



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0033447

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff learning hub is located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

63

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 September 2021	09:05hrs to 15:45hrs	Catherine Furey	Lead
Tuesday 28 September 2021	09:20hrs to 15:45hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

Residents were very positive about their experience of living in Brookhaven Nursing Home. Respectful and person-centred care was provided by a team of experienced staff in a homely environment. The inspectors observed practices, met with many residents during the inspection and spoke at length with five residents to gain an insight of the lived experience in the centre.

The centre was experiencing an active COVID-19 outbreak and on arrival the inspectors were guided through the centre's infection control procedures before entering the building. Exit doors were key coded and a notice was displayed to advise that visiting was restricted in the centre. Personal protective equipment (PPE) and alcohol hand gels were provided in the entrance hall to ensure good hand hygiene was practiced by anyone entering the centre. Additional alcohol hand gels were available throughout the centre to promote good hand hygiene practices. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere.

The centre is a purpose built facility with accommodation provided on four wings. The design and layout met the individual and communal needs of residents. Accommodation comprised 61 single and five twin rooms, all bedrooms had full ensuite facilities. The Kilminan wing was the designated red zone for 12 residents who were confirmed with COVID-19 and two residents, who were identified as close contacts. All the residents in the centre were confined to their rooms in line with public health advice. Communal rooms including five day rooms, an activity room, a conservatory and two large dining room were not in use during the outbreak.

There were photographs and artwork on the wall in corridors and communal rooms and comfortable furniture throughout. Day spaces and bedrooms all enjoyed natural light and some had lovely views of the surrounding countryside. Other rooms overlooked the centre's internal courtyards which were well maintained with pots, plants and seating for residents' use. On arrival the inspector observed that many of the residents were in bed and others were sitting out watching TV or listening to the radio. The majority of residents sat out for a period during the day. During the walkabout of the centre the inspectors observed that the corridors were wide and had hand rails to support residents to walk safely. They noticed that residents had access to communal bathrooms and toilets. Not all toilets had assistive grab rails to promote the residents' safety and some had only one grab rail, which could impact on resident's functioning if they had a weakness on one side. Washable flooring was in place throughout the centre. However, some rooms were untidy with items stored on the floor and the floor could not be easily cleaned. Adequate storage was provided with equipment such as hoists placed in storage bays which could be easily accessible for use. A variety of paint colours were used and directional signage was in place to assist way finding for residents. Residents chose the colour of their bedroom doors and one resident who was a Kilkenny GAA fan had a black and amber striped door. Inspectors noted that some of the communal rooms which were

not in use had not been cleaned and cobwebs and dust were evident. There was a hole in the floor of one of the rooms in the Kilminan wing, some bed tables were worn and the paintwork in parts of the centre required attention.

There were jugs of fresh water on the lockers in residents' rooms. The inspectors observed many examples of kind and respectful care and interactions throughout the day. Residents were highly complimentary of the staff and the services they received. Residents said they trusted the staff and the management team to keep them safe during the outbreak and fully informed of any changes in the centre. Residents who had a positive COVID-19 test said they were pleased and relieved that a doctor was available to answer their questions and reassure them. One resident said he was delighted that the doctor was there, because even though he wasn't feeling unwell he was still worried. Residents accepted that they were expected to remain in their rooms for a period to prevent the virus from spreading in the centre. They told inspectors that staff were always available to assist them. Some residents were disappointed that the group activities had ceased and they found they had little to do during the day, except watch television. Inspectors saw that residents' social needs were considered and two friends who enjoyed each others company were cohorted together so they would not be lonely. Many residents were provided with daily newspapers and reading material in their rooms. Some residents had mobile phones and chatted with family and friends during the day. The activity staff member found time to be with residents in their rooms and she also facilitated face to face contact with residents and families on social media. One resident remarked that it was nice to have some down time for a change. She said 'We cant be always be on the go'.

Inspectors noted that generally, residents' bedrooms were pleasant and personalised with photographs and pictures. Improvement was required to create a pleasant environment when residents moved to another room on a temporary basis. One resident's locker and water jug were at the foot of the bed and could not be accessed by the resident. The seating arrangement in another resident's room was such that the resident could not see the television screen. In two rooms the curtains were not hanging properly, as hooks were missing. In one twin room the screens did not go around the bed fully. In many rooms the residents' personal possessions were left in plastic bags on the floor and were not stored in a dignified manner or accessible to residents.

