

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Brookhaven Nursing Home
<b>Centre ID:</b>	ORG-0000207
<b>Centre address:</b>	Donaghmore, Ballyraggett, Kilkenny.
<b>Telephone number:</b>	056 883 0777
<b>Email address:</b>	info@brookhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Brookhaven Nursing Home Limited
<b>Provider Nominee:</b>	Gearoid (Gerard) Brennan
<b>Person in charge:</b>	Bernadette Brennan Fennelly
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	0

## **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:
17 June 2014 10:00	17 June 2014 17:00
18 June 2014 09:45	18 June 2014 15:00

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**

This registration renewal inspection was the seventh inspection of this centre. The last inspection took place on 4 June 2013. Matters arising from the previous inspection (five action plans) were satisfactorily addressed by the provider. Overall, the inspector found evidence of a commitment by the person in charge and staff to continually work to meet the requirements of the regulations.

During this inspection, the inspector met with some residents, relatives and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' nursing care plans, residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files. As part of this renewal process the inspector met with the nominated

provider, person in charge and members of the management team who all displayed a good knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents.

The Authority was also in receipt of unsolicited information which was explored during the inspection. The inspector observed practices and reviewed documentation in relation to the unsolicited information such as care plans, management of complaints, medical records, policies and procedures. Following observation, discussion with the management team and review of documentation the inspector was satisfied that the information received by the Authority was not supported.

There was evidence that residents received overall a good standard of care, they had access to medical and allied health professionals. Staff knew the individual resident's needs well and residents had opportunities to partake in a variety of stimulating and meaningful activities. The centre was decorated to a high standard, well maintained warm and comfortable.

A number of questionnaires from residents and relatives were received prior to and during the inspection. The inspector spoke to some residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with residents and relatives stated they are welcomed at any time.

Residents spoken with stated "they felt well looked after" and confirmed that they felt safe in the centre due to the continued presence of staff. They were positive in their comments regarding the care they received.

The inspector found two aspects of practice that needed improvement. These included updating the directory of residents to comply with the regulations and evidence of consultation with resident/relatives in relation to their plan of care.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. The ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care as observed by the inspector.

The statement of purpose had been reviewed and included the registration date, number, expiry date and it included the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 as required by legislation.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector viewed a sample of the contracts of care. The contracts were adequate, and stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She had attended mandatory training required by the regulation in fire evacuation, safe moving and handling of residents and adult protection.

She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

There was an organisational structure in place to support the person in charge. The deputy director of nursing deputises in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose. All information requested by the inspector was readily available. The nominated provider also attends the centre routinely and is actively engaged in the governance and operations of the centre.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

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) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records were seen to be maintained and stored in line with best practice and legislative requirements.

There were copies of the Residents' Guide available in the centre and they included all of the required information. However, there was one non-compliance in relation to the directory of residents as it did not contain the gender of residents as required by the regulations.

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).

**Judgement:**

Non Compliant - Minor

***Outcome 05: Absence of the person in charge***

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

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

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

**Judgement:**

Compliant

***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

<p><b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector viewed the training records and found that all staff had up to date training in adult protection. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Staff knowledge reflected the information in the policy and the reporting and investigation process.</p> <p>Staff demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse in the centre.</p> <p>The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector and found to be in accordance with best practice. There was a written policy on residents' personal property and possessions and an inventory list was maintained of each person's personal items.</p>
<p><b>Judgement:</b> Compliant</p>

***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

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Overall, practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. A health and safety statement was available and was dated May 2014. The emergency plan in place was comprehensive to guide staff in responding to untoward events and outlined clear procedures to follow in the event of emergencies. Relocation arrangements were provided for should it be deemed necessary to evacuate. Staff roles and responsibilities were defined.

There was an organisational risk policy and a risk register in place which had been reviewed in April 2014. Risk assessments included an environmental and clinical identification and assessment of hazards throughout the centre. Controls were specified and rated to minimise risks for the care environment, communal areas, catering area and the external grounds. The premises were designed to meet the needs of dependent

older people. Core systems to maximise safety were provided.

An example of systems in place for the management of a range of risk situations included:

- handrails were provided on both sides of the corridors throughout the building
- entrance and exit doors were ramped ensuring ease of access for residents with mobility impairment
- floor covering in bedrooms and communal areas was safe
- the temperature of hot water was controlled to minimise the risk of scalds
- there was a service maintenance contract in place, which covered breakdown and repair for all beds, air mattresses and other equipment, used by residents
- access to the cleaning room was restricted in the interest of safety to residents and visitors
- there was a food safety system in place
- there were procedures in place for the prevention and control of infection and hand gels were located around the building
- a risk assessment was completed for all residents who smoke to ensure they were safe to smoke independently and fire retardant aprons were available for those identified at risk.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Procedures to guide staff actions in the event of violence, aggression and self harm and assault were included in the policy. Staff were observed taking appropriate measures in relation to hand hygiene. On visual inspection the centre was clean and there were arrangements in place for the management of clinical waste.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority. Records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date. Records of the maintenance of equipment were recorded at appropriate intervals. Training records confirmed that all staff had up-to-date training in fire safety and prevention. All staff spoken with were very clear about the procedure to follow in the event of a fire. Fire drills including evacuation were conducted on a six monthly basis.

