



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

## Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0036891

## About the designated centre

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

Brookfield Care Centre is a purpose built premises, which commenced operation in 2003. The centre is situated in a rural location close to the village of Leamlara in Co. Cork. It can accommodate 63 residents in a variety of single bedrooms, some of which are en suite and others that are not en suite to allow for manoeuvring assistive equipment. Some of the en suite facilities contain a shower, toilet and wash hand basin and others contain a toilet and wash hand basin only. The centre is located on large landscaped grounds with adequate parking for visitors and staff. Residents have access to a number of secure outdoor areas with raised plant beds and garden furniture. The centre comprises three distinct units, each of which has bedroom accommodation for 21 residents and are self contained with their own communal and dining space. One of these units is designated as a dementia friendly unit and access to this unit is through a coded door lock. The centre provides long-term accommodation to residents over the age of 18 years but predominantly to residents over 65 years of age. Residents are cared for by a team of nurses and healthcare assistants with the support of ancillary personnel. Residents can retain the services of their own GP.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	60
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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
Thursday 7 July 2022	09:00hrs to 18:05hrs	Siobhan Bourke	Lead
Thursday 7 July 2022	09:00hrs to 18:05hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

During the inspection, inspectors met with many of the 60 residents who were living in the centre and spoke with ten residents in more detail. The inspectors also met with five family members who were visiting residents during the inspection. The overall feedback from residents and relatives was that Brookfield Care Centre was generally a nice place to live and that staff were kind to residents. However, they did identify that there had been a number of issues recently with staff shortages and turnover of staff and inspectors also observed that action was required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

On arrival, the inspectors were guided through the centre's infection control procedures by the person in charge who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Inspectors saw that the provider had installed a handwash sink and alcohol hand dispenser at the entrance to the centre to ensure staff and visitors had easy access to hand hygiene facilities before entering the centre.

Following an initial meeting, the person in charge accompanied inspectors on a walk around of the centre. The centre was warm and clean throughout and there was a relaxed and friendly atmosphere. During the walkaround, it was evident to the inspectors that the person in charge knew the residents and their care needs. The person in charge outlined that many of the residents were living with a confirmed diagnosis of dementia. Staff were attending to residents' personal care needs and inspectors observed that the majority of residents were in bed during the walkaround especially in the Owenacurra unit. Inspectors were informed that two staff were on unexpected sick leave in this unit and staff from the other units were being reallocated to assist with residents' care needs. Many residents who the inspectors met were unable to fully verbalise their needs and wishes. Inspectors saw that 12 residents, including residents from other units, were sitting in the Owenacurra day room with some residents looking at newspapers and others sitting around a "magic table" where a projector projected images and games onto the table. Inspectors observed that these residents appeared well-dressed and groomed and were seated comfortably. However, there was little interaction between staff and residents with the magic table during this time.

The centre had residents' accommodation and communal areas on the ground floor with 63 single rooms. Of these rooms, 36 bedrooms had en-suite toilet and shower facilities, 11 had en-suite toilet and the 16 bedrooms that were not en-suite had a hand washbasin. The centre was divided into three units; namely the Glenaboy Unit, the Blackwater Unit and Owenacurra Unit with accommodation for 21 residents in each unit. The Owenacurra Unit was designated for residents living with dementia. Inspectors saw that residents' rooms in general were spacious and decorated with residents' personal possessions, family photographs and memorabilia. The upper floor of the centre was designated as a staff changing and rest area. During the

walkaround inspectors observed significant renovations had been undertaken in the centre since the last inspection. Rooms and communal spaces were seen to be clean and well maintained. Two of the units, Blackwater and Glenaboy had been freshly painted and were specifically coloured so as to improve wayfinding for residents. The hair salon had been recently decorated and had a large glamorous mirror with shelves of products to ensure residents had a personal experience while getting their hair done. Throughout the centre, there were paintings and pictures on the walls giving the centre a homely feel. Inspectors observed that flooring was bright and well maintained throughout the centre. Plans were underway to renovate Owenacurra unit. Murals of water and forest scenes were on the walls of the bright spacious corridors of the Owenacurra Unit which gave the unit a calming feel. The main reception had comfortable seating for residents to sit and rest and listen to music playing on the stereo. Storage at the centre was also under review.

