Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Brabazon House Nursing Home
Centre ID:	OSV-0000017
Centre address:	2 Gilford Road, Sandymount, Dublin 4.
Telephone number:	01 269 1677
Email address:	susan.anderson@brabazontrust.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brabazon Trust
Provider Nominee:	Graham Richards
Lead inspector:	Noelene Dowling
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	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 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:
02 December 2014 10:30	02 December 2014 20:30

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

Outcome
Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 announced inspection was the seventh inspection of this centre and took place over one day. The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre which was granted registration in 2012. All documentation required for the registration process was provided.

Inspectors also reviewed the actions outstanding following the previous inspection which took place in August 2013 and found that of the 10 actions required, nine had been satisfactorily completed by the provider. The outstanding action was the failure to address the three bedded rooms in accordance with the regulatory requirements for 2015.

The findings of the inspection demonstrate that the provider is in overall compliance with the regulations and committed to the provision of a service which was driven by the needs and wishes of the residents. Resident's healthcare was met to a good standard with good access to a range of multidisciplinary services. There was evidence of effective governance systems in place to monitor and review the quality and safety of care. Fire safety management systems were good. Mandatory training requirements including fire safety and manual handling had been completed. Staff were found to be very knowledgeable on the residents' care needs and demonstrated kindness, understanding and respect in their interaction with them. Complaints were managed transparently and there were appropriate protective mechanisms in place. This included the regular availability of an advocate and satisfactory investigations had taken place in repose to any concerns raised.
Inspectors reviewed questionnaires from relatives and residents. The commentary was very positive and included "this was the best choice I could have made"," I am very well cared for", "I have all the independence and privacy I want and the staff and managers are so kind".

A small number of minor improvements were required in the documentation of some care plans, implementation of the policy on end of life. The provider was also requested to review the nursing staff levels at night. The actions required ensuring compliance with the Standards and Regulations are detailed at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:
Governance, Leadership and Management

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

Findings:
The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be in compliance with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was in substantial compliance with this regulation. The centre is run by a voluntary board of management on behalf of the Brabazon trust. Inspectors found that the board had made satisfactory armaments for the governance of the centre. The nominee of the provider was very involved in the running of the centre and there were satisfactory reporting systems in place. These included monthly meetings by the governing committee to which a detailed report was provided by the person in charge. This was reviewed by the inspectors and it was found to be comprehensive, covering

residents care, staffing, complaints and general management. The nominee of the provider was well known to the residents. Both the provider nominee and the person in charge were very familiar with their responsibilities under the regulations.

There was a fulltime general manager appointed and a number of systems had been implemented to ensure that residents care and safety was prioritised. This included a suitable qualified and experienced person in charge who obviously directed the care delivery and care practise in the centre. Effective risk management and quality assurance systems had been implemented and these were in ongoing development.

A number of systems were used including audits, regular management and staff meetings and monitoring of practices to support the governance. Clinical and environmental audits took place. These included incidents, falls, wounds and medication administration and or errors took place. The collated information was reviewed and trends identified. Actions were taken as result of the findings and these included additional staff support, additional training for staff and amendments to routines or environmental changes. The person in charge had also undertaken audits on care plans and infection control systems.

The resources available including staffing, management structures, equipment and the maintenance of the premises were seen to be well utilised. Although the provider has not as yet commenced the compilation of an annual report, the data currently available which also includes a detailed survey of residents and relatives views on a number of areas was sufficient to provide the information for such a review.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
There was a resident's guide available and each resident was provided with a contract for care which was signed within one month of admission. All fees were detailed and outlined in the contract. The only additional costs levied were minimal and these were clearly outlined in the contract.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was suitably qualified with considerable experience in the care of older persons. She has been in post for a significant period of time. She had continued profession development with post graduate training in gerontology. She demonstrated competence in her role, very good knowledge of the residents, supervised the delivery of care and implemented safeguarding systems. She was engaged full time in post. She is supported by a team consisting of an assistant director of nursing who was also fulltime in this post and the general manager. Governance arrangements, including monitoring of practices and reporting systems were clearly outlined and satisfactory and responsibilities were understood.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that the records required by regulation in relation to residents, including medical records and nursing record were up to date, easily retrieved with some minor improvements required. While most residents had up to date assessments and care plans in two instances they were not reflective of the changes which had taken place in the resident's health or mobility. Also records of residents' personal belongings were not consistently maintained.