The inspector viewed evidence that staff were trained in the safe moving and handling of residents. A moving and handling assessment was available for each resident in files reviewed. The inspectors observed safe moving and handling practices during the course of the inspection.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incident and near miss events were recorded which were reviewed by the person in charge. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the GP and next of kin had been contacted. Falls were investigated and preventative strategies were put in place to minimise the risk of reoccurrence. Any falls resulting in serious injury were reported to the Authority since the last inspection.

A maintenance log was maintained to report any faults noted on a day-to-day basis such as call bells, lighting were promptly attended to by a maintenance person. Close circuit television was positioned in corridor areas helping to maintain the safety of the residents. It did not impinge on the privacy and dignity of residents.

**Judgement:**

Compliant

**Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector observed one of the nursing staff on part of their medication round during lunch time and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents and disposal of unused or out-of-date medicines.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), short-term and regular medication. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time frames. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation.

There were written operational policies relating to the ordering, prescribing, storing and administration of medications. A system was in place for the handling of medicines, including controlled drugs. Appropriate procedures were in place for the handling and disposal for unused and out-of-date medicines.

Audits of medication management had taken place, the most recent was in April 2014. There was evidence of good support from the pharmacist in relation to audits, medication reviews, supply and stock control. Regular medication reviews took place in

conjunction with the GP, pharmacist and nursing staff. This was evidenced by reviewing charts and reasons for medication changes were outlined. Nursing staff had received medication management training as observed by the inspector.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed records of accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. Satisfaction surveys had been completed in 2013 and the collective feedback indicated satisfaction with the care and services provided. The inspector saw that a further survey was to be carried out later this year. Views are also sought through the residents' committee and the inspector met with the residents' advocate during the inspection.

Data was collected on a number of key quality indicators such as accidents/incidents,

medication management, complaints, hand washing, care plans, food and nutrition. There was sufficient emphasis on falls prevention as a result of the data collected on falls and where trends were identified these were relayed to staff and strategies implemented such as sensor mats and low low beds.

**Judgement:**  
Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The centre can accommodate a maximum of 55 residents who need long-term care, convalescent or palliative care needs. There were 54 residents in the centre at the time of inspection. All residents were accommodated on a long-term basis.

An electronic system for the management of resident's records was in place. The inspector saw that residents' care plans were person-centred and reflected each resident's individual needs. The arrangements to meet residents' assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example, vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure ulcers, moving and handling assessments and dependency levels. There was a record of the resident's health condition and treatment given completed daily. Care plans had been developed for all identified risks. These assessments were being regularly reviewed and used to plan care.

Each resident had a care plan completed in the sample reviewed there was evidence care plans were updated at the required three-monthly intervals or in a timely manner in response to a change in a resident's health condition. Staff demonstrated good knowledge and understanding of each resident's background. However, there was limited evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

The healthcare needs of residents were met. Residents had good access to medical and

allied healthcare. The centre had sufficient medical cover and staff confirmed that out-of-hour services were adequate and responsive. Review of residents' medical notes showed that medical staff visited the centre regularly. The sample of records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals. There was evidence of referral to allied services such as speech and language, physiotherapy. The chiropodist attended the centre routinely.

The local palliative care team provided support and advice. There were no residents receiving palliative care at the time of this inspection. There was a policy on restraint which was evidence based. The inspector reviewed a sample of assessments that underpinned restraint practice. Restraint measures in place included the use of bed rails. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. A restraint register was maintained to record the times the restraint measure was applied and released.

The inspector found that there were several opportunities for residents to participate in activities appropriate to their interests and capacities. One resident left the centre on the day of the inspection to attend a local day care centre. Residents spoken with said they enjoyed their day. Inspectors saw residents engaged in a range of activities. There was an activity coordinator employed 27 hours per week. Residents were facilitated to practice their religious beliefs. An oratory was available for use by residents. Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage.

**Judgement:**

Non Compliant - Minor

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The premises remains fit for its stated purpose. The centre was observed to be bright, furnished to a good standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. Bedroom accommodation consists of 47 single en suite rooms and four double en suite rooms. There were appropriate beds and mattresses to meet residents' needs. The design and layout of the single and double bedrooms provides sufficient space and bedroom furniture for each resident.

There is a large main dining room and an assisted dining room, three day rooms, two visitors rooms, conservatory, activities room and an oratory. A smoking room, two clinical rooms and a hairdressing room is also provided. Two nurses' stations, administrative offices, suitably equipped kitchen and laundry complete the accommodation. There were suitable facilities available for staff which included a staff learning centre which was well resourced and a staff dining room.

There were four enclosed courtyards with seating available for residents. The premises and grounds were well-maintained. A maintenance person was employed. There was appropriate assistive equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. Hoists and other equipment were all maintained and service records viewed by the inspector were up-to-date.

**Judgement:**  
Compliant

***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

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector reviewed the complaints policy and procedure and noted it contained all the requirements of the regulations. The complaints procedure was displayed and prominently visible as required by the regulations.

