<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Brindley Manor Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000323</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Letterkenny Road, Convoy, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 91 47000</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:brindleymanor@brindleyhealthcare.ie">brindleymanor@brindleyhealthcare.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>The Brindley Manor Federation of Nursing Homes</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Amanda Torrens</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</td>
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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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 December 2014 08:30  To: 09 December 2014 15:30

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

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection

This inspection was part of a themed inspection programme specifically looking at two areas of care practice end of life care and food and nutrition. The inspection was unannounced. The inspector talked to residents and staff and reviewed documents related to care, medication, risk monitoring when exploring aspects of both outcomes. The personal care and treatment plans for a number of residents were reviewed and the inspector checked the arrangements in place for varied aspects of care including the management of weight fluctuations, swallowing problems and end of life care. Training records, care plans, medication management charts and menus were reviewed. The day to day delivery of care including moving and handling manoeuvres, staff interactions and the service of meals were observed.

The care and treatment plans for residents were based on an initial assessment of their needs and where required subsequently involved a number of healthcare professionals including doctors, nurses, occupational therapists and physiotherapists. For example, where someone had been assessed as being at risk of poor nutritional intake or swallowing problems dieticians and speech and language therapists had undertaken assessments and provided staff with guidance about how this particular care need could be effectively addressed.

The inspector spoke to care and nursing staff and they were clear about the importance of maintaining and respecting resident's dignity and privacy. Staff were observed to treat residents with kindness and respect and residents confirmed that staff treated them well and with dignity and kindness. They were described as “always professional and "will go out of their way to help". Residents were observed to spend time in varied sitting areas or in their rooms during the day. They appeared comfortable and were seated in varied types of chairs and were appropriately
dressed. Staff spoke quietly and clearly when engaging with residents and interacted with them when they met, when providing care and when they entered and left communal areas.

In preparation for the thematic inspection programme providers and persons in charge had the opportunity to attend an information seminar, received evidenced-based guidance and completed a self-assessment in relation to both outcomes. The inspector reviewed the centres policies and analysed surveys that relatives had submitted to the Authority prior to the inspection. The person in charge who completed the self assessment tool judged that the centre had moderate non compliance in relation to end of life and minor non compliance in relation to food and nutrition. Since that assessment was completed there had been further training provided for staff and further work completed on care plans. The inspector’s findings were that there was full compliance demonstrated in relation to end of life care and minor non compliance in respect of food and nutrition. Staff were well informed about nutrition and had good arrangements in place to ensure residents had appropriate diets however the menu options did not indicate that there was a choice available particularly at lunch time although in practice staff did facilitate choices.

The inspector found that staff had made good efforts to ensure the processes in place in relation to both outcomes met the needs of residents and contributed positively to their quality of life. Residents told the inspector that the food was “lovely and varied well each week”, “always well presented” and one resident said “staff will give something else if I don’t like the dinner that day”. They said that the catering staff knew their preferences and prepared food that they liked. Two residents said that care staff took care at meal times to ensure they were served the portion sizes they liked as they did not like large meals.

The inspector found that the food and nutritional needs of residents were effectively addressed. There was timely access to medical care and to allied health professionals such as speech and language therapists and dieticians. The food provided to residents was attractively served. Residents were supported to help themselves as far as possible. There was a focus on maintaining independence at meal times and where assistance was required this was noted to be provided in a way that promoted dignity. The dining room was attractively furnished and the arrangements at meal times were organised to meet the needs of residents.

End-of-life care practices were described by staff and a range of good practices were found to be in place. There were nine questionnaires returned by family members to the Authority that described how they experienced the end of life care provided to their relative. Staff were praised for the welcome they gave family members, for making residents comfortable and the gentle caring way that they attended to their needs. Residents said that staff talked to them about their needs and wishes regularly and one resident described how their end of life care wishes had been outlined to their satisfaction and said that they were confident that staff would carry out the actions they had described in consultation with their families.

The action plan at the end of this report outlines the areas where improvements are required to ensure compliance with the Health Act 2007(Care and Welfare of
Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, the inspector reviewed some of the action plans arising from the registration inspection conducted on 23 October 2013. The actions in respect of medication management and fire signage were reviewed and found to have been addressed.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 08: 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(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
An action plan in the last report outlined that risk management in relation to fire exits required improvement as steps at fire exits had not been highlighted to advise residents, staff and visitors in the event of the building needed to be evacuated. Actions to address this had been put in place and improved signage advised of this hazard.

The sluice area which presented a hazard as it was unlocked during the last inspection was found to be secure.

Infection control measures such as appropriate provision of personal protective equipment were in place. The standard of hygiene was satisfactory in all areas viewed.

The take up for the influenza vaccine was high among residents and staff.

There were sixteen bed-rails in use. These were assessed as necessary based on safety concerns. There were reviewed weekly, a full record for each was in place and there was information for staff on how the equipment was to be used and the safety precautions in place.

**Judgment:**
Compliant

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
There was a policy in place for the management of medication. The inspector found that staff were well informed about the medications in use and safe practices were in place for the ordering, storing and administration of medications.

