



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

Issued by the Chief Inspector

Name of designated centre:	Brindley Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0037482

About the designated centre

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

The centre was a purpose built single storey residential care facility that can accommodate 43 residents who need long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 33 single and 5 twin bedrooms. Most of the bedrooms have full en suite facilities with a shower, 10 rooms have an ensuite with a toilet and a wash hand basin and two single rooms have a wash hand basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Wednesday 9 November 2022	08:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 9 November 2022	08:00hrs to 17:00hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in the designated centre was that they were happy with the care they received and their life in the centre. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. Upon inspectors' unannounced arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting, inspectors walked around the centre with the management team which gave them an opportunity to meet with residents and staff as they prepared for the day. The inspectors observed that many residents were relaxing in the communal areas, enjoying a mid morning cup of tea. Some residents were observed enjoying a sensory activity in a communal sitting room. Inspectors observed that staff mingled among the residents providing assistance and encouragement as necessary.

Brindley Manor Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is a single storey building situated in a residential area in the village of Convoy, Co Donegal. The designated centre is registered to provide care for 42 residents. On the day of this inspection, there were 42 residents living in the centre. Resident accommodation is provided in 33 single and 5 twin bedrooms.

As inspectors walked through the centre, they observed a high level of activity. A refurbishment programme was in progress with a view to enhancing the overall environment. This was a positive outcome for residents, however the inspectors found that the programme of works however the inspectors found that the programme of works was not being managed in a way that promoted the dignity, privacy and safety of residents. For example, inspectors observed that a number of corridors were not fully accessible to residents and that access to some handrails was hindered due to works being carried out. This posed a risk to residents who were mobilising around the centre. In addition, inspectors observed that the refurbishment works taking place next to bedroom accommodation were observed to be noisy and footfall was significantly increased due to contractors on site. Inspectors found that consideration was not shown to those residents who were unwell or residents resting in their bedrooms in these areas. This was addressed by the person in charge when it was brought to their attention by inspectors.

The centre was homely and well furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre. Residents were also facilitated to receive visitors as they wished. There were two sitting rooms to ensure residents had sufficient comfortable communal spaces in

which to congregate and meet with each other and with their visitors. A designated visitors' room was also available if residents wished to meet their visitors in private.

Residents' bedrooms were personalised with items such as their photographs, artwork and ornaments. Residents' bedrooms varied in layout and size and most had sufficient space to meet their needs including adequate wardrobe and storage space for their clothes and personal belongings. Resident bedrooms appeared clean and generally well laid out, however inspectors found that one bedroom door was partially blocked by a cross corridor fire door. Additionally, a number of double bedrooms required reconfiguration as the positioning of some beds resulted in the room's window being located within the bed space of one of the beds. This meant that if the privacy curtains were drawn around this bed, in order to provide privacy to the resident, this would limit natural daylight for the other resident accommodated in the room. Inspectors observed that some double bedrooms lacked adequate shelving to enable resident to display personal items. Furthermore, Inspectors observed that the provision of one television set in twin rooms did not afford each resident personal choice regarding their television viewing and listening.

Residents had unrestricted access to a well maintained enclosed garden area, this area had been refurbished since the previous inspection and inspectors observed a number of residents availing of this space throughout the day.

Inspectors observed interactions between staff and residents throughout the day. Residents were supported in an unhurried manner with staff seen to give residents time and space to make their views known. There were sufficient numbers of staff available to respond to residents need.

The lunchtime experience was observed by inspectors. Food was freshly prepared and specific to resident's individual nutritional requirements. Residents had a choice of dining areas, some residents dined in their bedrooms was their preference. There were sufficient staff available to support residents at meal times. However, inspectors observed that a number of resident were using assistive chairs which were not compatible with the dining tables. As a result, those residents could not sit at the table and were unable to participate in the social dining experience.

The inspectors observed that residents' call bells were answered promptly by staff. Inspectors also observed that the communal rooms were supervised at all times.

There were two activities coordinators employed by the centre and a varied activity programme was facilitated daily in each of the communal sitting rooms.

Inspectors observed that staff wore face masks as recommended during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also focused on the registered providers actions to address non compliance's with the regulations found on previous inspections.

Overall, the findings of this inspection were that the management systems in place were not robust and further actions were required to ensure that a safe and consistent service was provided to residents living in the centre. For example, inspectors found that disimprovements with Regulations 5: Assessment and Care Planning and 6: Health care meant that the provider had not ensured that the service consistently met the needs of the residents in the centre. In addition, a number of actions required from the last inspection in November 2021 were not fully implemented and as a result regulatory compliance was found to have disimproved in a number of areas. Inspectors also found that there was repeated non-compliance was identified with Regulation 15: Staffing.