A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded was identified. An independent appeals process if the complainant was not satisfied with the outcome of their complaint was outlined. Timescales to investigate and respond to a complainant were included in the procedures reviewed.

The inspector viewed the complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

**Judgement:**  
Compliant

**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

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up-to-date, robust and comprehensive. There was evidence that residents' received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care.

Religious and cultural practices were facilitated. Residents had the opportunity to attend many religious services held in the centre as observed by the inspector. Residents had access to ministers from a range of religious denominations should these services be required.

The inspector reviewed a sample of palliative care plans and end of life wishes which were detailed. The inspector observed that there was evidence of engagement or consultation regarding spirituality and dying. Staff training records indicated that training had been provided in end of life care and further training was planned.

The inspector saw that information was available that upon the death of a resident, his/her family or representatives were offered practical information (verbally and in writing by means of a leaflet) on what to do following the death and on understanding loss and bereavement and this also included information on how to access bereavement and counselling services.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had a majority of single bedrooms with four two-bedded rooms. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was ample provision of private sitting spaces, sitting rooms and a conservatory. Overnight facilities for families, were available.

There was a protocol for the return of personal possessions as outlined in the end of life care policy.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. Residents confirmed that they enjoyed the food and spoke highly of the catering staff.

There were two sittings for meals and staff were seen to assist residents who required assistance discreetly and respectfully. The inspector saw that particular care was given to the presentation of meals that required an altered consistency. Staff confirmed that they had attended training on this. In addition an outside company had come in to the centre to provide hands on training to staff on the use of food thickeners and the appetising presentation of altered consistency meals.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit and fresh vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. There was a chilled water dispenser in the main foyer which the inspector observed residents using regularly.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector noted that following residents' meetings described under Outcome 16, suggestions made relating to meals had been acted upon. An audit had been carried on food and nutrition in January 2014 and this was supported by the complaints log which

did not include any concerns with regard to food.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered. The manner in which residents were addressed by staff was seen to be appropriate and respectful. Residents had the option of a personal phone in their bedroom allowing for privacy in making and receiving phone calls.

The centre operated an open visiting policy. Residents commended staff on how welcoming they were to all visitors. There was ample private space available for residents to meet with their visitors in private.

The residents' committee was active and the inspectors saw minutes of the residents' committee meetings. Residents told the inspector that they could bring issues to the residents' meetings and felt that action would be taken to resolve any issues identified. The inspector spoke with the residents' advocate who was available to assist residents who required support.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Satisfaction surveys had been completed in 2013. There was a suggestion box located in the main entrance.

Links were maintained with the local community through visitors coming in, and through many staff who are from the locality bringing news into the residents. Residents had access to radio, televisions and newspapers. Photographs of annual themed parties were on display throughout the centre.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific policy on residents' personal property and possessions. There were inventory's in place of individual resident's clothing and personal items.

Laundry facilities were on-site; they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing. Procedures were in place for the safe return of residents' personal clothing items. The staff member with the primary responsibility for laundry was knowledgeable about appropriate procedures in regard to infection control.

The inspector saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own pictures and photographs. Ample storage space was provided for clothing and lockable space was also provided.

Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

**Judgement:**

Compliant

**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

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector reviewed staffing rosters and was satisfied by observing practice, reviewing the rota and taking account of the resident profile, the numbers of staff on duty and skill mix were adequate to meet the needs of residents on the days of the inspection. Staff displayed good knowledge of residents' needs, their likes, dislikes and preferences to the inspector.

Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were regular handovers between staff each day to ensure good communication and continuity of care from one shift to the next. Communication diaries which gave direction on clinical care needs of residents were available at each nurses station.

There was evidence of safe staff recruitment practices There was a policy for the recruitment, selection and vetting of staff. Three staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for registered nurses. All registered nurses had up-to-date registration. There was a training matrix available which conveyed that staff had access to ongoing education and the range of training provided included medication management, end of life, behaviours that challenge, falls prevention and wound assessment. Statutory training as stipulated by the regulations was up-to-date.

**Judgement:**

Compliant

**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 all the people who participated in the inspection.

***Report Compiled by:***

Ide Batan  
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 report<sup>1</sup>

<b>Centre name:</b>	Brookhaven Nursing Home
<b>Centre ID:</b>	ORG-0000207
<b>Date of inspection:</b>	17/06/2014
<b>Date of response:</b>	30/06/2014

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

**Theme:**

Leadership, Governance and Management

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

The directory of residents did not contain the gender of residents as required by the Regulations.

**Action Required:**

Under Regulation 23 (1) you are required to: Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.

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

The entry of male/female into the register has been completed and will continue for all residents.

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

**Proposed Timescale:** 30/06/2014

**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:**

There was limited evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

**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:**

The issue of limited evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed and updated was principally down to the fact that the care planning system is IT based. This gap will be rectified in the coming weeks in that residents and/or their relatives will henceforth also sign to confirm their agreement with the care plan and this document will be uploaded onto each residents file on the care plan system.

**Proposed Timescale:** 31/07/2014