Overall, the residents were content in the centre. There were issues with the governance and management in relation to resources and a lack of oversight in the centre that required urgent and ongoing action. Inspectors observed weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents against COVID-19. These risks collectively presented a risk particularly in the context of the ongoing COVID-19 outbreak. The next two sections of the report present the findings of the inspection on capacity and capability. It also describes how the governance arrangements in the centre affect the quality and safety of the service.

Capacity and capability

Management systems required review to ensure that all aspects of the service were appropriately monitored. Risks associated with infection prevention and control and supervision of staff required significant improvement to ensure a safe service for residents. In response to these identified areas of risk an urgent compliance plan was issued to the registered provider. There was good clinical oversight of care and a person centred approach to service provision was evident in the centre.

Brookhaven Nursing Home Limited was the registered provider for Brookhaven Nursing Home. The company directors were involved in operating three other residential centres for older people. The centre had access to corporate support in relation to financial, human resources and facilities management. The person in charge was a company director who worked full time and was responsible for the day-to-day operations of the centre. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The management team comprised the person in charge, the assistant director of care (ADOC) and a clinical nurse manager (CNM). The ADOC and CNM had worked in the centre for a number of years and had recently been promoted to their current roles. The management team were supported by a team of nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

This was an unannounced risk inspection to monitor compliance with the regulations. The registered provider had a history of being responsive to the inspection process and had a good history of compliance with the regulations previous to this inspection. Inspectors found the actions set out in the compliance plans from the previous inspection in June 2020 had been completed. They also followed up on two pieces of unsolicited information which the Chief Inspector received since the previous inspection. The issues raised related to safeguarding and the care and welfare of residents. Inspectors found no evidence to substantiate the concerns raised on this inspection.

Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time with COVID-19 restrictions. Until recently the service had managed to prevent an outbreak in the centre. The provider notified the Chief Inspector of a COVID-19 outbreak in the centre on 24 August 2021. By 2 Sept, 13 residents and 8 staff had tested positive, and although case numbers decreased initially, on the day of inspection there were 12 residents and two staff who had tested positive and sadly one resident who had been diagnosed with COVID-19 had passed away. At the time of inspection, all of the residents and 98% of staff were fully vaccinated and apart from some residents with mild symptoms, none of the residents who contracted COVID-19 were seriously ill.

The provider's COVID-19 contingency plan required review to ensure an effective plan was in place to manage and prioritise resources to meet the services infection prevention and control needs. Management systems were not consistently effective

in ensuring the service was safe, consistent and effectively monitored. Audits were not consistently informing quality and safety improvements in the centre. Risks associated with infection prevention and control were not effectively identified and were therefore not being managed. The provider did not have effective arrangements in place for the supervision of staff to ensure that environmental and equipment hygiene was to the standard required. Arrangements for staffing zones with separate teams were not operated as set out in the COVID-19 contingency plan and the hours worked by household staff was not in line with recommendations from an infection prevention and control (IPC) specialist.

The centre was adequately resourced to provide the care described in the statement of purpose, but the additional staffing resources required during the outbreak were not in place and there was poor oversight of cleaning practices. On the day of inspection, there were three staff on leave. A nurse, a household staff and a staff member with a dual role providing direct care to residents and doing the laundry. The general laundry service was outsourced and existing staff worked additional hours to cover shifts during the outbreak. Two agency cleaning staff were in the centre on the day of inspection were rostered to work from 9am -4pm. , They worked until 3pm. Staff on duty included the person in charge, the assistant director of care and the clinical nurse manager, who was the COVID-19 lead. There were two nurses on duty over a 24 hour period, one in the Red zone with COVID Positive residents and contacts (14) another nurse caring for other residents (48). The nurse in the Red zone administered medications to residents who did not have COVI-19 detected.

The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of persons in their care and respectful of their wishes and preferences. Mandatory training in the centre was provided for all staff with an on ongoing training schedule in place to ensure all staff were supported to perform their respective roles. However the induction and training of household staff required significant improvement.

Complaints records showed that complaints were managed in line with the centres policy and feedback from residents was acted on by management. Residents told the inspectors that they had very little to complain about.

Regulation 15: Staffing

The deployment of nursing staff and arrangements for separate staff teams required review to ensure there was no cross over of nurses between zones.