An action plan in the last report identified deficits in medication management. Transcribed prescriptions were not signed by the nurse transcribers or by a second person who completed a ‘check’ procedure to ensure accuracy of the transcribed document. Inspectors also observed that medications controlled under the Misuse of Drugs Act (1977) legislation which requires documentation by a medical practitioner were transcribed by registered nurses. Crushing of residents’ medications was not consistently prescribed in line with best practice requirements and posed a risk of medication error and injury to residents involved. The inspector found that these matters had been addressed. A review of a sample of four medication record charts showed that controlled medications were now prescribed by doctors, transcribed medication was also signed and where medications were to be administered in crushed format this was prescribed. A list of medication that could be administered safely in this way was available.

Medication is supplied by a local pharmacist to the centre. There was a safe storage arrangement in place including appropriate storage for controlled drugs. These were checked daily by two nurses and the balance recorded. A random check of one item conveyed that the checks were undertaken as outlined and the balance in stock reflected the number in the record.

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

Findings:
The inspector was assured that there were satisfactory systems in place to ensure that end of life care was appropriately and safely managed and that access to specialist support from doctors and palliative care services was readily accessible when required. There was no one in receipt of end of life care when the inspection was completed. A policy was in place to guide staff on varied aspects of care and had been reviewed in November 2014. The document provided appropriate guidance for staff and included indicators that described when end of life care became care of the dying. There was good knowledge conveyed by staff about how to physically and emotionally care for a
Residents’ care records are maintained on a computer programme. A sample was reviewed. Care plans were detailed and included a care plan for end of life care. The inspector saw instances where staff had captured very personal views and wishes of residents in relation to how they wished their end of life care to be managed. For example a resident had clearly stated how he wished his death and burial to be organised including not being buried in a conventional and these details were fully recorded so that the instructions could be followed by family members. Some residents had outlined their wishes to die in the centre and not to have active interventions in the event of their health deteriorating and this was recorded in end of life care plans and in medical records. There were some advanced care directives in place and there was ongoing training being provided for staff on this topic. If residents expressed a wish to return home this was recorded. In practice this had not happened so far but the person in charge said that family members would be supported to achieve this where it was practical to plan for this outcome. Care plans described spiritual care including prayers, sacraments and clergy that residents indicated they would like to have at the time of death. Their wishes to have relatives informed and who they wished to have with them were also outlined. In instances where residents had memory problems or dementia they continued to be consulted in accordance with their cognitive ability and where family members made contributions to end of life care plans these were clearly described.

The inspector noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service and specialist services. Nurses confirmed that there was a good working relationship with the local palliative care service, when required. Documentation indicated that, within the last two years, that of the twenty nine residents who died twenty six had died in the centre. A transfer to an acute hospital was usually due to symptoms that could not be managed safely or an acute episode of illness. There was evidence that medication management was regularly reviewed and closely monitored by the GP, pharmacist and nursing staff. The inspector talked to four residents, in two groups and discussed their care needs and how they were being addressed. Their day to day routines, social activities medical and nursing needs as they described them were captured in their respective care plans. The person in charge and staff on duty were familiar with all residents and were aware of the particular wishes of some residents regarding their end of life care.

Staff were praised by relatives who returned questionnaires to the Authority for their dedication, the comfort they provided for residents and for their support to relatives. Eight responses reflected a high level of satisfaction with the care received and another while satisfied was not as positive in content. The responses commented on the kindness and professionalism of staff, the support provided to family members and how this had helped the family in their bereavement. Some of the comments made included:

“staff were excellent in every way and family were made to feel welcome at all times”
“staff made us comfortable and were in and out regularly” and
“it was a special time and I am pleased he died in peace”.

Relatives also said that they were offered support following the death. Staff training records indicated that staff were involved in regular training on end of life care. Care staff completing Further Education and Training Awards (Fetac) level 5 had
sometimes included a module on end of life care as part of the core modules. Two nurses and six care staff had attended training on palliative care which included pain management, the use of syringe drivers and the control of symptoms such as nausea. Religious and cultural practices were facilitated and residents had the opportunity to attend religious services held in the centre. The centre's policy included guidance for staff on a range of cultural/religious practices and particular activities to be observed at end of life. Family and friends were facilitated to be with the resident approaching end of life and were encouraged to stay as long as they wished. This was confirmed in the questionnaires returned to the Authority.

There were arrangements in place for the return of personal possessions. Family members sometimes wished to pack and organise their relatives' personal property and sometimes requested that staff do this. The person in charge said this was discussed with family members and staff were guided by their decisions. There was evidence in resident's care records that where residents complained of pain that this was being managed appropriately. Specific pain monitoring assessments were undertaken by nurses and these formed part of the initial and ongoing assessment of all residents. Pain relief had been prescribed on a regular and "as required "basis. Relatives indicated that this aspect of care had been well managed at end of life.

