

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brentwood Manor
Centre ID:	OSV-0000322
Centre address:	Letterkenny Road, Convoy, Donegal.
Telephone number:	074 914 7700
Email address:	brentwoodmanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	Damien Woods
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	4

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 1 day(s).

The inspection took place over the following dates and times

From: 28 February 2017 10:30 To: 28 February 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection undertaken to monitor compliance with the regulations and standards that govern the operation of designated centres and was part of the assessment for registration renewal. The inspectors observed the delivery of care and reviewed documentation that included care plans, medical records, accident/incident reports, policies and procedures and the arrangements for social care. The inspectors talked to residents about their experience of living in the centre

and talked to staff about their roles, responsibilities and residents' care needs.

The centre is dedicated to the care of people who have dementia or who have conditions that cause cognitive impairment such as acquired brain injury, trauma or major illnesses. It can accommodate 48 residents. The majority of residents at the time of inspection were older people. Twenty seven residents over 65 had problems related to dementia and eight residents had problems associated with brain injury. Three residents had intellectual disabilities. The inspectors noted that there was good access to local medical services including specialist mental health services, sensory disability services and neurology services. Residents had timely support from a range of allied health professionals from the Health Service Executive and from staff employed by the provider.

Care, nursing and ancillary staff described their roles and how workloads were organised. They conveyed positive attitudes towards the care of vulnerable people and displayed a good understanding of individual residents' needs, their preferred routines and they were knowledgeable about how dementia impacted on daily life. They described how they supported residents who had high level care needs and ensured that they reduced the impact of distress related to disorientation and confusion. The inspectors observed that staff could support residents in a competent manner and were able to assess when one to one support was required. This was provided in a timely way and residents were assisted to go out for a walk or to become involved in an activity.

Brentwood Manor was designed to meet the needs of residents with dementia. It is a single storey bungalow style building set in spacious grounds a short drive from the town of Convoy. The building is organised into four self contained units that each accommodate 12 residents. Each unit has a kitchen/dining room and a sitting room. The layout enables residents to identify with a small scale space and to become familiar with the layout. It is also possible for residents to walk around safely and to access an internal garden. The building was appropriately decorated and had several features that could be used to prompt conversations with residents such as murals of countryside scenes. It was visibly clean and there was an ongoing programme of maintenance. Planned works for 2017 included the development of a dementia friendly garden, renewal of exterior paintwork and updating furniture.

The last inspection of the centre was an unannounced monitoring inspection that was conducted on 25 January 2016. There were improvements required to the allocation of staff resources, to the system for assessing residents care needs and creating care plans and to some records. Actions to remedy these non compliances were completed. An appropriate number of qualified staff were available to cover day and night time shifts and care plans detailed problems associated with dementia and residents ability to recognise people and place.

The inspectors found a high standard of compliance across the 18 outcomes examined. There was full compliance in 16 areas and there were two areas assessed as substantially compliant. The assessment process and judgments of dependency did not reflect the high levels of support that some residents needed to maintain their emotional and psychological well being. The consultation with residents that

included residents meetings needed further development to ensure that more residents could participate in a meaningful way and express their views on the service. The Action Plan at the end of this report describes the improvements required to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

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 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 for the centre had been updated in February 2017. It outlined the services and facilities provided. The information reflected the details that are required by Schedule 1 of the regulations.

The services provided are unchanged from the previous inspection. The centre continues to provide a day care service once a week on Wednesdays for up to twelve people from the local community. The service for day care clients which includes activities and meals is provided in a large room that is just off the reception area and entrance to the centre. A separate staff allocation is provided for this service.

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):

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

Findings:

There is a clearly defined management structure and the lines of authority and accountability were clear and understood by staff. The arrangements reflect the details described in the statement of purpose. The person in charge is supported by staff nurses and carers. The organisation also had a number of senior staff who had a role to monitor compliance, quality of the service and review procedures. The head offices of the Brindley Healthcare group have been located in this centre for some years but are due to move off site later in the spring.