All of the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspector saw that insurance was current and included the liability for resident's personal property as required by the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration. A visitors log was available and used.

Judgment:
Non Compliant - Minor

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors were informed that no periods of absence had occurred over and above the normal annual leave periods for the person in charge which required notification to the Authority. The provider has made suitable arrangements for periods of absence of the person in charge with the appointment and nomination of a suitably qualified and experienced nurse. She demonstrated competence and knowledge of her role and also stated that in any periods of annual leave of the person in charge she was allocated protected time to manage the centre. All the required documentation had been forwarded to the Authority and the arrangements were satisfactory.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Inspectors reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory, in line with all guidelines and demonstrated knowledge and understanding of the providers responsibilities and the function of statutory agencies in any such matters. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse. This training was ongoing facilitated on a rotating basis. An external advocate had been sourced and this information was available to the residents.

Records examined indicated that the person in charge acted promptly and implemented the policy when any issues of this nature were raised. Staff spoken with demonstrated an understanding of their own responsibilities in relation to this and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the provider and the person in charge to act on any concerns. Residents and relatives informed the inspector that they felt safe and very well cared for in the centre by all staff. They were familiar with the provider and person in charge and expressed their confidence in being able to address any issues.

A review of a sample of records of fee payments and transactions for residents indicated that the resident’s finances were managed safely and systems of cross referencing to each residents account in the centre was in place. The centre manages money for a number of residents. Inspectors were satisfied that this money was kept secure within the centre until lodged in the bank.

Seven of the residents had a diagnosis of dementia and some had enduring mental health issues. There was a policy on the management of behaviours that challenged which was in accordance with national policy and guidelines and outlined the need to identify the underlying causes of behaviours and provide proportionate and adequate responses. In practise staff were able to articulate an understanding of the resident’s behaviours and demonstrated insight. They were observed to be calm and engaging appropriately with these residents. Relatives also expressed their satisfaction with the understanding which was shown.

A review of a sample of care plans for residents indicated that guidelines for staff on the most effective interventions to use when incidents occurred were implemented. These included instructions for staff to speak calmly and clearly, and identified for example, understanding that certain times of the day were triggers. Inspectors observed staff being patient, supportive and accepting of resident’s behaviours while gently redirecting them. A review of Pro-re-nata (as required) medication demonstrated that medication was rarely used to manage behaviours and where it was prescribed there was a clear and demonstrated rational for its use. There was evidence of multidisciplinary review from psychiatry of old age and psychological intervention where this was required.

The action in relation to the assessment for the use of methods of restraint and the implementation of alternatives required at the previous inspection had been satisfactorily addressed. A risk assessment was undertaken and where the use of a

bedrail was contra-indicated it was not utilised or the bedrail was removed if it was found to be unsafe for the resident. Alternatives including low beds and crash mats had been procured. Records indicated that the number of bedrails used was minimal and residents were carefully monitored. The safety and suitability of the rails were also monitored.

A number of residents had been assessed as requiring alarms in order to ensure they did not inadvertently leave the centre unsupervised. Inspectors found that these were also managed appropriately, with evidence of respect for the resident. Staff ensured that residents had opportunities to go outside for activities and could without any concern have safe access to the garden and all areas in the house. A register of such interventions was maintained.

Judgment:
Compliant

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:
Inspectors found that resident's safety was prioritised in a manner which balanced risk and also strove to maintain the independence of the residents. The actions required following the inspection of August 2013 had been addressed. These included the storage of hoists and laundry, securing of the hot water treatment room and internal stairways. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. The risk management policy was in compliance with the regulations and included a process for learning from and review of untoward events. This policy was further supported by relevant policies including an emergency plan, arrangements for evacuation, missing person's policy and falls policy. The emergency plan was detailed and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

Core safety features including flooring, hand-rails, working call-bells and secure exits and entrances were evident. Additional safeguarding measures including strategically placed flash lights, and walkie-talkies for staff to use in the event of an emergency were also available. Training records demonstrated that staff had undergone training in moving and transporting residents and the inspectors observed good practice being implemented. There were no residents who smoked at the time of this inspection. A profile of the residents was available for use by the emergency services should this be required.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific concern. Appropriate protective equipment was seen to be available and used by staff and there were appropriate procedures for the management of laundry. The person in charge had undertaken an infection control audit and implemented further systems for prevention. This had resulted in a decrease in the number of residents presenting with urinary tract infections.