There was plenty communal spaces and rooms in the centre with a day room and dining room in each unit and a sun room, and an activities room near the main entrance. The activities room and sunroom had also been recently painted with warm homely colours. The sun room opened out to an enclosed garden that had a bird feeder, where one of the residents enjoyed ensuring the birds had plenty of food. Residents could access this garden freely through two separate doors. The inner courtyard had been power washed and the person in charge told inspectors that plans were underway in relation to garden maintenance. Outdoor space was also available to residents through the Glenaboy unit and some residents who were independent with walking were seen walking around the centre's spacious grounds or sitting outside the front of the centre in the afternoon of the inspection.

During the day of inspection, inspectors observed practices that raised concerns regarding the supervision of staff, in particular, in relation to how nutrition and hydration needs of residents were being met. During the morning walkaround, inspectors saw four breakfast trays with bowls of porridge, were covered with plates, on the dining room table for residents who were yet to receive breakfast. Staff told inspectors that these would be reheated for residents when they were assisting them. However, one of the bowls was subsequently seen in a resident's room again uneaten and cold and the resident was noted to be sleeping at the time. A sample of food and drink intake and output charts in one of the units were not completed by 12.30hrs to record the residents' morning intake and gaps were seen in these charts for other days and dates. The inspectors observed the lunch time meal and noted that food served to residents appeared appetizing and nutritious. The dining room tables were nicely decorated with flowers and condiments were available for residents' use. However, the timing of the meals did not support a social dining experience for residents in one of the units. The inspectors saw that a large number of residents were guided to the dining room by staff before 13.00hrs and some were not served their meal for an hour. The inspectors observed that while there were enough staff in the unit to assist residents with their meals there was no organised system in place to ensure all residents received their meal in a timely manner. Staff were observed standing over some residents while assisting them with their meals which was not conducive to a proper dining experience and these staff not appropriately supervised by nursing staff to correct this practice. Other staff were seen to be standing around not sure of what

they should be doing. In the two other units inspectors saw that residents who required assistance were served first and a second sitting was in place for residents who required little assistance. The inspector saw nursing and care staff in these units seated with residents in the dining room and chat with residents about their food and their day.

Residents told inspectors that they were listened to and that staff were kind to them. Inspectors saw that when residents were up, they were well dressed and groomed to their own style. A number of residents told the inspector that the regular staff knew their needs well and this was not always the case with replacement agency staff which they found difficult. In general, inspectors saw that staff were kind to residents during the inspection, however greater supervision of staff was required as some staff were heard using terms of endearment that may not be in line with promoting residents' dignity and respect and also in some instances communication with residents was not effective.

Visitors were seen coming and going throughout the day of the inspection. The centre had a receptionist to ensure that visitors were signed in and completed safety checks in line with national guidance. Residents could meet their visitors in the privacy of their rooms or in the sunroom near the main reception. Visitors who spoke with the inspectors were happy with the visiting arrangements in place in the centre. However, there was a mixed feedback from visitors, in relation to care provided to their family members with some relatives very complimentary with the standard of care, while others raised concerns regarding staff turnover, lack of activities and delay in response when family members raised issues.

As the two activity co-ordinators had recently resigned, the schedule of activities was limited in the centre on the day and weeks before inspection. On the day of inspection, while a member of staff was assigned to activities in the Owenacurra unit, inspectors observed that there was little interaction between the staff member and residents. During the day a number of residents were sitting in one of the day rooms watching television for long periods of time. A schedule of activities was on display in the centre indicated that activities were available to residents for three hours a day entailing newspaper reading and music, magic table, arts and crafts, quiz, ball games and skittles and magic table. However there was some evidence that work was ongoing by staff in the centre to improve activities in the centre. Residents told inspectors how they had immensely enjoyed a day trip to Cobh to see the recent lighting display there, and that they had enjoyed a visit by the local pet farm to the centre. An external musician attended the centre one day a week. Mass was also held in the centre once a week.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered

## Capacity and capability

This centre had a history of relatively good compliance with the regulations and the provider was responsive to the findings of the previous inspection with the majority of issues actioned. However, inspectors found on this inspection that the governance and management systems in place required action to ensure the care provided to residents was safe and effective and compliant with the regulations. In particular the systems in place with regard to staffing and supervision of staff, health care, nutrition and hydration and residents rights. This unannounced risk inspection was triggered by a number of pieces of unsolicited information that raised concerns regarding the recent high turnover of staff in the centre, concerns regarding supervision and training of staff and how this impacted on the care and welfare of residents living in the centre. Solicited information was also received in the form of notifications. During the inspection, evidence was found to support a number of the concerns received. A feedback meeting was held at the end of the inspection which was attended by the senior management team. During this feedback the provider assured inspectors that action would be taken to address the findings of the inspection.