The Brindley Federation of Nursing Homes Limited is the registered provider of Brindley Manor Private Nursing Home. There was a clearly defined management structure in place that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The management team consisted of a person in charge and an assistant director of nursing who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff. The designated centre was also supported by activity, administration and maintenance personnel. Additional governance support was provided by a regional director who had oversight of a number of other designated centres operated by the provider.

There was evidence of regular governance and management meetings however , the records of these meetings did not evidence quality improvement plans were implemented to address deficits in the service where they were identified. In addition, the audit programme that was in place to monitor the quality and safety of the service recorded consistently high levels of compliance and did not identify a number of the non compliances found on this inspection. For example, significant non-compliance in relation to assessment, care-planning and health care were found by inspectors, however these had not been identified by the centre's own quality assurance systems.

This inspection found that the provider had failed to provide adequate night-time staffing resources to ensure that residents received safe care and support in line with their assessed needs. This was identified on inspection in November 2021 and is a repeated non compliance.

Although the provider had made arrangements to facilitate mandatory training for staff, the records indicated some staff did not have appropriate training on the day

of the inspection. For example, not all staff had completed mandatory fire safety training. In addition, inspectors were not assured that the training programme available, provided all staff with the necessary skills and competencies relevant to their roles to meet residents needs. For example, inspectors found that the quality of nursing assessments and care planning practices did not ensure that residents received care and support in line with their assessed needs. This included those residents who were receiving end of life care. Although nursing staff received support and supervision from senior clinical staff these issues had not been identified and addressed through the supervisory processes.

Inspectors found that not all notifiable incidents that had occurred in the centre had been reported in writing to the chief inspector, as required under Regulation 31: Notification of Incidents.

An annual review of the quality and safety of care had been completed from 2021., Resident feedback was used to inform the review.

The complaints procedure was available. Arrangements were in place to ensure complaints were documented, investigated and the outcome communicated to complainants. An appeals procedure was in place for referral of complainants, if not satisfied with the outcome of investigation of their complaint by the designated centre's complaints officer.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the residents taking into account the size and layout of the designated centre . This was evidenced as follows;

- There was a high incidence of residents falling in the centre. For example, residents fell on 85 occasions in the period from 01 January 2022 up the time of this inspection. Greater than 50% of these falls by residents occurred between 20:00hrs and 08:00hrs, the majority of which were not witnessed by staff.
- The provider had identified that there was a need to have two nurses rostered on night duty however, rosters showed only one staff nurse was available on night duty on 24, 25, 26, 27, 29 and 30 October and on 02, 04, 05, 06, 08, 09 and 11 November 2022. This is a repeated finding.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors found that the training and supervision of staff was not effective. this was evidenced by the following;

- Seven staff had not attended mandatory fire safety training. Eight staff had not been facilitated to attend mandatory refresher fire safety training.
- Two staff had not attended mandatory safeguarding training.

The supervision of nursing assessment and care planning practices had not identified a number of non compliances found on this inspection. This included end of life care. As a result , staff has not been offered appropriate training and support to improve practices in these key areas which was impacting on the quality and safety of care for residents.

Judgment: Not compliant

Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in 3 (h) of Schedule 3 was not entered into the directory for all residents as follows;

- the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in designated centers for Older People) Regulations 2013 were not effective. This was evidenced by the following findings;

- The provider had failed to take appropriate actions to ensure that their compliance plan from the previous inspection had been implemented in full and that the improvement actions were sustained.
- The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness and residents' quality of life. For example, disparities

between the consistently high levels of compliance reported in the centre's own audits did not reflect the inspectors' findings during this inspection.

- Systems to ensure adequate staffing resources were provided were not being implemented effectively . As a result, staffing levels were not consistent and did not ensure the effective delivery of care in accordance with the centre's statement of purpose.

Risks were not being appropriately managed by the management team. For example, a risk assessment was not completed for the refurbishment works that were being carried out in the designated centre at the time of the inspection. This risk assessment was required to identify any potential impact or risk for residents accommodated in or close to the work areas and to ensure that these risks were mitigated and residents were kept safe and comfortable.