There were management systems and sufficient resources in place to ensure the delivery of care and operation of the service met appropriate standards of quality and safety. The person in charge had the support of an acting Assistant Director of Nursing who took charge in his absence and there were adequate care and ancillary staff employed.

There was a review and audit system in place to establish adherence to good practice standards and to ensure service met residents' needs and expectations. The inspectors saw that falls for example were reviewed monthly and changes from month to month were highlighted. Over the past three months there had been a gradual reduction in the incidence of falls particularly falls that occurred at night time and there was an ongoing effort to continue to reduce falls and manage falls risks.

The provider and person in charge had a number of features in place that contributed to good practice in relation to dementia care which is the main focus for care practice in this centre. There were murals and pictures in hallways that prompted memory for example. These features were colourful, easy to see and provided focal points for reminiscence and discussion.

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 appropriate information made available to residents prior to and following admission. Relatives and residents confirmed this in questionnaires returned to HIQA. They conveyed that they had been able to visit the centre, had received information on the layout, the activities available and the visiting arrangements.

There was a residents' guide available and this contained the information required by the regulations. The services provided, the terms and conditions of occupancy and the complaints procedure were outlined. Relatives confirmed to the inspectors that they had received a copy of the guide at the time of admission.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by residents. Services not covered by the overall fee that may be incurred for example, chiropody and hairdressing were identified with the associated costs.

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 has been in post since February 2016. He is an experienced nurse who has held senior roles in mental health services that included services that accommodated older people. He has a full time role in the centre. Training on the mandatory topics required by the regulations was up to date and he had been selected to undertake safeguarding training as part of the roll out of this initiative in this HSE area.

The person in charge demonstrated that he had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. Residents knew the person in charge well and told inspectors that he was approachable and available to talk to them during the day she was on duty. Relatives and residents confirmed that they had been able to talk to the person in charge before and after admission and several people said that they had been well informed about the services and facilities available in the centre.

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):

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

Findings:

The centre had an established and well organised administration system. The records, policies and procedures required by the regulations and associated schedules were in place. Medical records and other records, relating to residents and staff, were maintained in a secure manner and information was accessible and easily retrievable. The required operational policies were in place. Records required by Schedule 4 of the regulations were maintained and included a record of visitors, staff records, fire safety documents, details of complaints, food records and charges incurred by residents.

An action plan in the last report highlighted that some information required by legislation was not recorded in the directory of residents. This had been addressed and all the information required by schedule three of the regulations was recorded and the directory was up to date.

The inspectors examined staff records and found that the schedule 2 documents required for all staff employed were available. The person in charge and provider confirmed that vetting disclosures were in place for all staff. The administrator was familiar with all records and ensured that documents that were required by legislation were appropriately filed and available for inspection. The records reviewed as maintained by the administrator were kept to a very high standard of completeness and accuracy.

Records of fire safety checks that were not fully complete when inspected previously were found to be up to date and to outline all the checks undertaken of the fire safety measures in place in the centre.

Judgment:

Compliant

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:

The provider and person in charge were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. No notifications of this type had been required since the last registration.

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:

The inspectors found that procedures and policies were in place to protect residents from harm and abuse. Staff interviewed were aware of the need to be alert to signs of abuse and to report any concerns. They described their roles and responsibilities in relation to making reports and statements. Staff could readily describe signs and symptoms of abuse such as unexplained anxiety, injury not consistent with falls, bruising and concern about financial matters. Allegations of abuse were reported promptly to HIQA, noted to be fully investigated and appropriate actions taken to ensure the safety of residents.

Staff had been provided with training on the prevention and detection of abuse and staff told the inspectors they were confident that they would recognise an abuse situation. The inspectors discussed the varied needs of residents with staff. While there were some residents who had responsive or fluctuating behaviours these did not present a significant problem the inspectors were told.