Household staff hours were less than what was recommended by the HSE COVID response team.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to information provided to inspectors nearly all staff had completed mandatory training in infection prevention and control, moving and handling, fire training, fire drills and safeguarding of vulnerable persons.

The household staff member on duty on the day had not attended training relevant to their role. The household supervisor was on leave and no replacement was in place. The household staff were not appropriately supervised and supported to perform their respective roles in relation to environmental and equipment hygiene. The three household staff on duty were new. One was an employee and two were from an external agency. Their induction did not equip them with the required knowledge to undertake their duties competently and ensure that environmental hygiene was to provide a safe environment for residents and others. This is discussed under regulation 27.

Judgment: Not compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were stored securely and easily accessed for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The additional staffing resources required were not provided, to manage and contain the COVID-19 outbreak in the centre. An urgent action plan was issued requiring the person in charge to put measures in place to ensure that staff have access to appropriate training and that staff are appropriately supervised.

The management team were not aware of the most up-to-date guidance issued by the Health Protection and Surveillance Centre (Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities version 6.7).

Systems for monitoring the quality and safety of the service required review to ensure they were informing ongoing safety and improvements in the centre, for

example,

- From the audit reports provided to inspectors it was apparent that audits had not been done to ensure that hygiene and care standards were maintained during the outbreak. These issues are discussed in detail under regulation 27.
- Environmental and equipment hygiene audits were not done during the current outbreak. The most recent environmental audit on 9 August had not identified risks found on inspection associated with infection control.
- Monthly call bell audits were last done in July, therefore it was not possible to ascertain if residents received timely attention as their care needs changed during the COVID-19 outbreak.

A key strategy in the COVID-19 contingency plan to maintain separate staff teams in different zones was not implemented. There was cross over of nursing staff between zones on day and night duty.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services had been amended since the previous inspection and they met regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were in place on matters set out in Schedule 5. Many of the policies were revised in 2020 and relevant policies such as the visiting policy, infection prevention and control policy and the end of life policy had been revised more recently to reflect Health Protection Surveillance Centre (HPSC) guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. Inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's

policies.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. Inspectors reviewed the complaints log which included details the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately.

Judgment: Compliant

Quality and safety

Residents' rights were generally promoted in this centre and residents were supported to access high standards of appropriate evidence-based care. Staff were knowledgeable of residents' individual care needs and preferences, and included residents in all decisions about their care. Arrangements for the oversight of infection prevention and control procedures within the centre required significant review. Infection prevention and control risks identified on inspection were significantly impacting on resident's safety and improvements were required to support residents' dignity and ensure that they were comfortable when they moved to another room. Two zones operated in the centre, and if a resident tested positive for COVID-19, they moved to a room in the red zone for a 14 day period.

Public Health were providing advice and support to manage and contain the outbreak. An Infection Prevention Control nurse specialist had attended the centre on two occasions during the outbreak to advise on outbreak management and infection prevention and control practices. However, the degree to which infection prevention and control was coordinated in the centre could be improved to ensure sufficient oversight to identify potential risks and opportunities for improvement where identified in relation to regulation 27; infection prevention and control.

The centre implemented many of the infection prevention and control procedures to help contain an outbreak of COVID-19. For example, twice daily symptom monitoring of residents and staff for COVID-19. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Staff were observed to have good hand hygiene practices and correct use of PPE. However, weaknesses in the system included poor environmental and equipment hygiene and cross over of staff between zones. The

management team were not aware of the most up-to-date guidance issued by the Health Protection and Surveillance Centre (Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities version 6.7).

Alcohol hand gels were readily available throughout the centre but overall facilities for and access to hand wash sinks in the areas inspected were unsatisfactory. There was a limited number of hand wash sinks in the centre. The building was laid in a way that allowed sections to be safely closed off for isolation as required and some areas contained their own exits to allow for safe cohorting of staff and residents. However, there were no appropriate system for the safe cleaning and decontamination of shared equipment. The household supervisor was on leave and the supervision of cleaning standards was poor. Oversight of cleaning standards and cleaning schedules required significant improvement – this is discussed under regulation 27.

Fire safety and containment in the centre was generally good but improvement was required to ensure that residents' personal emergency evacuation plans (PEEP) were accessible in an emergency if a resident moved to a different room.

