfied that each resident's privacy and dignity was respected. Many of the residents occupied single rooms but in rooms which were shared screening curtains were fitted around beds to provide privacy as required. Each resident had his/her own individual toiletries. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred names.

Residents' civil and religious rights were respected. Roman Catholicism was the only religion being practised in the centre at the time of inspection, but the person in charge said that residents from all religious denominations would be supported to practice their religious beliefs as required. Mass took place in the centre twice each month, once on a Sunday and once on another weekday. There was also a link to the local church by which Mass could be viewed on television. The Sacrament of the Sick was administered each month or as required. There was Adoration in the oratory every Friday and a group of residents had set up a rosary group which met each evening in the oratory. The person in charge had made arrangements for in-house voting, and stated that all residents were offered the opportunity to vote.

A residents' committee had recently been formed and the residents had named the group 'the friendly advocacy group'. The group planned to meet once a month. The inspector read the minutes of the initial meeting and noted that residents had made suggestions about activities and outings and these were being taken seriously by the person in charge. In addition to the residents' group, residents had the opportunity to

regularly discuss their wishes and suggestions with the person in charge, the provider and the activity co-ordinator.

The provider, person in charge and activity coordinator promoted links with the local community. Staff sometimes brought residents out in the community and since the last inspection had brought groups of residents for outings to Knock, Ashford Castle and recently, to the Saint Patrick's Day parade in Abbeyknockmoy. A video of the parade had been made and had been shown to residents who did not attend. Staff also brought some residents out to a nearby town for shopping and coffee each week and some residents attended a day centre weekly. In addition, staff strived to ensure that residents had an interesting day and arranged a range of meaningful occupation, including recreation suited to residents with dementia and cognitive impairment. For example, one resident fed the hens and collected the eggs each day, while another liked to help set the tables in the dining room for lunch. Some residents had their own 'indoor gardens', which they looked after and other residents were involved in gardening outdoors during the summer. There was also a variety of activities available to residents each day, including light exercises, crafts, hand massage, skittles, bingo, music sessions, knitting and interactive games, such as word search. One of the activity co-ordinators had published a reminiscence magazine, which included articles on the history of the area, pictures on old style furniture and artefacts, photographs of residents and tributes to deceased residents. In addition, the provider had organised for an artist to come to the centre every two weeks to work with the residents and together they had published both a book and a calendar, featuring the residents' artwork.

A family day was scheduled to take place at the centre in June 2014, which would include entertainment and a barbecue, and would be attended by residents, staff, relatives and members of the local community. The provider explained that a staff member had suggested that a memorial to deceased residents of the centre be developed. As a result a Garden of Remembrance was being made in the grounds at the front of the building. The provider intended to invite relatives and friends of deceased residents to the forthcoming family day in June when their loved ones would be commemorated. It was planned to plant an oak tree in this garden during the family day in memory of the deceased residents.

Residents' independence was promoted by staff. The inspector saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.

Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a private visiting room. There were facilities for visitors to make refreshments as required.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of residents' clothes which were labelled discreetly to ensure that they were not mislaid in the laundry process. Feedback from residents and relatives indicated that there was a good system in place for managing residents' laundry and that clothing was not mislaid.

At times the management team held some residents' property or valuables for safekeeping. There was a secure and transparent system for recording money or valuables received for safekeeping and money returned to residents. These transactions were clearly recorded and signed by either the resident and/or their next of kin and witnessed by two staff members. There was a locked space available for the storage of valuables.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, there was an adequate number of staff on duty throughout the day and a review of staffing rosters indicated that this was the normal staffing level. Residents' dependency levels were assessed using a validated tool and the person in charge used this to inform appropriate staffing levels. There were two nurses on duty each day and evening, with seven care staff in the mornings and six in the afternoons and evenings. There were two catering, two housekeeping and one laundry staff on duty daily. There was an activity co-ordinator on duty for four hours daily, and there was a part time maintenance person. In addition, the person in charge and manager worked in the centre each weekday. The provider also visited the centre regularly and was well known to the residents. Residents' and relatives' feedback indicated that there was always enough staff on duty and that they were satisfied with the level of care provided by staff.

The inspector read a sample of staff files, which were in line with the requirements of the regulations and contained the required information, such as evidence of mental and physical fitness, photographic identification, three references and Garda Síochána vetting. There was a staff recruitment policy in place.

Training records indicated that staff had attended a variety of training in addition to mandatory training. The inspector read the training plan for 2014 and found that a range of training had been provided to staff including medication management, risk assessment and management, food fortification, laundry training, infection control, restraint management and dementia care. The person in charge had also scheduled for staff to attend training in cardiopulmonary resuscitation, continence management, elder abuse and nutrition later in 2014.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Brooklodge Nursing Home
Centre ID:	ORG-0000324
Date of inspection:	08/04/2014
Date of response:	12/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain some of the requirements of Schedule 1 of the Regulations and required some further development.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The organisational structure of the centre is clearly indicated and the staffing compliment for the management of the centre is given by grade in the Statement of Purpose. The Statement of Purpose contains all of the requirements of Schedule 1 of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Regulations.
- Completed

Proposed Timescale: 12/06/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The policy on the management of abuse required some further development as it did not provide clear guidance on responding to allegations of abuse.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

The abuse policy has been updated to provide clear guidance on responding to allegations of abuse. The policy is clear on the procedures for the prevention, detection and response to abuse. All staff have read and signed that they have read the updated policies.

- Completed

Proposed Timescale: 12/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The medication management policy did not include guidance on self administration of medication and the guidance on disposal of medication was not clearly documented.

The times of medication administration and the maximum permissible doses of PRN medications were not recorded on the prescription charts.

Action Required:

Under Regulation 33 (1) you are required to: 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.

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

The medication management policy has been updated to include guidance on self-

administration of medication and guidance on disposal of medication. The maximum permissible doses of PRN medications are recorded on the resident's prescription charts and the times of medication administration are now recorded. All staff have read and signed that they have read the updated policies.
- Completed

Proposed Timescale: 12/06/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The documentation of bed rail assessments was not consistently in line with the centre's policy on restraint management. Some bed rail assessments had not been reviewed three-monthly and in some assessments there were no records that other options had been explored before implementing this practice.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

All bed rail assessments have been reviewed and will be reviewed three monthly in the residents individualised care plan. In all bed rail assessments there are now records of other options that have been explored before implementing the use of bed rails.
- Completed

Proposed Timescale: 12/06/2014