Assessments by doctors, members of the multidisciplinary teams from mental health and from the sensory disability service ensured that staff were well informed about residents

conditions and that any underlying medical conditions or infections that could contribute to behaviour changes were treated. Staff confirmed that they had attended training in dementia care and were aware of ways to manage behaviours associated with dementia. The person in charge had completed Train the Trainer safeguarding training on 9 and 10 February on the procedures introduced by the Health Service Executive (HSE) that would enable him to deliver training on this topic for staff in designated centres in the area.

Residents told inspectors that they felt safe in the centre and said that staff were available "when called" and "easy to get hold of when needed". Staff were described as "helpful and kind" and were also described as "good company and ready to help when needed". Residents and relatives conveyed that they knew how to raise a concern or make a complaint and could identify staff that they would tell if they were unhappy with the service.

Staff promoted the principles of a restraint free environment and this was a priority for staff who said they tried not to use any restraint measures except when other interventions had failed. Seven residents had bedrails in place at night to prevent falls or because they felt more secure with a bedrail in place. There were assessments for all bedrails in use and their continued use was regularly reviewed. Some bedrails were used to help residents move or change their position when in bed and had an enabling function rather than a safety function.

There was a record of visitors' maintained. This was located inside the front door to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe and said this was due to the units being secure and "staff on duty all the time".

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:

The health and safety of residents, visitors and staff was protected and promoted well in the centre. The inspectors reviewed the health and safety procedures including the organisation of fire safety measures, infection control procedures, moving and handling assessments and observed manoeuvres to determine how health and safety was addressed in practice. There was an up to date health and safety policy and a range of

procedures to guide staff on aspects of risk management. Clinical risk assessments were undertaken for risks associated with falls, compromised nutrition and pressure area vulnerability. There were measures in place to prevent complications from the risks identified. For example, there were arrangements in place to ensure that residents at risk if they left the building were supervised and enhanced nutrition in the form of fortified diets or supplements to diets was provided to prevent unintended weight loss. Residents who had falls were observed and monitored closely to detect further deterioration and were referred for medical review when necessary.

The inspectors noted infection control measures met good practice standards. Staff were observed to handle laundry safely and to use hand gels as they moved around the centre. The building was clean, surfaces were in good condition and easy to clean. Staff had attended training on infection control and hand hygiene.

There were moving and handling assessments completed where residents had mobility problems. All staff had up to date training in moving and handling and in the safe use of hoists and wheelchairs. They were observed to undertake transfers safely and to support residents appropriately when assisting them to mobilise.

Accidents and incidents were recorded and the information available was noted to be factual and substantiated. The accident/incident was described, the date the event occurred, the location and contacts made with the general practitioner (GP) and next of kin. Accidents and incidents were reviewed monthly and at three month intervals to determine patterns and areas for learning. The review undertaken described the number and nature of events and the time they took place and contributed to staff learning from accidents /adverse events involving residents.

The inspectors viewed the fire safety measures and found that the arrangements in place met legislative requirements. The three actions outlined in the last report had been addressed. The training records confirmed that all staff had received fire safety training and staff interviewed could describe the way they were expected to respond to the fire alarm and fire alerts. Staff knew what to do in the event of a fire. The fire training was supplemented by periodic fire drills. There were fire safety action signs on display with route maps to indicate the nearest fire exit. These signs were clear and displayed prominently throughout the building.

There were maintenance records that conveyed the fire equipment had been regularly serviced. The fire alarm was serviced quarterly as required and emergency lights and extinguishers were serviced annually on a contract basis. The last service date was 14 February 2017. The inspectors found that fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record safety checks of fire extinguishers, the fire panel and the fire escape routes. The records indicated that checks were up to date.

There were sufficient cleaning staff on duty daily to ensure adequate cleaning of bedrooms and communal areas. Staff were observed to work safely. They ensured that trolleys with cleaning materials were not left unattended and also kept equipment such as vacuum cleaners and associated cables from causing trip hazards.

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 inspectors found that there were safe systems in place for the management of medicines. A clinical area was available for the storage of medicines and medicine trolleys. This area was well organised and contained a range of clinical equipment and the policies, procedures and good practice guidance that applied to medicines management.