The schedule of preventative maintenance which ensured the premises was in good state of repair had fallen behind during the pandemic and some areas of the centre required redecoration. Assistive grab-rails were required in several en-suite and communal bathrooms to maintain and promote the safety of residents. Sluicing facilities in the centre also required review.

The centre's risk management policy was in line with regulatory requirements. The risk register included environmental hazards which were assessed and included the controls put in place to mitigate the specified risks. The storage of oxygen required review, as discussed under regulation 26. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for risks associated with COVID-19 and all residents had a care plan to direct their care, should they develop symptoms or contract COVID-19. Clinical risks were effectively managed and residents were routinely screened for risk of pressure ulcers, malnutrition and falls. Care plans were in place to mitigate any risks identified and they were reviewed monthly. The sample of electronic care plans reviewed were comprehensive and person-centred with sufficient detail to direct staff to meet the resident's needs and provide a consistent approach to care. There were good standards of evidence based health care provided and residents were supported to access their general practitioner (GP) and allied health services as required.

The use of restrictive practices was closely monitored and the provider committed to continuing to promote a restraint-free environment. Resources were allocated to provide alternatives to bedrails such as low-profile beds. Regular risk assessments were completed for all residents using bed rails and routine safety checks were carried out in line with the national guidance.

Visiting restrictions were in place during the COVID-19 outbreak and compassionate

visits were facilitated. There was evidence of ongoing communication with relatives and there were adequate arrangements in place for consultation regarding visits with relatives and families.

There was a rights based approach to care in this centre. The service promoted the rights of individuals by respecting individual choices and preferences and by involving residents in the organisation of service. There were systems in place for residents' feedback. There was evidence that suggestions and feedback from residents was acted on by the management team. Prior to the outbreak there were regular resident meetings and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Bedroom accommodation was mostly single rooms and this promoted residents' privacy. Most of the curtains had been removed for cleaning. The screens in use in one twin room required review to ensure privacy.

At the time of inspection the residents were locked down and restricted to their bedrooms. Generally there were no restrictions on resident's movements within the centre and residents in each of the four wings had free access to a pleasant, secure outdoor area. Residents were fully informed about the COVID-19 outbreak in the centre and they understood the need for them to isolate in their rooms, in order to contain the spread of the virus. There was evidence that residents who tested positive for COVID-19 were sensitively informed of their result and their GPs answered resident's questions and provided reassurance to each resident.

Generally there were facilities and opportunities available for all residents to participate in activities in accordance with their abilities and preferences. Staff took steps to ensure that residents' social needs were met while they isolated in their bedrooms. Normally there was a variety of activities available to residents that included group and one-to-one sessions. However, group activities were curtailed and the activity coordinator met with residents on a one-to-one basis or had an activity with two residents if it was appropriate. Feedback from residents was that there were things to do throughout the day normally but also they were grateful for the time to relax and do nothing. Each resident had a television in their room and many of the residents had a radio and a mobile phone. Residents who enjoyed reading the newspaper were provided with a daily paper in their room.

Regulation 11: Visits

Prior to the outbreak visiting restrictions were lifted and indoor visiting took place in line with current guidance from the Health Protection and Surveillance Centre (HPSC). However, during the outbreak indoor visiting was suspended on advice from the public health department. Compassionate visits were facilitated when required. Residents were supported to maintain contact with family and friends using social media platforms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry. Many of the residents had moved to a different room during the COVID-19 outbreak and the manner in which residents' clothes and personal possessions were managed required improvement. When residents moved to another room their clothes and personal possessions were put into plastic bags and in many cases left in plastic bags for the duration of their stay. Some of their possessions were in bags in the resident's original room as well as the room they currently occupied. In one case instead of hanging the residents' clothes on hangers, the plastic bags were stuffed into the wardrobe. Consequently the residents did not retain control over their clothes and possessions.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the centre required refurbishment and upgrading in line with the requirements of schedule 6 and to meet the increased cleaning requirements, for example:

- In some areas, floors, walls, doors, skirting boards and surfaces were damaged and scuffed rendering them difficult to clean.
- Some toilets throughout the centre did not have appropriate assistive hand rails to promote optimal functioning and ensure the safety of residents.
- One toilet bowl was cracked and some toilet seats did not have lids

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to drinking water at all times and they were offered a choice at all mealtimes. Systems were in place to monitor all residents intake and to ensure that they were provided with adequate quantities of food and drink. Residents who required modified meals were offered choices similar to other residents and their food was attractively presented. Residents told inspectors that they were satisfied with mealtimes and that drinks and snacks were available upon request both day and night. There were adequate staff to supervise meals and provide assistance to

residents who could not eat independently. Some residents with COVID-19 had lost their appetite and inspectors observed that staff took time to encourage and support these residents at mealtimes. For example; one resident said she fancied a fried egg and mashed potatoes at dinner time and this was provided. Another resident who refused both lunch menu options was provided with a sandwich and a desert instead. Nutritional supplements were provided to residents as prescribed.