Judgment: Not compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time-frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the use of chemical restraint including psychotropic medicines administered on a prn (as required) basis.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

The inspectors met with many of the residents during the inspection. Overall feedback from residents was positive regarding their quality of life. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However, inspectors found increased

oversight was required to ensure that residents received good quality ,safe care in line with their assessed needs to ensure the best possible outcome for residents. Inspectors found that significant effort and focus was now required to bring the centre into full compliance with the regulations as set out in the quality and safety section of this report.

The inspectors reviewed a sample of residents files and there was evidence that the resident's needs were being assessed using validated tools. Assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. Care plans were informed using these assessments. However, a number of the care plans reviewed by the inspectors did not include sufficient up to date information in relation to the resident's current needs. As a result these care plans did not provide staff with the knowledge they needed to give safe and appropriate care and action was required to ensure relevant and up-to-date information in residents' care documentation was updated in line with changes to residents' care needs. Inspectors also found that a number of care plans did not provide assurances that they were being completed in consultation with the resident. In addition some care plans did not reflect the residents' individual preferences, wishes and usual routines, and as such were not person centred. This is discussed further under Regulation 5, Assessment and Care planning.

Residents had access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals, however referrals to these services were not always timely which resulted in poor outcomes for some residents' health, well-being and quality of life. For example, a resident who had sustained a number of falls was not referred to a physiotherapist in a timely manner.

There was a restraints policy in place. However, restrictive practices were not always implemented in accordance with this policy or the national restraint policy guidelines. For example, inspectors found that chemical restraint was not always used in the least restrictive manner for the least amount of time. Better clinical oversight was required to ensure alternatives to restrictive practices were trialled and that effective risk assessments were completed in relation to the safe use chemical restraint. There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, record keeping procedures of incidents of responsive behaviours were not consistent and as a result there was not always a clear record of the resident's episodes of responsive behaviours and how these had been managed. This information was required to monitor and review the use of restraints to ensure that any de-escalation or restraints that were used were being used in line with national guidance and the centre's own policies and procedures and to inform the resident's treatment plan.

The inspectors found that residents were free to exercise choice about how to spend their day. Residents were assisted to get up in the morning at a time of their choosing and staff supported residents to maintain their individual style and

appearance. Some residents were observed in the communal rooms, while others spent time alone in their bedroom.

Residents at end of life were supported by staff and the resident's general practitioner (GP). Staff worked closely with local community palliative care services. Facilities were provided to ensure residents families and friends could be present to support the resident at end of life. For the most part, care plans outlined residents' expressed preferences regarding the care they would like to receive at the end of their life. However, end of life care wishes were not recorded for all residents and as a result, inspectors found that the emotional, social and spiritual needs of individual residents were not always known to staff .This is discussed further under regulation 13: End of life Care.

Although residents received the correct medications, inspectors' observation of nursing practices showed that administration of residents' medicines was not in line with professional standards and required improvement. This finding is discussed under Regulation 6, Health care.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Care records showed that where specialist practitioners had made treatment recommendations that these were implemented . Residents with needs for special, modified and fortified dietary needs were provided with meals and snacks, prepared as recommended.

Residents had access to religious services within the centre and wider community. Residents were supported to practice their religious faiths. Catholic mass was held on alternate weeks and inspectors observed that many residents were supported to attend a service on the day of the inspection. A eucharistic minister visited the centre weekly. Residents had access to television, radio and local and national newspapers. Information regarding advocacy services was displayed in the centre and this service was available to residents if needed.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents described the centre as homely and comfortable. Resident's accommodation was individually personalised. Inspectors noted that while the dimensions of the twin bedrooms met the minimum requirements of the regulations, the layout of some of these bedrooms required review to ensure they met residents' needs in terms of access to natural lighting.This is discussed further under Regulation 9: residents rights.

Overall, the premises was clean and well maintained. Infection prevention and control measures were in place and monitored by the management team. Whilst there was evidence of good practices in relation to hand hygiene and use of personal protective equipment (ppe), further action was necessary to bring the

centre into compliance and these findings are discussed under Regulation 27: Infection control in this report.

While inspectors were told that all fire safety checks were completed, records made available to the inspectors regarding fire safety equipment were not complete. Additionally, inspectors were not assured that the provider had made adequate arrangements for the detection of fire in all areas. This is discussed further under Regulation 28: Fire Precautions.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. The provider was a pension agent for four residents. The process in place was in line with the guidance from the Department of Social Protection.

Visiting was facilitated for residents in line with public health guidelines. The inspectors observed visitors coming and going throughout the day of inspection.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and measures were in place to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents in twin bedrooms did not have a suitable shelf surface for them to display their personal photographs in their bedrooms if they chose to do so.