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

**Findings:**
The inspector reviewed the person in charge self-assessment questionnaire and the overall judgement of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as having a minor non compliance. Staff that the inspector spoke to were knowledgeable about the contents of the policies around food and nutrition. A random sample of residents’ records was examined and all had nutritional assessments and care plans in place. On the day of inspection, based on the information in records, staff knowledge and the views of residents the inspector judged the centre to have good arrangements in place to ensure appropriate diet and nutrition for residents however a minor non compliance with the outcome measures was judged to be appropriate as there was one main meal described on the menu at lunch time. No
choice was indicated although in practice the inspector found the catering staff did provide a variety of choices as they knew the dishes that some residents did not like and offered alternatives when these were on the menu.

The centre had policies, assessment documentation and information available to guide staff on appropriate standards for food and nutrition. They were comprehensive and provided staff with guidance on the actions to take should nutrition risk become evident from nutrition scores or weight changes. The environmental health officer (EHO) reports were available for inspection and issues raised were addressed.

The inspector observed mealtimes including the service of breakfast, lunch and morning and afternoon tea times. Residents had the option of having their breakfast served in bed, at their bedside or in the dining room and at a time of their choosing. The inspector noted residents coming to the dining room or having breakfast in their rooms at varied times. There were two sittings at main meal times. This enabled staff to devote time to residents who needed assistance and to talk to residents and contribute to the social element of the meal time. Staff were observed to use the time well to chat, have conversations and engage in a relaxed way with residents. The inspector noted that staff numbers were adequate to meet the needs of the residents at mealtimes with several staff available throughout the duration of the meal. Residents were appropriately assisted during meal times. Residents who needed substantial help were supported in a sensitive and appropriate manner. Meals were served to all residents in a timely way and portions and specialist diets were served in accordance with personal choices. Staff described individual preferences such as who liked small portions, amounts of gravy or sauces and drinks to accompany meals. Residents described the meal as “tasty”, “lovely” and “as good as any restaurant”. Meal times were unhurried.

The menu was prepared according to a four week cycle. There was a good variety of dishes for both the mid day and evening meals. Cooked options were available in the evening. On the inspection day the dish at mid day was roast pork with stuffing and apple sauce with vegetable accompaniments of cauliflower, broccoli and mashed potatoes. In the evening there was scrambled eggs, bacon and rosemary potatoes. The inspector spoke to the chef who had worked in the centre for five years. He said that he is informed about specialist dietary needs by nurses and had a list of these requirements. This included twenty normal meals and fifteen meals of varied consistency. Within this there were other restrictions and considerations such as low sugar, low salt and foods that had to be fortified. Five residents required diabetic diets. The timing of meals was satisfactory. Tea was served between 16.00 and 18.00 hours and supper after 19.00 hours. At mid morning and at supper time substantial snacks were provided that included fruit platters, sandwiches, home baked cakes and yoghurts. Juices and fresh drinking water were readily available throughout the day. Residents who wished to keep supplies of food in their rooms had fridges supplied so food could be stored safely. There was evidence that the catering staff sought feedback from the residents with regard to the meals served.

The inspector discussed food and mealtimes with residents and they were complementary about the food on offer in the centre. They said the liked the dining room layout and the two settings at meal times. They liked the layout and the way tables were organised so that they could talk to each other. The inspector saw that there was good space between tables to enable residents with mobility problems and
walking aids to get around without obstruction.

The inspector was informed by staff that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence of assessments and care delivery guidance in residents' care plans. The inspector observed that care was being delivered according to the guidance provided. There was evidence that food choices and preferences, residents experiencing weight loss/gain were discussed at handover meetings and that this information informed residents' care plans, referrals for specialist assessment and changes to their diets.

A sample of medication administration charts reviewed showed that nutritional supplements prescribed by the general practitioner for residents were administered as prescribed.

There was an evidenced based assessment for nutrition completed on admission and this was reviewed at three month intervals or more frequently if residents needs changed. Staff that the inspector spoke to were familiar with the elements of the assessment and how to assess and use the tool. Staff completed a daily record of residents' nutritional and fluid intake/output when there was an indicated need for such records. At the time of inspection a daily record was maintained for seven residents. All records were noted to be fully complete and were used to inform the dietician about nutrition intake. The person in charge and other nursing staff confirmed they were knowledgeable about percutaneous endoscopic gastrostomy (PEG) nutrition systems should these be required but none were in use.

Residents' weights were recorded monthly or more often if there was an indication to do so. Where there was a progressive weight loss referrals to a dietician and speech and language therapist were made. The inspector saw that dietetic instructions for increased calorific intake were being followed with good outcomes. The need for increased calorie intake was communicated to the chef who prepared fortified foods to be served as part of the normal diet and as additional snacks. At the time of the inspection ten residents were being closely monitored and all but one was stable. Residents with diabetes had a care plan to guide their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes.

The inspector was satisfied from observing practice, talking to staff and reviewing records that satisfactory standards to ensure appropriate nutrition were in place.

**Judgment:**
Non Compliant - Minor
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>09/12/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no choice indicated on the menu available at mid day.

Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Since inspection, our catering manager has revised our menu presentation which now clearly indicates and addresses that choices are available at each meal time

**Proposed Timescale:** 30/03/2015