Judgment: Compliant

Regulation 26: Risk management

The risk assessment for the storage of oxygen did not reflect the procedure in place on the day of inspection. Oxygen cylinders which were not in use, were stored externally in a cage between two clinical waste disposal units. Not all the cylinders were stored upright and the base of the cage was rusted. Oxygen concentrators in use within the centre were stored in an unsecured manner in a corridor. In addition, there was no cautionary signage in place to highlight the risks associated with oxygen.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not in line with the national standards and other national guidance. As a result, efforts to prevent and control COVID-19 transmission were severely restricted. For example:

Staff cohorting arrangements were ineffective. Inspectors observed staff crossover between COVID and non COVID areas.

Infection prevention and control audits required review as issues highlighted on this inspection had not been identified by auditors.

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

- There was a limited number of hand wash sinks dedicated for staff use in the centre.
- Equipment such as pressure relieving cushions and a bath chair were stored inappropriately in a sluice room.
- Personal protective equipment was stored on open shelving which may cause contamination.
- Waste segregation and disposal practices in the designated centre were not in line with best practice and posed a risk of cross infection. For example, a

hazardous waste bin was not available in the sluice rooms or at the exit for the safe disposal of face masks.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice guidance. For example:

- Equipment stored on cleaning trolleys were visibly unclean. On one trolley there was cobwebs on a feather duster. Two trolleys had buckets with dirty water used for mopping the floors. Effective cleaning and decontamination is compromised if cleaning equipment is contaminated.
- There was no system to ensure that shared equipment was decontaminated after use. Three hoists were found to be dirty.
- Hoist slings which were for individual use, were observed to be left on the bar of two hoists.
- Two bedrooms which were signed off as terminally cleaned were inspected and found to be unclean. For example a toilet bag and spectacle case was found in the bed side locker and a toilet brush holder was dirty.
- Decontamination of high touch surfaces, such as door handles and light switches was done twice daily. There was no arrangement in place for staff to repeat the procedure after the cleaning staff went off duty at 16:00 and 17:00.
- There was no system to ensure that chairs, including fabric covered seats were cleaned. This duty was delegated to night staff but there was no cleaning schedules to confirm that the chairs were cleaned.
- Effective floor cleaning could not be achieved due to storage of bags containing residents' clothing and other possessions on the floor in some bedrooms and bathrooms.
- A unidirectional system was in place to ensure segregation of used and clean laundry was maintained to mitigate risk of cross infection. However, the floor of the laundry could not be effectively cleaned as not all parts of the floor were accessible due to storage of alginate bags containing laundry on the floor surface and other equipment.

Judgment: Not compliant

Regulation 28: Fire precautions

Specific aspects in relation to fire safety which were highlighted at the previous inspection in June 2020 were followed up. Inspectors saw that maps with compartment boundaries were displayed in the centre. Bedroom doors in the older section did not have automatic closing devices to help contain fire. Inspectors saw that the fire safety policy and the fire drills highlighted the need to close the bedroom doors immediately. This was also emphasised to staff on induction and at fire training. Staff who spoke with inspectors were aware that they were required to

close the doors at the outset in the event of a fire in the centre.

Residents had personal evacuation plans in their rooms and when they were transferred to another room in a different zone their PEEP's were not consistently transferred with them. Inspectors observed four PEEP's in rooms which did not relate to the current occupant.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on the compliance plan following the previous inspection and found that the required actions had been completed. Inspectors reviewed a sample of medication charts and found medicinal products were appropriately dispensed and stored. Medicines were administered in accordance with the doctor's prescriptions. Whenever crushed medications were required, they were individually prescribed and prescriptions for crushed medications were reviewed monthly.