The nurse on duty was well informed about the medicines in use and residents' individual regimes. The inspectors found that there was an arrangement in place for the regular review of medicines by doctors. There were established multidisciplinary working arrangements in place and medication regimes were altered where necessary following specialist assessment or review.

Medications that required special control measures were appropriately checked, controlled and stored in a secure double locked cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There was one action identified during the last inspection. This related to medication administered not signed by nurses. This had been addressed and all medications had been signed when administered according to the records reviewed. The inspectors noted that the daily records maintained by nurses described responses to medication given particularly when medication regimes were changed or new medicines were introduced. Residents with dementia or other cognitive impairments who had problems with swallowing medication had their medication in liquid form where this option was available.

Staff had policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. These were noted to be adhered to and ensured safe practice. The prescription records included the required information such as the resident's name and address, any allergies, and a photo of the resident. There was a doctor's signature for all medication prescribed and where medicines were discontinued. Medicines prescribed on an "as required" basis had the maximum dose to

be given in a 24 hour period outlined.

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:

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

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:

There were 44 residents in the centre during the inspection. There were 39 residents with maximum or high level care needs and the remaining five were assessed as low dependency. Many residents were noted to have a range of healthcare issues. The majority of residents had dementia and some residents had cognitive impairments due to brain injury, trauma, stroke or long term alcohol problems. Some residents had

enduring mental health problems or intellectual disability.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. The inspectors found a good standard of personal and nursing care was in place and good access to medical and allied health care professionals was available. Recognised assessment tools were used to determine residents' needs, evaluate progress and to assess levels of risk in relation to falls, nutritional care, risk of developing pressure sores and changes in behaviour. There was a record of the residents' health condition and treatment given completed during the day and at night.

The inspectors reviewed a sample of resident's care plans and focused on aspects of care where responsive behaviours, dementia or brain injury were a feature for care practice. Care plans for residents observed to require significant staff input were also examined. Care plans were noted to be updated at the required intervals and in response to changes in residents' health conditions. The risk assessments completed had associated care plans where a need was identified. Staff conveyed good knowledge about residents' care needs and were well informed about residents' who had fluctuating moods and behaviour that had potential to change. There were care plans to guide practice and behaviour records were maintained to help staff identify patterns of behaviour and possible triggers. This information was used to inform care practice and also to inform staff from specialist teams such as neuropsychologists and mental health nurses who provide advice and guidance to enhance the well being of residents. The inspectors observed that several residents required substantial one to one input from staff to either reassure them about their wellbeing or to engage them in activity however the extent of this input was not always evident in care records and consequently it was difficult to determine the full range of psychological and emotional needs of residents and the time staff spent addressing these aspects of care.

There was information available that confirmed that residents or their representatives were involved in the development and review of residents' care plans. Relatives confirmed in feedback forms that they were consulted about their relatives' care. The person in charge also made arrangements to discuss care and welfare issues with relatives and these contacts were recorded.

An action plan in the last report identified that care plans did not always convey levels of orientation or residents' abilities. This had been addressed by staff. Care plans for residents with dementia were found to be person-centred and to outline information on orientation such as who residents recognised and what activities they could still undertake to guide staff practice.

Residents had access to doctors and to primary care services. There was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's reviewed medicines as part of the general review. Access to allied health professionals was available and was timely. Input from speech and language therapists, dieticians, occupational therapists and mental health specialists was recorded and recommendations were incorporated into care plans and observed to be adhered to when care was delivered. For example, where residents had percutaneous endoscopic feeding regimes discontinued the guidelines for safe dietary

intake were outlined for staff and were adhered to with good outcomes for residents who can now access rehabilitation programmes with the possibility of further enhancing their quality of life. Residents who were very active were observed in relation to their dietary intake to ensure that weight loss did not become a problem. The inspectors saw that food intake and diet was part of the commentary included in the daily records.

There was an admission procedure that included a process to assess residents' care needs and choices prior to coming in to the centre. Relatives and residents were given the opportunity to visit the centre and many commented in feedback forms that this had been helpful when making the decision to move into full time care. There were procedures that ensured that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was compiled and shared with other professionals and services.