Fire safety management systems were found to be good. Training had taken place annually for all staff and these included systems for the evacuation of the residents and the use of the fire containment equipment. Staff were fully aware of the procedures, the function of the compartments and stated that they were knowledgeable on how the use the various evacuation equipment required as they had practised this. Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Fire drills were held twice yearly. Daily checks on the exit doors and fire panel were recorded and the exits were unobstructed on the days of the inspection. A weekly alarm sound on the fire alarm was undertaken. The fire procedure was displayed. Written evidence from a suitably qualified person of compliance with the statutory fire authority had been forwarded to the Authority with the application for registration.

Along with systems for prevention of accidents a review of the accident and incident logs demonstrated that accidents such as falls were reviewed and additional supports implemented where this was required. These included additional staff supervision or rostering additional staff on duty at times identified as high risk, the relocation of a bedroom or the use of crash mats. Hip protectors were used and resident’s footwear reviewed for safety.

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:
The actions required following the previous inspection had been satisfactorily resolved. A medication error report form has been devised and all errors were reported with evidence of appropriate remedial action taken. Nursing staff had received training in medication management in 2014. Four errors or near misses had been reported since

2013 and inspectors found that these had been reviewed promptly and appropriate actions taken to prevent reoccurrences. Practices were also audited to support compliance. Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents where this was deemed necessary.

Records also demonstrated that staff observed residents response to medication and reported to the resident's general practitioner (GP) or relevant clinician and amendments made where these were necessary. An audit of medication usage and identification of psychotropic medication had been undertaken by the pharmacist. At the time of this inspection no residents were deemed to have the capacity to self-administer medication.

Judgment:
Compliant

Outcome 10: 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(s):
No actions were required from the previous inspection.

Findings:
A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated compliance with the obligation to forward the required notifications to the Authority. There was evidence that any incidents were reviewed by the person in charge and included in the auditing system.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The action required from the previous inspection had been completed. There were 48 residents present in the centre at the time of this inspection. Admission processes included an assessment undertaken by the person in charge prior to admission. As most of the admissions were residents who already lived in the sheltered housing they were familiar with the nursing home, having access to all activities and to their meals if they so wished. The person in charge was instrumental in assessing their changing needs and encouraging them to take this step. Residents told the inspectors that it had been a comfort to move to the sheltered housing and yet know that they also had a nursing home environment that they were familiar with when their needs change. There was detailed transfer information available should a resident require admission to or from acute care services.

From a review of six care plans and medical records, inspectors were satisfied that the healthcare requirements of residents were met to a good standard. Residents may, if geographically possible retain their own General Practitioner (GP) service but a small number of local GPs provide the medical care. All residents had evidenced based assessment tools completed for pressure area care, falls, nutrition, and other needs specific to the residents. These assessment tools were reviewed three monthly or following any change in the resident's status with a minor improvement required. In one instance the resident's care plan did not reflect the changed mobility status and a falls risk assessment had not been revised following a recent fall. However, from observation the inspectors were satisfied that this was a documentation error. A revised care regime had been implemented in both cases. This is actioned under Outcome 5 Documentation.

Records demonstrated that residents have access to allied services including speech and language, physiotherapy, occupational therapy and psychiatry of old age, chiropody, opthalmatic and dentistry. The recommended interventions of these disciplines were detailed in the residents' records.

Care plans were found to be reviewed at a minimum four monthly and it was evident that this review was focused and noted any changes which had taken place for the resident. The care plans demonstrated a good knowledge of the individual residents in terms of healthcare and social care. Weights food and fluid intake were monitored in accordance with the resident's condition and under the direction of the dieticians. Responses to any changes in weights were seen to be prompt. Nursing staff had received training in the management of subcutaneous fluids in order to avoid unnecessary admissions to acute care services. Supportive aids were evident including walking frames and residents were individually supported to maintain their independence as their capacity allowed.

Nursing notes, maintained on a daily basis were reviewed by the inspectors. These were very detailed, correlated with the care plans, and clearly outlined the care provided to residents and any changes observed by staff. Consultation was evident and relatives and residents spoken with confirmed that this occurred.