Anticipatory prescribing was in place to ensure that residents who contracted COVID-19 and developed symptoms could be managed appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments, among others. These assessments informed the care plans developed to meet each resident's assessed needs.

The inspectors examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. Care plans were updated on a regular basis to take account of each resident's changing needs and advice from medical and allied health services. There was a system to ensure that care plans were reviewed monthly or as residents condition changed. Advanced care planning was in place to guide care in the event that any resident contracted COVID-19 and the majority of residents also had an end of life care plan in place. There was evidence that residents and their relatives where appropriate were supported to be involved in the care planning process, to ensure the individual resident's wishes were reflected in their care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical services. Two GP's who cared for most of the residents were on site daily. Records demonstrated that residents were regularly reviewed by their GP and all residents who contracted COVID- 19 had a medical assessment. Residents had access to allied health professionals such as speech and language therapy and dietetics following an assessment and referral process. Inspectors followed up on residents who had diabetes, were at risk of falling or malnutrition and residents with a wound. They found that evidence-based nursing informed the assessments and care plans for these residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices in the centre had reduced significantly and low profile beds were used increasingly instead of bed rails to support a restraint free environment. Risk assessments were completed for bed rails and safety checks carried out in line with the national guidance.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed that residents' rights to privacy were not fully upheld in one twin bedroom. The privacy curtains between the beds were ill-fitting and did not fully encircle each bedspace.

The management of residents possessions when they moved to a different room required review to ensure that residents' dignity was respected.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that measures were in place to protect residents from harm or

suffering abuse and to respond to allegations, disclosures or suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0033447

Date of inspection: 28/09/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Post inspection an additional Nurse was allocated for the identified Green Zone ensuring there would be no opportunity for cross contamination.</p> <p>The CNM within the centre is now off the floor with the DoN and ADoN to ensure adequate oversight in each of the areas and monitor and supervise staff and care provided to the residents.</p> <p>Household vacancies are acknowledged within the Nursing Home. These roles had been advertised and recruitment remains ongoing. Additional hours had been added to the existing rostered hours for household staff during the outbreak.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of staff training has been undertaken by the Nursing Home Management Team and all training identified as required has been completed.</p> <p>A Household supervisor was appointed who will induct new staff and ensure supervision and support is provided on an ongoing basis.</p> <p>The management team commits to ensuring that no new staff member will commence employment until all the necessary training appropriate to their roles has been completed. All new staff will receive supervision and support from their direct Line</p>	

Manager to ensure competency within their role. Any areas identified as requiring support or additional training will be recorded and action planned to ensure all staff are afforded the opportunity to meet the standards required. During induction all new staff will receive information specific to their roles and responsibilities. The induction checklist is currently being updated to ensure that all staff are advised and fully aware of their:

- Accountability and escalation pathways
- Policies and procedures appropriate to their roles
- Governance and management structures within the Nursing Home
- Roles and responsibilities in relation to IPC, Risk Management, Health and Safety and Safeguarding.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Provider and Management Team are confident that the governance and management structure within the centre clearly identifies the lines of authority and accountability and systems are in place to ensure that the service provided is safe, ensures the best outcome for Residents and is effectively monitored.

Post inspection the management team reviewed all the current revised relevant legislative documentation and are now fully versed on all issues relating to the Management and Prevention of Covid-19 outbreaks.

Environmental and equipment audits as well as call bell audits have recommenced in the centre. The management team acknowledges that these audits had not been completed during the current outbreak.

Systems were in place prior to the outbreak to ensure monitoring of the quality and safety of the service. These systems included but were not limited to staff debriefings, trainings, weekly and monthly heads of department meetings, on-going Audits and associated action plans. The audit schedule in place prior to outbreak has been reviewed and will now incorporate audits relating to direct care provided to residents to ensure that care provision is safe, appropriate and consistent for the delivery of person-centered care to all residents.