Judgment: Substantially compliant

Regulation 13: End of life

The impact of the refurbishment works in the designated centre meant that residents approaching end of life were not provided with appropriate comfort in line with their needs. This was brought to the attention of the person in charge who addressed the finding at the time of the inspection.

Some residents did not have an end of life careplan that clearly set out their wishes for care and treatment and his or her preferred location at end of life.

Inspectors found that residents at end of life were not adequately reviewed for their pain and comfort levels to ensure that they received appropriate care and support.

Judgment: Not compliant

Regulation 17: Premises

Although improvements in the premises were noted during this inspection, further action was needed to bring the centre into compliance with regulation 7. This was evidenced by;

- A ceiling light adjacent to the main kitchen was cracked and in need of replacement.
- The two sluice rooms in the centre each measured 4.53 square meters. These areas were not easily accessed and were poorly ventilated. The inspectors were told that a plan was in place to improve these facilities.
- Stains were visible on some areas of carpet floor covering in some bedrooms.
- Paintwork required completion to ensure all areas of the centre were kept in a good state of repair and could be effectively cleaned.
- Some residents using assistive chairs were positioned adjacent to the dining tables. Dining facilities did not provide suitable adaptations to ensure that residents who required assistive chairs could be seated at a dining table and could participate in in the social dining experience.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that the daily menu was clearly displayed in the dining room. Residents knew the choices of dishes on offer and were complimentary of the food. Catering staff had good knowledge of individual residents needs and preferences.

Inspectors saw that the weekly menu was varied and included meat and fish dishes. Residents had access to fresh drinking water, refreshments and snacks at their request.

Resident nutritional needs were monitored. Inspectors saw evidence of food intake charts and completion of monthly nutritional assessments. Residents at risk of weight loss were referred to a dietitian. Additional nutritional supplements were provided when it was recommended by dietitians.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27;

- Although the designated centre had sluice rooms throughout both buildings, not all of these rooms contained bed pan washers to clean and sanitise equipment after each use, as a result some equipment had to be transported through the centre in order to be put through a bed pan washer/sanitiser, which increased the risk of cross infection.
- Although a sink was available in the clinical room for hand hygiene, it did not meet recommended specifications. Hand hygiene sinks in the sluice rooms did not support effective hand hygiene.
- Hoist slings were observed hanging on hoists throughout the day of inspection. These slings were not resident specific and were unlabelled. This finding was identified in an audit completed in May/June 2022 but was not addressed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from risk of fire and to bring the centre to bring the centre into compliance with Regulation 28: Fire Precautions, as follows;

- The inspectors were told that all fire safety checks were completed, however, the records made available to the inspectors regarding fire safety equipment were incomplete. For example, the daily check of the fire alarm panel to ensure the system was operational at all times was not completed on a number of days. The weekly fire door checks did not give sufficient information to give assurances regarding the operation and condition of each fire door in the centre.
- A smoke/heat sensor was not fitted in a storeroom containing batteries on charge.
- A cross corridor door was partially blocking the door into bedroom 4 and hindered access into this bedroom.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some multi-dose medicines did not have a date of opening marked on them. This meant that staff would not be aware of date of opening and when the medication would become out of date and should be removed from use for return to pharmacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents assessments and care planning documentation and found that significant actions were necessary to ensure residents needs were appropriately assessed and that care plans were developed and implemented to address any needs identified. This was evidenced by the following findings;

- Some residents' care plans were not formally reviewed in line with regulatory requirements. The content of some care plans was not updated to ensure care plans that were no longer relevant were discontinued and an up-to-date care plan was available. For example, information contained in an end of life document regarding a residents preferences for medical interventions in the event of a sudden emergency directly contradicted the information recorded in the residents care plan. This did not ensure that appropriate interventions would be carried out in the event of an emergency.
- Records of episodes of responsive behaviours experienced by a number of residents, triggers and the effectiveness of the de-escalation techniques used were not being consistently documented. For example; observational behavioural assessment tools were being used infrequently. Therefore, there was a risk that inconsistent recording did not ensure that staff had sufficient information to respond to and effectively support residents experiencing responsive behaviours.
- One resident who sustained several falls and expressed that they were experiencing pain had not had an assessment of their pain completed since 22 October 2022.
- One resident with a wound did not have an up to date wound care plan in place to inform nursing staff what dressings and interventions were required. In addition ,information in relation to wound progress was not available and it was difficult to assess improvement or deterioration of the wound.
- Care plans were not consistently reviewed in consultation with the family or resident concerned and this did not ensure the resident's preferences were recorded so that they could be incorporated into the care plan.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs. This was evidenced by the following examples where;