Residents had opportunities to participate in activities that were meaningful and purposeful and which suited their needs, interests and capacities. The centre had a member of staff allocated to undertake social care activity daily and there was input from the company's "B-Fit" team that included an occupational therapist and physiotherapist who undertook regular exercise and mobility orientated activity. The activity coordinator had a programme for each day and was observed to encourage residents to participate to their maximum ability. Staff had completed "My Life" books for residents to inform them about residents' backgrounds, interests and hobbies and this information was used to inform the activity schedule and staff daily contacts with residents.

There were some residents with fluctuating behaviour patterns that required intensive staff input at times. The inspectors saw that these behaviours were recorded, that a range of interventions were put in place such as increased staff input and distraction to ensure residents well being and to minimise disruption to other residents. There was a policy that provided staff with guidance on how to manage behaviours that challenge and staff had training in dementia care and responsive behaviours that provided them with additional skills to manage such behaviour effectively and in a manner that protected the dignity of residents. There was specialist input from the community mental health team and other disability service teams that ensured that residents were appropriately assessed and referred for psychological or neurological assessment. The significant input required from staff to ensure some residents' safety and psychological needs were met including one to one input at times was not fully reflected in assessments of dependency. For example some residents could be assessed as relatively independent as they were mobile, able to converse and able to manage aspects of their personal care well however they had high levels of anxiety and restless behaviours that demanded considerable input from staff but the dependency assessment did not capture the level of staff input required to maintain their safety and well being. The inspectors concluded that a dependency scale that reflected psychological care needs and the input that residents required from staff was needed.

Judgment:
Substantially 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):

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

Findings:

Brentwood Manor is a modern purpose-built, single-storey nursing building that provides care to dependent persons who have problems associated with dementia or cognitive impairment due to brain injury or major illness. It is situated in a residential area and is a short drive from the town of Convoy. It can accommodate 48 residents. The building is organised in four units named Oak, Ash, Elm and Birch that enable staff to care for a small numbers of residents in each area. This layout reflected several good dementia design features. These include small scale spaces that residents can get around easily and that make finding bedrooms and communal areas easier. Each area has a dining /kitchen area and a communal room large enough for all residents to sit together. Residents' bedroom accommodation is mainly provided in single rooms. There are 32 single and eight double rooms for residents use.

The entrance opens into the reception area that has seating for residents and visitors and a designated visitors' area where residents can meet their visitors away from their unit units and in private. There is also an additional large sitting/activity area that is used for events, parties and where day care clients meet once a week.

There was also a sensory room that was well equipped, a clinical area for staff, changing areas for care and catering staff, a catering kitchen and sluice facilities. The building was comfortably warm, clean and odour free. Hot water was noted to be dispensed at a safe temperature and did not present a burns risk. There were good colour contrasts between walls and handrails to enable residents to recognise them easily. There was a small outdoor space that was secure and easily accessible to residents.

There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records confirmed that equipment was serviced regularly.

There was signage to guide residents around the units and that helped them identify their bedrooms and the varied communal rooms and facilities. The sitting room for example was identified with a picture of a sofa. Wifi access was also available to residents.

There was a secure garden area that was accessible to residents.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a procedure in place to address complaints. The person in charge said that he had addressed issues of concern brought to his attention immediately and made efforts to contact and meet family members and residents to resolve problems. The inspectors saw records that confirmed this. A record of all complaints was maintained on the computer programme. It contained the relevant information about complaints made and their resolution was maintained. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome was described.

Residents and relatives who provided feedback indicated they were aware of how to raise a concern or make a complaint and identified the person in charge as the person they would approach whom they had a serious issue of concern. Otherwise they would approach any member of staff. There was a designated person in the company who reviewed complaints and ensured that all complaints were addressed according to the procedure and legislative requirements. The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. Details for the office of the ombudsman were available.