Regulation 12: Personal possessions	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A policy and procedure on the management and protection of personal property is in place and all staff have been refreshed on its contents. An audit of storage has been undertaken to ensure Residents have adequate space to store their clothing and other personal possessions in their own rooms. In so far as is reasonable and practical all Residents will have access to and retain control over their personal property and possessions in the event of having to temporarily move to another room. Where it is not possible for a Resident to move all personal items they will be stored safely in the interim until they can be reunited with the Resident.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule of works had been undertaken and agreed by the Board of Management prior to the Covid outbreak. This schedule of works has been delayed and will recommence once safe to do so post outbreak.</p> <p>Additional assistive hand rails have been ordered and will be fitted immediately on delivery. The cracked toilet bowl noted during the inspection has been replaced and any toilet seats that required replacing have been attended too.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Post inspection a secure lockable cage has been sourced for the storage of oxygen cylinders and has been placed in a designated safe external area with the appropriate signage in place.</p> <p>Two areas close to each Nurses Station have been identified for the storage of oxygen concentrators and the appropriate signage is also in place.</p> <p>Staff have been refreshed on the safe storage of oxygen externally and internally.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Following the inspection, the Nursing Home Management Team have reviewed their IPC Policy and Procedures in line with National Standards and most up to date IPC Guidelines on the Prevention and Management of Healthcare associated infections including COVID-19. This information is being communicated to staff through daily debriefs and handovers.

A clinical staff member has been identified as the IPC Lead for the Nursing Home and will be given further training in this area to ensure they are capable of performing their duties, roles and responsibilities. This staff in liaison with the PiC will have responsibility for monitoring compliance with the National Standards for Infection Prevention and Control.

Post inspection a review of the Nursing allocation was undertaken and an additional Nurse was allocated for the Green Zone ensuring no cross over would occur between areas.

Staff refresher training has taken place on site in respect of hand hygiene. Hand Hygiene audits will continue monthly to ensure staff compliance and highlight competency. A review of the number of hand wash sinks dedicated for staff will be undertaken by the Nursing Home Management Team and findings will be shared with the Board of Management.

New storage cabinets have been purchased and are now in situ to ensure all medical aids and equipment is stored safely and appropriately. Hazardous waste bin placement throughout the centre was audited and all exit areas have appropriate disposal vessel in place.

Post inspection the findings of the Inspectors was shared with the Household Team. The Housekeeping Team are responsible for the daily maintenance of their trolleys to ensure they are clean and ready for use. The PiC and Management Team within the Nursing Home will conduct audits on the cleanliness of the trolleys to ensure effective cleaning and no cross contamination can take place. Ongoing training and supervision will be carried out by Household Supervisor with all new staff and supported by IPC Lead. Household staff have received further education and training on best cleaning practices, terminal cleaning, frequently touched areas and deep cleaning procedures. Environmental cleaning audits have been conducted and all issues noted are currently being actioned to ensure the environment and equipment are cleaned in accordance with best practice guidelines.

The cleaning schedule on site has been reviewed and updated for all shared equipment to include hoists. Debriefs and staff education has taken place in relation to sling usage and the importance of storing slings used by residents in their rooms to prevent cross contamination.

The small amount of fabric seating remaining in the Nursing Home and noted during inspection was removed and replaced with non-fabric wipeable seating.

Post inspection all Resident's clothing and possessions moved during the room transfers have been returned and placed into each Residents wardrobe space. Clutter and items noted on the floor were moved immediately following the inspection. Daily oversight and supervision of staff practices in the Nursing Home ensures these practices do not return. Additional laundry baskets have been made available in residents' rooms to store alginate bags so that floor and other surfaces can be cleaned appropriately.

Audits of IPC practices will continue monthly. The processes required to ensure appropriate cleaning practices within the Nursing home will be monitored and evaluated by the Management Team. Any additional training or resources required will be informed to the Board of Management and actioned as appropriate

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 As advised to the Inspectors all residents on site had a PEEP in place which was up to date and reflected the assistance they required. However, during the outbreak residents were required to move rooms and on the 4 occasions noted by the Inspector staff did not transfer the residents PEEP with them. Following the inspection an audit of the PEEPS in each room was conducted and the findings were actioned immediately. The PEEPS documentation has been added to the Residents Personal Belongings Checklist thus ensuring that in the event that future moves being required the appropriate action will be taken.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Following the inspection of the centre the PiC reviewed the privacy arrangements in all twin rooms. The curtains noted in the report were removed.
 New privacy curtains have been sourced and ordered for use within the twin rooms in Nursing Home. These curtains will ensure that the dignity and privacy of each resident in the twin room is respected and maintained.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	21/10/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2021
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Red	04/10/2021

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	04/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/10/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in	Substantially Compliant	Yellow	30/11/2021

	Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	04/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	12/11/2021