Brookfield Care Centre Limited is the registered provider for Brookfield Care Centre and is registered to accommodate 63 residents. Brookfield Care Centre became part of the CareChoice group in July 2021 which operates a number of other nursing homes throughout the country. The governance structure of CareChoice comprises a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre was supported by a national and regional management team of quality, finance, catering, maintenance and human resources (HR). Onsite, there had been a change of person in charge since February 2022 and the appointed person had the required experience and qualifications for the role.

The person in charge was supported in her role by an assistant director of nursing and three recently appointed clinical nurse managers, one for each unit in the centre. The assistant director of nursing had resigned from their post and was due to finish in the centre July 15 2022. A new assistant director of nursing was on induction and receiving handover from the outgoing person. On the day of the unannounced inspection, the group catering manager was onsite as well as the group quality and compliance manager to support the centre's management team.

Staffing at the centre was impacted by high turnover of staff in the centre in the months prior to the inspection. A number of care staff and the two activity co-ordinators had recently resigned. Overseas and local recruitment was ongoing at the time of the inspection. Five new care staff were undergoing induction and a newly recruited activity staff member was awaiting garda vetting before commencing employment. Gaps in the rosters were filled with agency staff. This impacted on the care and welfare of residents as discussed under regulation 15.

There was a comprehensive programme of training available for staff working in the



centre. Staff and management in the centre told inspectors that a group trainer had been onsite the week previously to provide training for staff. The provider had introduced tool box talks at the morning handover to provide staff with education sessions on key issues such as safeguarding, infection control and pressure area care. However, the system in place for monitoring uptake of mandatory training was under review and therefore a training matrix was not available for inspectors to review. This was submitted to inspectors following the inspection. It was evident to inspectors that increased supervision of staff was required to ensure the safety and care of residents. This is discussed under regulation 16.

There had been an increase in the number of both written and verbal complaints regarding staffing levels, care of residents and availability of activities for residents in the months prior to the inspection. These complaints were recorded and under investigation in line with the centre's policy and procedure. The provider, through the groups Regional Director of Operations, was supporting the person in charge with investigation of these complaints. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

Some of the management systems were not effective in ensuring the service was safe, consistent and effectively monitored. Inspectors saw that the provider had implemented an electronic system with the aim of improving oversight of the quality and safety of care for residents. This system recorded care planning, complaints, incidents, audits and key performance indicators. There was a schedule of audits in place such as monitoring of call bells, infection prevention and control, hand hygiene, falls management, medication management, compliance with care planning and quality of interactions schedule. From a review of a sample of audits undertaken in the centre, action was required to come in to compliance with some aspects of care such as compliance with care planning, wound care management and falls management and action plans arising from audits completed needed to be implemented. Furthermore the groups management team had identified concerns regarding the dining experience for residents and recommended improved oversight of meal times by the centre's onsite management team. A working group involving the group's catering manager, quality and compliance manager and the onsite management team had been recently established to strive to improve the dining experience for residents. This needs to be progressed.

An annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents.

## Regulation 15: Staffing

While the provider had ensured that night time care staffing resources had been increased in the centre and cleaning staff resources were being supported by

agency staff since the last inspection, inspectors found that due to the high turnover of staff, the skill mix of staff was not appropriate to meet the needs of residents at the time of this inspection. There were 29 residents with maximum dependency care needs and nine residents with high dependency care needs living in the centre.

On the day of inspection, due to sick related absences, there were three care staff instead of four available in two of the units and a number of staff were agency staff. Staff absences combined with staff on induction meant that the staff available did not have the knowledge and experience of the residents to meet their assessed needs. This was particularly evident in the Owenacurra Unit where there were two agency staff and two staff on induction. This skill mix had a negative impact on outcomes for residents as evidenced and further outlined in the findings under Regulation 16; Training and staff development, and Regulation 18; Food and nutrition.

The inspectors noted gaps in the rosters for staff to provide social stimulation for residents and these indicated that one staff member instead of two was assigned to engage residents in meaningful activities. Inspectors saw that the skill mix and number of staff available impacted the care provided to residents as inspectors saw delays in personal care during the morning, poor dining experience for residents and little meaningful activities available to meet residents needs.

