

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Brymore House
<b>Centre ID:</b>	OSV-0000120
<b>Centre address:</b>	Thormanby Road, Howth, Co. Dublin.
<b>Telephone number:</b>	01 832 6244
<b>Email address:</b>	brymorehouse@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Brymore House Nursing Home Limited
<b>Provider Nominee:</b>	Nicola Taylor
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Jim Kee
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	2

## **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: 21 May 2015 09:00 To: 21 May 2015 17:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Non Compliant - Major
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant
Outcome 11: Information for residents		Compliant

**Summary of findings from this inspection**

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes and followed up on one outcome from the last monitoring inspection which took place in January 2014. Sixteen of the thirty six residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre did not have a dementia specific unit, however, most of the residents with dementia were living in the middle floor of the centre.

Prior to this inspection the provider had submitted a completed self- assessment document to the Authority along with relevant polices and inspectors reviewed these documents prior to the inspection. The judgments in the self assessment were similar to the inspection findings. The provider was in compliance with five outcomes. The outcome relating to health and social care was found to be in substantial compliance and a major non-compliance was found under safety and safeguarding because the use of bed rails was not in line with the National Policy..

Inspectors found the centre had a person-centred service and the care needs residents with dementia were met in an inclusive manner. Staff had received continuous training which equipped them to engage with residents and work therapeutically with residents who had dementia. The person in charge was proactive in the creation of an environment which enabled residents with dementia to flourish. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff.

The two action plans at the end of this report reflect where improvements need to be made.

**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 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The wellbeing and welfare of residents with a diagnosis of dementia, alzheimers and those with cognitive impairments were being met. The nursing, medical and social care needs of these residents were met to a high standard.

Residents had access to medical and allied health care professionals of their choose. Most residents had chosen a general practitioner and pharmacist close by to care for them. The centre had access to a newly developed geriatrician lead community outreach team provided by a local acute hospital. In addition, they had access to a community consultant psychiatrist and a specialist psychiatric nurse. There was no delay in referring residents for assessment to any of the allied health care team members. Inspectors saw evidence of referrals made, assessments completed and recommendations made in resident files. The provider sought external companies to come in and routinely assess residents eyesight and dental hygiene/needs. The general practitioner chosen by most of the residents routinely visited the centre twice weekly. There was evidence that all residents had their medical needs including their medications reviewed on a frequent basis. The pharmacist chosen by most residents delivered medications to the centre daily and more frequently if required. The pharmacist also conducted an audit of medication management every three months, recommendations made and actioned as a result of these audits had lead to a marked reduction in the number of medication errors occurring. This was clearly evident as there had been no reported medication errors since November 2014.

Residents had comprehensive assessments completed on admission. These were reviewed on a three monthly basis and those reviewed reflected the residents' needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a three monthly basis. However, care plans were not updated with recommendations by allied health care team members. For example, a dietitian had reviewed a number of residents in April 2015 and although the recommendations made by the visiting dietitian were being implemented there care plans had not been updated to include the recommendations made. There was evidence that residents and their families were involved in the residents care plan.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. They were detailed and included input from both the resident and their family. The provider had built a self contained unit in the garden of the centre, this was for families use when residents were receiving end of life care. It enabled family members to stay close to their loved one without intruding on other residents. Inspectors were informed that one resident's family had recently used it for a number of days when a loved one was receiving end of life care. This resident had died peacefully in the centre.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. The menu provided a varied choose of meals to residents. Inspectors saw that residents were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw this was provided in a quite, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents, there was no segregation of dementia residents even when they sang along to background music while having their lunch. This was seen to work well for all the residents.

Residents had a malnutritional risk screening tool (MUST) completed on admission and this was reviewed three monthly. They were routinely weighted and had their body mass index calculated on a monthly basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt their input was required. Inspectors saw that residents likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

## ***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents with dementia being harmed or suffering abuse were in place. Residents spoken with stated they felt safe in the centre. There was a policy and procedures in place for the prevention, detection and response to abuse. There had been no reported incidences ever from the centre. Staff demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place and all had been garda vetted as were volunteers. Staff did not manage any monies on behalf of the residents and there were no residents displaying behaviours that may challenge.