Residents said that they were very satisfied with the healthcare they received and that all staff were prompt and attentive to them. Relatives also indicated via questionnaire and in discussion that they were kept fully informed of the care plans and any changes or illness were quickly communicated to them.

There were no pressure sores in the centre at the time of the inspection. There were a number of residents with leg ulcers. Records and interviews with staff indicated that the treatments plans were detailed and that they were adhered to There was evidence of referral to tissues viability specialists when this was required. Preventative measures such as skin care regimes, dietary supplements and the use of pressure relieving equipment were evident in documentation and observed by the inspectors.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre were found to be suitable for its stated purpose and meets resident's individual and collective needs in a comfortable and homely way with one improvement required. The centre was very well maintained. The entrance hall and both sitting rooms were domestic in nature and were warm, spacious, welcoming and contained soft furnishings. The day room and dining room were comfortable; laid out to suit the needs of residents; contained suitable and comfortable furnishings and maximised natural light. There was also a snoozel room available for residents and a small library room. Both of these provided residents with opportunities to spend quiet time and this was observed happening during the inspection. A lift connected the first and second floors and there are three internal stairways for access. There is a hair salon and awaiting area.

The bedrooms were divided over the two floors. The styles of bedrooms varied in design and size but all were spacious and met the requirements for size, were suitably furnished and were matched to residents' needs and independence levels. There were six single rooms with wash-hand basins; fourteen single rooms with full en suite; twenty

single rooms with toilet en suites; one twin room with wash-hand basin; one twin room with toilet en suite and two three-bedded rooms. Some bedrooms also had adjoining sitting rooms. Personalisation of bedrooms was evident through pictures, ornaments, furniture and other personal items brought by residents.

There were three single rooms on the second floor with steps up to them. Residents living here were all assessed for the ability to negotiate the steps independently as required by Condition 8 of the registration granted in 2012.

The two three-bedded rooms were near the nurses' station, allocated for residents with high to maximum dependency. These were spacious and clean and contained a wash-hand basin. The provider is aware that they do not meet the requirements for the Standards in 2015.

Outside there was a garden to the front with a gated entrance and a secure garden to the rear. Both gardens were seen to be well maintained and easily accessed by the residents. There was also a roof garden, maintained by staff, to enhance the view for one resident in line with her particular interests.

Inspectors also observed that each room had a call bell. Many residents chose to have an additional pendant call bell. There were grab rails in the bath, shower and toilet facilities and handrails in the corridors. Floor coverings were safe, suitable and well maintained. There was a satisfactory number of easily accessed adapted bath shower and toilet facilities for residents. There was changing and toilet facilities for staff use.

Inspectors saw that there was adequate storage space for equipment and records showed that all equipment including beds, hoists, the lift and alarm systems were maintained in good repair. There was a secure and suitably equipped sluice room on both floors. Hand gels, disposable gloves and aprons were seen to be readily available throughout the centre.

There was a suitably equipped kitchen and communal laundry room. All linens were sent out for laundering but the residents own clothing was laundered in the centre. The room was suitably equipped and had sufficient space for the separation of soiled and clean laundry.

There was also a laundry room available for residents in the sheltered housing or some resident in the centre who wished to do their own laundry.

Judgment:
Non Compliant - Moderate

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

Findings:
There were written operational policies and procedures for the making and management of complaints. This included the function of the designated person who is responsible for overseeing and monitoring the implementation of the complaints procedures in accordance with Regulation 34 (3). There was also an external person appointed to act as advocate for residents should they require this. The process of local resolution of complaints was undertaken by the person in charge and the provider. The sample of complaints viewed by inspectors indicated a willingness to address any issue raised. They were resolved satisfactorily and promptly and the complainant's views of the outcome were ascertained. Adequate records were maintained. Residents and relatives spoken with indicated that they were aware of how to make a complaint and felt confident in doing so.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspectors were satisfied that there was a commitment to supporting residents' medical and psychosocial needs at this stage of life with some improvements required. There was a written operational policy on end of life care which demonstrated that issues such as advanced planning and ascertaining the resident's wishes was paramount. However, records reviewed indicated that there was very little opportunity taken at an early stage to ascertain the residents or the relative's wishes in regard to treatment options, admission to acute services or resuscitation.