- Nursing staff failed to ensure that residents had access to physiotherapy service in a timely manner, for example one resident with impaired mobility who had sustained several falls over a short period of time, had not been referred for access to physiotherapy.
- Nursing staff failed to screen a symptomatic resident for two potential infections, as recommended by the residents general practitioner.
- Nursing staff failed to complete neurological observations on three separate occasions, for residents who had fallen. This posed a significant risk that signs of neurological deterioration would be not recognized post-fall.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed a sample of records and found that restrictive practices were not always used in the least restrictive manner for the least amount of time. For example,

- One resident who expressed increased behavioural symptoms, was not assessed for pain or infection prior to receiving a sedative medication on four consecutive occasions.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

A record of the social activities each resident attended was available. However, the records available did not give assurances that each resident had opportunities to engage in social activities in line with their interests and capabilities. For example :

- A sample of records reviewed by the inspector indicated that some residents did not have any opportunity to participate in social activities over for a period of 9 days.

Residents' rights were negatively impacted by the layout of some twin bedrooms viewed by inspectors. For example;

- The layout of four twin bedrooms did not ensure that the resident located in the bed closest to the door had access to the window in these bedrooms. The inspectors observed that in one of these bedrooms, a resident did not have access to a view or natural daylight from the window in their bedroom because the resident in the bed nearest to the window preferred to have their privacy curtains closed during the day. This blocked the window from the second resident which meant that the resident could not see out the bedroom window and, the bedroom was devoid of natural light. In addition the location of the one television set in this bedroom meant that the television screen was not visible to the second resident when the first resident had their privacy curtains closed.

Residents' rights to exercise choice was impacted by the following;

- Residents in four twin bedrooms shared one television in each. This did not ensure both residents' in each of these bedrooms had choice of programme viewing or listening.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0037482

Date of inspection: 09/11/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: By 31st January 2023, a review of staffing will be completed and roster reviewed as required to ensure that resident needs (including supervision to reduce risk of injurious falls, dequate IP&C and cleaning practices) are met both day and night. A system will be in place for this to be reviewed weekly by the PIC and monthly by the regional director during the governance meeting.</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: Outstanding mandatory training for staff has been scheduled and will be completed by 31st January 2023. A system has been established to ensure that staff training records are reviewed monthly at the governance meeting to ensure that this is updated and addressed in a timely manner. From 1st December 2022, all staff Nurses have received additional training on the importance of ensuring care plans are reviewed at 4-monthly intervals or more frequently in response to any change in a resident's care needs. By 31st December 2022, training was provided for all nurses to improve their knowledge and practice to ensure a high standard of evidence-based person-centred care. This included training on pressure ulcer prevention, wound care, falls management and supporting residents with responsive behaviours. All staff have also received training on the importance of completing documentation in a timely and comprehensive manner.</p>	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>By 31st December 2022, the directory of residents has been reviewed and amended to include the the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new suite of clinical audits has been commenced from 1st January 2023 and the in-house management team have been provided with training to audit care plans. The audit results will be monitored and overseen monthly at the governance meeting.</p> <p>By 31st December 2022, the provider, in conjunction with the HR team has reviewed systems to ensure we have a more proactive approach in identifying and filling open vacancies to ensure minimal impact on resident care.</p> <p>A review of clinicial risk is underway in relation to resident care. This will be completed by 31st January 2023 and will consider support of residents with responsive behaviour, restrictive practices and resident rights. Findings will be considered and addressed through monthly governance meetings from 1st February 2023 onwards.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>By 31st December 2022, the quarterly report has been re submitted to include the use of psychotropic medications. This will be included in all future NF39's submitted. Compliance with this will be monitored at monthly governance meetings from 1st February 2023 onwards.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>By 31st March 2023, reorganisation and where required upgrade works of twin bedrooms will be complete to ensure both residents have access to the ensuite toilet and shower facility and lockable storage within their bedspace, as well as adequate shelving space to store personal photographs.</p>	
Regulation 13: End of life	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>By 28th February 2023, a review of care plans to ensure they reflect each individual resident's needs and guide staff appropriately to meet those needs, will be completed. This will specifically review end of life preferences and wishes and pain assessment and care planning to ensure each individual residents' pain is most appropriately managed.</p> <p>By 28th February 2023, update training will be provided to all nurses on pain management for residents to ensure they are comfortable at end of life.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All identified urgent flooring replacement, fabric furnishings and painting has been completed by 31st December 2022.</p> <p>From 1st January 2023, a system is in place, whereby maintenance requests are reviewed weekly to confirm they have been escalated and prioritised to ensure that the environment remains clean, in good repair and that issues are addressed in a timely manner once identified.</p> <p>By 31st March 2023, the layout and operation of sluice facilities will be reviewed and improved to ensure safe and effective practices.</p>	