The use of restraint in the centre had reduced considerably since the last inspection. However, a number of residents with dementia were in bed with two bed rails in use. They had assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded. However, although staff told inspectors these bed rails were being used as enablers, assessments reviewed did not reflect how they were enabling the resident, also records did not reflect if the resident was involved in this decision to use bed rails. Inspectors were told a number of residents had them in use because their relative requested them. However, this practice is not in line with the National Policy on the use of restraint or in line with best practice. Residents with bed rails in use all had a safe environment care plan in place.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as major non-compliant.

**Judgment:**

Non Compliant - Major

***Outcome 03: Residents' Rights, Dignity and Consultation*****Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents' privacy and dignity was respected, including receiving visitors in private. They had access to meaningful activities and had choice in relation to how they lived their life.

Inspectors saw evidence that residents with dementia attended residents meetings,

which took place in the centre on a frequent basis. They contributed at these meetings, requesting activities and meals of their choice and attended appropriate events outside of the centre. For example, residents had requested plants for their garden and tickets to be booked for an upcoming event in the Bord Gais Energy theatre, records showed that a list of plants had then been compiled and given to the gardener to purchase and theatre tickets had been booked as requested.

Residents with dementia had access to advocacy services. Contact details for the national advocacy service were available throughout the centre and an independent advocate came in to meet with residents and to chair the residents' meetings.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to inspectors. Also, inspectors observed that staff including, nurses , care assistants, catering and household staff communicated and treated residents with the utmost respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kind and patient manner.

Residents privacy was respected. They received personal care in their own bedroom or a bathroom which could be locked. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private in two different areas of the centre. All residents had been offered the choice to register to vote and 17 residents had chosen to do so. A number of these residents confirmed they were on the special voting register and they had voted the week prior to this inspection. Residents attended Mass in the church situated close to the centre and members of the Legion of Mary visited residents in the centre. Residents had access to the local and daily newspapers. The centre was alive with both adult and children visiting their loved ones.

There was a wide and varied range of activities available to residents in the centre to choose from. The activities coordinator organised the activities and facilitated residents to take part. She lead some activities and others were provided by external personal who brought activities of interest to residents into the centre. There was no set activities scheduled and this allowed residents to decide what they wanted to do. The coordinator was certified to deliver a number of dementia focused group activities including Sonas and imagination gym a form of meditation. Two other staff were also trained Sonas practitioners.

On the day of this unannounced inspection there were a number of people providing activities to residents. An inspector observed a group of residents including a number with dementia actively participate in the meditation class where they appeared to completely relax into and participated fully in the class. In addition, inspectors spoke with and observed an holistic therapist provide 1:1 massage therapies to residents. They varied from hand, back or limb massage pending residents preference. One resident resting in the sitting room was observed having a hand message and judging from her facial expressions it was evident she was throughly enjoying the therapy being provided. The therapist confirmed she attended the centre one full day per week to provide residents with this therapy. After lunch a mobile farm came into the centre with a number of animals, it was the fourth consecutive visit, the majority of residents told inspectors they enjoyed these visits, however, a number were not too keen on the