The care planning documentation contained practical information such as the resident's religious persuasion, next of kin and legal requirements and interment arrangements. Staff explained that they usually wait until a resident becomes ill to discuss this with the family. In some instances it was apparent from records that residents did not wish to discuss this matter and this was respected. This was discussed with the person in charge and the provider who agreed to review the systems to include earlier planning and consultation with residents.

However, a review of a sample of records demonstrated that resident's comfort, support, pain and symptom management was prioritised by staff at this time. Relatives were accommodated to remain on the premises and food and refreshment was provided. Religious affiliations were supported with regular access to religious services. Records were detailed and complete including evidence of compliance with legal requirements. Palliative care services were available should this be required.

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):
No actions were required from the previous inspection.

Findings:
Relevant policies and guidelines were in place to support nutritional intake and hydration. There was evidence on records available of the consistent monitoring of residents nutritional status and there were effective systems in place for monitoring resident's nutritional needs. The malnutrition universal screening tool (MUST) was undertaken within twenty four hours of admission and repeated to identify any residents at risk. Weights were monitored either weekly or monthly as dictated by the residents needs. There was evidence of referral to dieticians and speech and language therapist for all those residents on either modified or altered consistency diets. There was a documentary system for communicating specific dietary requirements between the catering and nursing staff. Staff were found to be knowledgeable on these dietary requirements and the correct fluid consistencies prescribed for residents. As observed by inspectors the residents meals were consistent with the directions of the clinicians.

Residents, including those on modified foods were offered a choice at all meals and the menu was seen to be varied. Residents also said that if nothing on the menu suited them the chef would prepare something else at the time. Meals observed including modified meals, were presented in an appetising manner. Snacks and hot and cold drinks including juices and fresh drinking water and soup were readily available throughout the day. Food was available for late suppers suitable for the all residents. Food such as sandwiches, fruit and yoghurt and cakes were available for snacks at different times of the day. All residents and relatives spoken with complimented the food. A food safety management plan was in place and the most recent environmental health officers report was also available. Catering staff had completed the required food safety training and had also received nutritional training from the dietician. Residents were provided with additional supplements as deemed necessary and prescribed by the

medical officer.

There were two dining areas in the centre and both were spacious and suitable for the purpose. There are two sittings for meals in the main dining room. Inspectors observed that there was sufficient staff to ensure residents were supported in an unhurried manner with staff observed to be communicating and encouraging residents. The experience was social and well managed for the residents including those who required the assistance of staff. Breakfast was staged according to the resident's preferences.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents who could communicate with inspectors were able to articulate their medical and care needs and indicated that they were consulted in regard to their care. Written feedback from relatives also indicated that they were consulted with regarding care plans and care needs. It was apparent that there was choice in regard to their daily routines such as getting up, when they had their meals, attending activities or where they wished to go at any time of the day.

Each resident's privacy and dignity was seen to be respected, including the receiving of visitors in private. Inspectors observed staff knocking before entering bedrooms and also taking due care when carrying out personal care with residents. Residents also had keys to their own bedrooms. Residents were seen to be facilitated with choice and encouraged to maximise their independence. A range of equipment such as rollators were used to encourage their continued mobility. Residents had opportunities to participate in meaningful activities, and residents' interests were accommodated. There were two sitting rooms and a dining room as well as accessible gardens which facilitated activities.

A range of activities were seen to be available on the day and scheduled across the week. These included arts and crafts, gardening, card nights, reading, afternoon tea, knitting groups, exercise groups, a weekly men's breakfast group, and during the warmer times of the year garden bowls and putting greens were available. Group

activities were seen to be undertaken in small sizes meaningful to the needs of residents. Residents expressed autonomy in their choice of participation in these activities. The fact that many of the residents had previously been accommodated in the sheltered housing meant that they had enduring friendships. There was also significant social interaction as the residents from the housing came in and out of the centre.

A number of residents had cognitive impairment and some had a diagnosis of dementia. While unable to participate in some activities, inspectors observed that they were included by staff who were very visible and constantly communicating with the residents. Inspectors observed that staff communicated gently and in an unhurried and respectful manner with residents. Staff also demonstrated knowledge of the individual resident's means of expression and were able to interpret the meaning and act to address resident needs. Hand and foot massage, Sonas and the use of the Snooxle room (a quiet, softly light therapeutic room) was available to these residents.