There were some concerns in relation to the care of a resident being addressed through the complaints procedure when this inspection was conducted. The person in charge had met with relatives who had raised concerns and had arranged further weekly meetings to ensure the issues were addressed and to obtain feedback on the actions taken. However, some of the matters of concern raised were outside the scope of the centre to address and did not fall under the regulatory remit of the Chief Inspector.

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:

There was an end-of-life care policy that described the procedures related to care at end of life. Staff had procedures in place to establish residents' wishes and where possible said they obtained their views and that of family members to inform the care delivered at this time. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise. All decisions related to end of life care were recorded. The inspectors saw that decisions were reviewed regularly and that family members were informed and involved in the process.

Resident's end-of-life care preferences, personal and spiritual wishes were recorded in care records and care at end of life included supports to families at this time. No residents were in receipt of end of life or palliative care during this inspection.

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):

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

Findings:

The inspectors found that residents had a varied diet that met their nutritional needs and best practice standards. Catering services across the company's centres are supervised by a catering manager who had comprehensive procedures in place to ensure menus were varied, nutritionally balanced and in keeping with residents' preferences. A manual for good nutrition management had been compiled and was used for reference by catering staff. This described the menus, the seasonal variations, the range of dishes offered and the associated recipes with calorie and nutrition content

outlined. The preparation and presentation guidelines for specialist diets were also outlined. There were photographs of all dishes and these were used to help residents with communication problems make decisions about food choices. Residents' were encouraged to describe favourite foods, choices for particular meals and catering staff were informed about menu choices and specialist diets to ensure appropriate supplies were delivered to units. Residents said they were very satisfied with the food served and liked the dishes and choices that were available. Dining rooms were identified with clear signage and were centrally located so that residents could access them easily. A new initiative called the "breakfast club" had been introduced to add to the breakfast time experience and mealtimes were protected for residents to ensure that they could have meals quietly and at a pace that suited them.

Nurses and carers assessed nutrition status at admission and reviewed and monitored residents' nutritional intake and weights regularly. Residents who were at end stage dementia or who were at risk of losing weight or very active were monitored closely to ensure that they had adequate calorie intake. Snacks that included fruit were available throughout the day and residents were encouraged to eat mid morning and during the afternoon to ensure adequate calorie intake.

Catering staff were regarded as helpful and care and nursing staff said that they prepared alternative dishes when residents did not like what was on offer or changed their minds about the choices they had made at meal times. There was a food and nutrition policy to guide staff on nutrition management.

The inspectors observed the mid day meal and found that food was attractively presented. Food is transported from the main kitchen in bain maries to keep it at an appropriate temperature. Residents were encouraged to be independent at meal times and capacity in this area was described in care records. The action plan outlined in the last report in relation to support for residents at meal times had been completed. An inspector who observed the mid day meal saw that residents had assistance that promoted their dignity and that staff engaged with them throughout the meal chatting about the food and the meals available that day.

Nutritional risk assessments were completed and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis.

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:

There were systems in place that ensured that residents were consulted about the operation of the centre and that also promoted communication among residents, the staff team and relatives. Relatives and residents who completed feedback questionnaires conveyed that they had opportunities to talk to staff and to relay their views about the facilities and services in the centre.

There was a range of social activities available to residents. Specialist activity staff and carers facilitated the activity programme each day. They were supported by a physiotherapist and occupational therapist from the company's B-Fit team that attended the centre on a sessional basis. Activities were based on residents' interests and their care needs. Staff had information on residents' backgrounds and interests. This was recorded in "My Life" books and was used to inform the activity schedule. There were group and individual sessions and the inspectors saw that the regular activities included reminiscence, the use of the sensory room and Men's Shed located in the grounds. Inspectors observed that staff had relaxed relationships with residents, that they engaged positively with them and initiated meaningful conversations when in communal areas. The inspectors observed that staff respected residents' privacy, knocked on doors before entering bedrooms and ensured that residents knew they were nearby when support with personal care was needed.

Residents had access to television, radio, local and national newspapers.