<p>By 31st January 2023, a review of meal times and dining rooms will be completed to ensure all residents can participate more fully in the dining experience, regardless of their health needs or disability.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>By 31st March 2023, the layout and operation of sluice facilities will be reviewed and improved to ensure safe and effective practices.</p> <p>Hand hygiene sinks in the sluice rooms will be replaced with clinical hand washing sinks by the 14th February 2023.</p> <p>By 31st January 2023, all residents (where required) will have their own individual slings and appropriate storage and labeling for these individual items will be in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A system is in place from 1st January 2023 to check all doors to ensure gaps/breaches to the integrity of doors and/or any issues impeding safe entry or exit for residents or staff are identified and escalated as a matter of urgency.</p> <p>From 8th November 2022, all relevant managers and staff have been retrained on the schedule of fire equipment safety checks (including fire alarm panel) and the documentation of same. These checks are reviewed during the monthly governance meetings</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>By 1st February 2023, all nurses will have received refresher training in medication management. Compliance with the medication policy and safe practice will be monitored</p>	

daily by the clinical managers and through audit. Non-compliances will be reported and escalated to the PIC, who will ensure timely and prompt action is taken to improve medication practices.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

By 28th February 2023, a review of care plans to ensure they reflect each individual resident's needs and guide staff appropriately to meet those needs, will be completed. This will specifically review responsive behaviour care plans (to ensure they include potential triggers and steps identified to support the resident behaviour), nutritional needs, skin integrity, wound care plans, activity care plans, and where appropriate, pain management care plans.

A new suite of clinical audits has commenced from 1st January 2023 and the in-house management team have been provided with training to audit care plans. The audit results will be monitored and overseen monthly at the governance meeting.

From 1st December 2022, all nurses have received additional training on the importance of ensuring care plans are reviewed at 4-monthly intervals or more frequently as care needs change and the importance of resident and family involvement in the review of these care plans.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
From 1st December 2022, residents that require physio have been referred to the community physiotherapy department.

By 28th February 2023, training for all staff will have been provided to recognise deteriorating residents and risk of sepsis, falls and increasing care needs. In addition, a system has been established to ensure that all resident health care needs that require referral to a healthcare professional, is escalated, processed and recommendations are followed up in a timely manner.

From 1st March 2023, the in house management team will monitor this through audit, to ensure compliance.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A review of clinical risk is underway in relation to resident care. This will be completed by 31st January 2023 and will consider support of residents with responsive behaviour, restrictive practices and resident rights. Findings will be considered and addressed through the monthly governance meeting from 1st February 2023.</p> <p>From 20th February 2023, following training, the Director of Nursing will arrange in-house refresher sessions for all staff. This will comprise of a weekly learning event in the centre that will be attended by all staff. This will include looking at practices to enhance a positive and safe living environment for all residents</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A review of activity provision in conjunction with residents is underway and will be completed by 28th February 2023. An updated activity plan will be in place from 1st March 2023 to ensure all residents have the opportunity to participate in appropriate and meaningful activities.</p> <p>By 31st March 2023, all twin rooms will have 2 TVs with connection to headsets to allow residents to watch and listen to individual programmes of their choice at the same time.</p> <p>By 31st March 2023, the reorganisation and (where required) upgrade works to twin bedrooms will be complete to ensure both residents have optimised access to natural light</p>	

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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2023
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident	Not Compliant	Orange	28/02/2023

	concerned are provided.			
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Not Compliant	Orange	28/02/2023
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.	Not Compliant	Orange	31/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/03/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/12/2022
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.	Not Compliant	Orange	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/03/2023

	published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	01/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/11/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	01/02/2023

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/12/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	28/02/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/02/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Not Compliant	Orange	01/01/2023

	concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	01/03/2023
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	01/03/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires	Not Compliant	Orange	01/12/2022

	additional professional expertise, access to such treatment.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	20/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/03/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2023