Inspectors reviewed minutes of residents' meetings which took place at four monthly intervals. These were attended by the provider and with a good attendance by the residents. Records showed that residents were consulted in a wide range of issues concerning the centre to include, fire drills, menus, room layout, outings, activities and events, maintenance and religious services. The minutes also confirmed that actions were taken in response to previous issues raised. The names of resident's representatives and the minutes of previous meetings were displayed on the notice board.

Where residents had communication difficulties staff were seen to interact in a manner sensitive to those needs and resident were encouraged to use hearing aids and glasses.

Links to the community were also seen during the inspection. The notice board informed residents of visits from the local community, schools and colleges. Staff were also observed to accompany residents to the community for walks or coffee during the inspection.

Management informed inspectors that residents were able to exercise their vote by registering for a local and easily accessible polling station. Inspectors were informed that it was standard procedure for additional staff to be rosterd to accompany the resident if required. Residents' religious needs were met by their chaplain, who visits each week, for a full day.
Each resident also has their own post box for incoming mail. Residents were observed having access to private telephones, daily newspapers and television.

While CCTV cameras were used for security purposes they are not used in communal or private areas and were not intrusive,

Judgment:
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(s):
No actions were required from the previous inspection.

Findings:
There was a policy on the management of residents clothing and possessions. There was lockable space in each room for residents to use. The residents can sign valuables into the office safe and a log was maintained. In some instances items were only signed in by one member of staff, despite policy requiring two. The person in charge acknowledged that dual signatures ought to be the norm. A large number of furnishings in rooms were the personal property of residents. While these facilitated the personalisation of rooms there was no record kept as to which furnishings were personal belongings of residents. Both of these findings are actioned under Outcome 5 documentation.

Residents clothing was laundered on the premises and there was no evidence that clothing was not returned to the residents.

Judgment:
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspector reviewed the actual and planned staff roster and from observation was satisfied that on most occasions a sufficient number and suitable skill mix of staff on

duty with some review required. There were three nurses on duty from 8:00hrs until 21:00hrs each day and during the week. The person in charge and the assistance director of nursing or the Clinical Nurse Manager (CNM) 1 was also available. However, the roster indicated that on some Saturdays only two nurses were available from 14:30hrs. The person in charge stated that this was not a regular occurrence but it occurred three out of four week rota reviewed by the inspectors. There were up to nine health care assistants on duty until 14:00hrs reducing to 6 from 14:00hrs until 20:00hrs care. Overnight there was one nurse and three health care assistants. There was one hour's overlap between the day and night nurse to facilitate the medication round and an additional care assistant until 22:00hrs to support residents who required assistance.

The centre is registered for 50 residents and with the following dependency levels at the time of inspection; 7 at maximum, 13 high, 11 medium and the remainder as low. There are three care assistants and one nurse on duty overnight from 21:00hrs. Inspectors acknowledge that there was no direct evidence to indicate that the ratio of nursing staff had impacted on residents care. However, this was discussed with the provider at feedback. He was requested to review this and the Saturday rota using an evidenced based assessment tool to ascertain the level of nursing care to ensure this was sufficient. On-call is available in the person in charge. There was sufficient catering and household staff available who were knowledgeable on their respective responsibilities and duties.

A sample audit of three personnel files demonstrated that the provider had sourced the required documentation, including An Garda Síochána vetting, proof of identification, the required number of references and evidence of qualifications. While the information provided was verified however and gaps in CVs were clarified this was not documented. Current registration numbers for all professional staff were available.

An examination of the training matrix demonstrated that there was a commitment to ongoing mandatory training and other training pertinent to the needs of the resident population. All staff had up to date mandatory training in fire safety and management, manual handling and movement of residents and the prevention, detection and reporting of abuse, Training had also been provided in infection control and dementia care. Nursing staff had training in phlebotomy and in the management of subcutaneous fluids. The later prevented unnecessary admissions to acute care for the residents. Additionally training in food and nutrition, management of restraint, and medication management was completed by all nursing staff. The training record was supported by documentary evidence.