snakes. The coordinator bought the baby animals into residents who had decided to stay in their bed or bedroom for the day. The external garden area had been developed with areas of interest, colourful beds, potting plants and bird houses. In addition, residents had sought caterpillars and were closely observing their evolution process. The provider, person in charge and activities coordinator organised regular outings to the theatre in Dublin city and various trips in the locality. Inspectors observed residents with dementia were attending these activities.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The complaints of each resident with dementia, his or her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in a number of areas throughout the centre. Residents with dementia told inspectors that they would complain to Cindy the person in charge or any of the staff. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process, however none on file had been appealed. A review of complaints on file had been conducted by the nominated person named in the complaints policy to oversee complaints. This had taken place in March 2015, the findings reflected that of inspectors, all complaints were appropriately responded to, and records were kept.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre. Staff had up-to-date mandatory training in place. They also have access to other education and training to meet the needs of residents with dementia. This was provided in-house by the pro-active person in charge. She had provided all staff with training on the National Dementia Strategy in January 2015. In February all staff had attended an education session on communication with residents who had severe cognitive impairment. In April staff were educated about the types of dementia, causes, signs and symptoms and the specific care needs of these residents. Inspectors found that residents with dementia received a holistic care package from staff as they were competent to deliver care and support residents with dementia because their learning and development needs had been met. It was clear that the continuous education provided to staff resulted in positive outcomes for residents with dementia. This was clearly evident in the manner staff interacted with residents and included them as partners in all aspects of their care.</p> <p>There were effective recruitment procedures in place. A random number of staff files reviewed contained all the required documents outlined in schedule 2. Qualified staff nurses files checked had have an up-to-date registration with the relevant professional body in place. Inspectors saw that the person in charge had formal supervisory meetings with staff at least once per year.</p> <p>A selection of volunteers files reviewed showed they had their roles and responsibilities outlined and were vetted in accordance with best recruitment practice.</p> <p>This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.</p>
<p><b>Judgment:</b> Compliant</p>

<b>Outcome 06: Safe and Suitable Premises</b>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b></p>

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

**Findings:**

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre was clean tidy, well light and well heated. Efforts had been made to reduce the use of multi-occupancy rooms. The last remaining three bedded room had been reduced to a twin room. and all residents now had either a single or twin bedroom. Residents' bedrooms contained all the furniture they required including adequate storage facilities. They were encouraged to personalise their bedrooms and inspectors saw that most residents did so. Residents either had access to a sink in their bedroom or within their ensuite. The communal areas were decorated in a homely manner with area of interest such as windows with views of the sea and quite areas.

Residents had access to a lift for transfer between the three floors. The corridors and stairs had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre. Residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure relieving mattresses, high-low beds and hoists had been serviced within the past year. The signage throughout the centre enabled residents with dementia to find their way and having different items on their bedroom door. Inspectors noted that colour was not used to enhance the environment for residents, its use may assist residents with dementia to maintain their independence for longer as the disease progresses.

Residents could access the garden independently. Inspectors found that the patio door leading from the dining room was open at all times and led directly onto a paved area containing seating and a table which residents were free to use. The garden beds contained points of interest such a wind chimes, sun catchers, bird boxes and a variety of plants some sown by residents.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

**Judgment:**

Compliant

***Outcome 11: Information for residents***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Contracts of care were the only aspect of this outcome reviewed as they were non compliant on the last inspection. Inspectors reviewed a random selection of contracts of care and found that they were now compliant. Those reviewed were signed and dated by the resident or their next of kin and the person in charge. They included the fees to be charged to the resident, the overall fee and any extra fees charged to the resident.

This outcome was judged to be compliant in the self-assessment, inspectors also judged it as compliant.

**Judgment:**

Compliant

**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:***

Sheila McKeivitt  
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>	Brymore House
<b>Centre ID:</b>	OSV-0000120
<b>Date of inspection:</b>	21/05/2015
<b>Date of response:</b>	09/06/2015

### 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 01: Health and Social Care Needs

**Theme:**

Safe care and support

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

Care plans were not consistently updated with recommendations following assessments by the allied health care team members.

**Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's

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

family.

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

We will now insert all recommendations made by allied health care team members into the relevant care plan section of the residents files & not just in the section dedicated to these services & continue to educate staff to this fact.

**Proposed Timescale:** 30/06/2015

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The use of bed rails as a form of restraint was not in accordance with national policy.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The use of bed rails in Brymore House is heavily audited & consent & alternatives are always tried & documented & are only ever used when a resident has an advanced form of dementia with an immediate falls risk. There has been a significant reduction in the number of residents who require or request bed rails for safety / security reasons and although we work within the remit of the DOH "Towards a restraint free environment", each resident must be assessed as an individual & their wishes respected. If a resident is not capable of making a decision or fully understanding the implications regarding the use of bed rails then we always discuss various options & alternatives with their legal designated next of kin , Nursing team & G.P.

We will continue to educate residents & relatives regarding the use of bed rails

**Proposed Timescale:** 30/07/2015