Inspectors saw records that confirmed residents were consulted about the organisation of the centre. Regular meetings for residents were organised. These were noted to be facilitated well with the purpose of meetings described. Inspectors viewed the records for the January and February 2017 meetings and found that that the contributions of residents were recorded. Arrangements for consultation with residents who did not wish to participate in meetings or who had communication problems were in place and included on to one consultation according to staff. The meeting records indicated that residents had expressed satisfaction with staff and the services provided. Some residents said they would like more outdoor activity.

Residents could follow their religious beliefs. Priests or ministers were made welcome and could visit residents in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspector saw that visitors came in at varied times during the day. There were some

residents that were subject to Ward of Court arrangements. The conditions set out by the wardship were known to staff and were adhered to as required. Senior staff were aware of the documentation that had to be completed when residents attended appointments or required treatment and the inspectors saw that they adhered to the system set up by the resident's authorised legal representative.

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 were systems and procedures in place that ensured that residents' belongings were appropriately cared for and recorded. Residents said that their clothing and personal effects were laundered well and returned to them in good condition. A property record was completed there was a system in place to ensure all clothes were labelled to prevent loss.

The centre provided a laundry service and the inspector found that the laundry was suitably equipped and staffed adequately. Staff assigned to the laundry had safe systems in place to ensure that all laundry including soiled laundry was washed at appropriate temperatures. Personal clothing was pressed to ensure that it was crease free and in good condition before being returned to 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:

The inspectors found that there were adequate staff resources available each day to support care practice, the general business and administration requirements of the centre. There was a nurse on duty in addition to the person in charge daily. This included the acting Assistant Director of Nursing who took charge in the absence of the person in charge. There were six carers scheduled for duty as well as a senior carer, the activity coordinator, housekeeping, laundry, catering and administration staff. The inspectors noted that there was an improvement in the availability of nurses which was identified for attention during the last inspection. At that time the person in charge was covering absence in another centre and there was a newly qualified nurse on duty. The staff team included two "intern" nurses who had applied for registration and were waiting for this to be processed.

Carers were noted to be deployed effectively across the units and were supervised by a senior carer who allocated workloads and reviewed where staff were most needed depending on care needs of residents. There was one nurse and three carers on duty during the night. An additional care staff was on duty during the late evening / early night from 18.00 to 22.00 hours. A physiotherapist and occupational therapist were available one day a week as part of the company's B-Fit team and they undertook assessments and programmes of care as required.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The staff nurse on duty was familiar with residents, well informed about specific needs and situations where residents could be vulnerable such as poor safety awareness if outside alone. She was knowledgeable about the medication in use, safe practice in relation to restraint and the regulations and standards that govern designated centres.

There was a policy for the recruitment, selection and vetting of staff. This reflected good practice standards for the recruitment of staff who work with vulnerable people. All staff had the required vetting clearance before they took up their roles and the e vetting system was in place. Interviews were conducted for all posts and there was a short listing system prior to interview. All the schedule 2 records that are required for staff were available and readily accessible in the files presented for inspection.

There was a training record maintained for all staff and this conveyed that staff had access to ongoing mandatory training, refresher training and general professional development training to equip them to meet residents' needs effectively. Staff had attended training on infection control, nutrition and end of life care in addition to the mandatory topics of elder abuse, moving and handling and fire safety. Training on the dementia care model GEMs was underway and was due for completion in March

according to the training plan made available to inspectors.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Brentwood Manor
Centre ID:	OSV-0000322
Date of inspection:	28/02/2017
Date of response:	11/04/2017

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 11: Health and Social Care Needs

Theme:

Effective care and support

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

The dependency assessments completed did not capture the level of staff input required to maintain the safety and well being of some residents who had high levels of anxiety, required reassurance or who were physically active, had high levels of cognitive impairment and needed one to one support for considerable periods of the day.

1. Action Required:

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

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Brentwood Manor utilises reliable and validated dependency assessment tools. It is noted during the inspection that the safety and wellbeing of residents is being maintained by staff. However, in light of the inspectors comments, Brentwood Manor will trial a supplementary tool to capture the current level of staff input.

Proposed Timescale: 31/10/2017