There was an induction plan in place for staff of various roles to ensure they were familiar with the procedures and with residents care needs. This included a number of day's supernumery time. Probationary periods were undertaken and recorded. The person in charge had commenced a process of regular appraisals with staff. As seen by the inspectors the content of these was focused on resident care and staff development in their work. This system of appraisal was cascaded to the nursing staff who shared the responsibility for monitoring the care delivered. Supervisory responsibilities were allocated each day with key roles for the nursing staff and the care assistant staff. Records of the team meetings which take place monthly with care assistants and nursing staff demonstrated that the focus was on resident care and changes to work

practices to bring about improvements for residents. Inspectors found that staff were aware of the policies and procedures, Regulations and Standards and all staff articulated their various roles competently.

Judgment:
Non Compliant - Moderate

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:

Noelene Dowling
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[1]

Centre name:	Brabazon House Nursing Home
Centre ID:	OSV-0000017
Date of inspection:	02/12/2014
Date of response:	18/12/2014

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following records were not consistently maintained and available:

Updated assessment and care plans to reflect the resident changing needs.

Details of the lodgement and acknowledged return of monies or valuables held for safeguarding on residents behalf.

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

Details of personal belongings of residents.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
The two assessments concerned have been updated and the care plans have been amended to reflect the precise needs of both residents and to direct care.

The issue regarding items of value held in the safe keeping for residents has been addressed and from now on nothing will be returned to a resident or their family without ensuring two signatures are obtained.

All residents coming to live in the Nursing Home, most of whom are from our sheltered housing apartments are issued with a belongings list which is attached to their Contract for Care. Many residents have not completed this list in the past; however, going forward we will ensure we keep a list of each resident's personal possessions.

Proposed Timescale: 18/12/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The three bedded rooms do not meet the requirements for the Standards for 2015.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
In 2006/2007 extensive upgrade works were completed in the Nursing Home. This included an enlarged upgraded Nurses Station, residents dayroom, sluice rooms, wheelchair accessible bathrooms, upgraded laundry facilities and upgraded bedrooms.

Part of this work included creating an opening between two bedrooms which accommodated four residents, removing one bed and creating a greatly enlarged space to accommodate three maximum dependency residents who are afforded privacy and dignity in a bright spacious room. Each has sufficient space to allow residents have their personal possessions around them. This layout was duplicated in another two rooms with an opening between creating comfortable accommodation for six maximum

dependency residents.

Since these 2 rooms were commissioned in April 2007 they have had almost 100% occupancy. They are never used for residents with less than maximum dependency care needs and during the past 7 years they have allowed staff care for residents in a spacious, bright, safe environment adjacent to the Nurses Station.

Both these 3 bedded rooms more than exceed the regulated space requirements for residents. There is plenty of room to manoeuvre patient hoists and wheelchairs. It has also been our experience that resident's anxiety levels decrease when they are with others and are conscious that staff are close by.

It is submitted that to convert the 2, 3 bedded rooms back to twin bedded rooms (while creating an extra bed per room) will not be in the best interests of those residents whose needs are met by the present 3 bedded rooms.

Proposed Timescale: Ongoing

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the number of nursing staff on duty on some afternoons and overnight is required to ensure it is sufficient.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
We are aware of the need to keep our staff levels under constant review given the ever changing dependency levels and care needs of our residents.

In the past year we have increased the staffing levels in the Nursing Home at all times over a 24 hour period. At present we are in the process of recruiting another staff nurse. Recently one nurse resigned so she could take up a position in an acute hospital. In the evening we have additional staff on duty; a staff nurse works until 21.00hrs to facilitate the medication round and a care assistant works until 22.00hrs to provide additional assistance and supervision for residents who like to watch television in a community setting rather than in their rooms.

The spread of staffing will be examined again. The majority of care assistants have FETAC level 5 and their role is also considered in the context of the Scope of Nursing Practice (An Bord Altranais). The care assistants are experienced and very

knowledgeable about each resident. They are actively encouraged to participate fully as far as their role permits in the holistic care of each resident.

We believe our staffing levels are robust and more than adequate for the residents for whom we care. In the past if we have encountered situations where we have very ill residents to care for we have always increased the staffing levels appropriately so we ensure all residents receive the level of care they require and there safety and quality of life is maintained.

Proposed Timescale: 31/03/2015