Judgment: Not compliant

### Regulation 16: Training and staff development

While staff at the centre had access to both online and face to face training, from review of the training matrix provided to inspectors the following training was outstanding for staff in accordance with the centre's policy:

- 22% of staff required training in manual handling
- 19% of staff required training in infection control
- 13% of staff required training in safeguarding vulnerable adults from abuse
- 34% of staff required training in managing responsive behaviour
- while 63% of staff required training in fire safety.

Assurances were provided to inspectors that training for these staff was scheduled in the weeks following the inspection.

Inspectors found that staff supervision required action as evidenced by the following:

- supervision of staff assistance with breakfast was required to ensure residents received their meals
- staff were observed using a hoist incorrectly during a transfer of a resident,

when observed by the quality and compliance manager this was immediately addressed.

- a number of staff were observed assisting residents with eating and drinking while standing which does not support a social dining experience
- staff were heard using inappropriate terms of endearment which doesn't promote residents dignity and respect.

Judgment: Not compliant

### Regulation 23: Governance and management

Inspectors found that many of the issues found on the last inspection in October 2021 had been addressed, however, the overall levels of compliance with the regulations was poor with new non-compliance's identified on this inspection.

Inspectors were not assured that the governance and management systems in place were sufficient to ensure that the service provided to residents was safe, effective and consistently monitored. For example, audits findings of poor compliance in the centre required action. Oversight of residents' nursing and medical needs required action as found in relation to care planning and health care. Supervision of staff was inadequate and inspectors were not assured that residents personal care and support with nutrition and hydration needs were met. Potential risks identified by inspectors on the previous inspection had not been addressed at the centre, for example, the four digit secure locks to the doors of the sluice rooms and treatment room in the centre were found to be open during the inspection and which may pose a risk of residents accessing chemicals in the centre.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The inspector reviewed the centre's incident and accident log and found that all required notifications as outlined in Scheduled 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents and relatives who spoke with inspectors were aware how to raise a concern or make a complaint at the centre and a number said they had done so. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer and appeals process. An inspector viewed a sample of complaints and saw that they were being managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the regular staff working in the centre. However, the high levels of non-compliance found on inspection was posing a risk to the safety and well being of residents particularly with regard to health care and nutrition and hydration and ensuring residents rights were promoted at all times.

Residents had good access to medical care with a local general practitioner attending the centre once a week to reviewed residents as required. Residents were also provided with access to other health care professionals, in line with their assessed need. A physiotherapist was in the centre on the day of inspection providing residents with one to one assessments. Inspectors were informed that all residents were being provided with an assessment by a physiotherapist to support manual handling assessments and falls prevention. From a review of records it was evident that residents who required assessment were referred to a dietitian and speech and language therapist who attended the centre every two weeks. However, from a review of a sample of residents records, inspectors saw that a resident who required urgent medical review was not referred for this in a timely manner. Action was also required in relation to the prevention and management of wounds to ensure a high standard of evidenced based practice and these are outlined under Regulation: 6 Health care.

The inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. However, the centre was changing from a system of paper based files to a computerised system and there was mixed findings in relation to care planning records and a number of actions were required in relation to assessments and care planning which are outlined under Regulation: 5. Individual assessment and care plan.

The inspectors found that the provider had made significant improvements in the centre in relation to infection control since the last inspection. Usage of anti-microbials was being monitored. A staff nurse was undertaking a link nurse infection control course. New cleaning trollies and products had been implemented along with comprehensive cleaning schedules for rooms and equipment. Compliance with

infection control practices was audited in the centre and monitored by the management team. Inspectors saw and residents reported that cleaning staff ensured residents' rooms were clean. An up-to-date COVID-19 contingency plan was available to guide staff in the centre should further outbreaks occur. Inspectors saw that a small number of seating and pressure cushions required replacement as they could not be effectively cleaned. This is outlined under Regulation 27: Infection control.

Food appeared nutritious and in sufficient quantities, drinks and snack rounds were observed morning and afternoon. However, action was required to improve the monitoring of food and nutrition and the dining experience as outlined further under Regulation: 18 Food and Nutrition.

Records reviewed by the inspectors showed that bed rails were individually risk assessed prior to use. Restraints were regularly checked when in use. However, there was a high usage of bed rails in the centre as outlined under Regulation: 7 Managing behaviour that is challenging.

Resident meetings were held and relevant issues such as menu and activities were discussed and an action plan developed to implement residents' recommendations. Residents told inspectors how they loved the recent bus trip to Cobh and were looking forward to more outings in the Summer months ahead. A recent visit by a local pet farm was also well received by residents. However staff resignations impacted on the level of activities available to residents as outlined under regulation 9 Residents rights.

## Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspectors saw and met visitors coming and going to the centre during the inspection.

Judgment: Compliant

## Regulation 17: Premises

Two of the units and the activities room and sitting room had been recently painted and renovated and plans were underway to renovate the third unit and courtyard garden. The hairdressing room had been decorated and was a lovely space for residents when getting their hair styled.

Review of storage was in progress in the centre. A new hand wash sink was due to be fitted in the laundry the week after inspection. Overall, inspectors found that the premises were appropriate to the number and needs of residents in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were significant improvements required with food and nutrition and the whole dining experience for residents.

- The inspectors observed that residents were not all served meals in a timely manner and some breakfast were left to go cold in residents bedrooms and the dining room uneaten.
- Although there was adequate staff numbers assisting with nutrition at lunch time in the dementia specific unit, there was not a system in place to ensure residents had choice in when they got served and that they all got meals served whilst hot. Residents with dementia were brought to the dining room before 13.00hrs and then sat waiting for up to a hour to be served despite residents around them eating their meal. One resident was observed to get up numerous times whilst waiting to be served and one resident was seen to be served their dinner at 14.10hrs
- Inspectors saw staff standing over residents when assisting them which is not good practice and does not promote a positive meal time experience for residents.
- Residents input and output charts were not updated to show who had received breakfast the day of the inspection and the inspector noted gaps in the records on other days. The nurse was observed to ask one of the care staff if one specific resident had received their dinner and the care staff was unable to say. There was a delay with the serving of desserts and again it was unclear who had received desserts.
- The care plan for a resident who was losing weight did not reflect this weight loss and the requirement for supplementation of the diet therefore the inspectors were not assured the dietary needs of the resident were fully met.

Judgment: Not compliant

### Regulation 27: Infection control

The inspectors observed that the majority of the findings of the last inspection in relation to infection control had been addressed in the centre. However the

following required action.

- A small number of seats and pressure cushions were worn and required replacement as they could not be effectively cleaned
- The number of clinical hand wash sinks designated for staff use in the centre remained limited and installation of clinical hand wash sinks that would comply with recommended specifications was awaited.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The centre was moving from a paper based system of assessment and care planning to a computerised system. Inspectors reviewed a sample of residents' records and found that assessments and care plans were not always updated following changes to the care needs of residents. For example a care plan for a resident with weight loss had not been updated nor had a care plan to reflect a resident's preferred gender of caregiver. A care plan of a resident with responsive behaviours required more detail to direct care for staff. This is important to ensure that staff were informed of residents' care needs. Care plans generally required further personalisation to ensure the needs of residents were fully met.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found that action was required to ensure that residents were provided with a high standard of evidence based nursing care at all times. For example, inspectors found that a resident who required urgent medical assessment and treatment was not referred for medical review in a timely manner which was a potential risk to the resident's well being.

Clinical measurements and assessment of the wounds documented in care plans reviewed to show improvement or deterioration of wounds were not consistently completed and therefore it was difficult to assess the effect of treatment or requirement for change.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

The percentage of residents using bed rails in the centre was high with 46% of residents having them in use. While inspectors saw evidence of some alternatives in use for some residents, further action is required to reduce the current levels in place.

Judgment: Substantially compliant

## Regulation 8: Protection

Nine of the 66 staff required training in safeguarding vulnerable adults from abuse. The provider provided assurances to the inspectors that this training would be scheduled in the weeks following the inspection. The inspectors saw that allegations of abuse were appropriately reported and investigated in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Due to recent resignations of activity staff in the centre, residents were not provided with adequate opportunities to engage in activities in line with their interests:

- Inspectors observed limited activities on the day of inspection. While the provider had purchased a magic table for the dementia specific unit and this was in use, there was little interaction between staff and residents during the session.
- Residents were observed sitting in one of the centre's communal room watching TV for long periods of time with little else to do.
- Inspectors heard staff using inappropriate terms of endearment that did not promote residents dignity and respect.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Brookfield Care Centre OSV-0000206

Inspection ID: MON-0036891

Date of inspection: 07/07/2022

## 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:</p> <ul style="list-style-type: none"> <li>• There is a robust recruitment policy and process in place with support from a dedicated recruitment manager and HR team. This ensures that staff are recruited to meet the required staffing of the home and meet the needs of the residents.</li> <li>• The clinical management team will review and ensure that the staff roster is completed to meet the needs of the residents. The staffing numbers continue to reflect those outlined in the homes Statement of Purpose.</li> <li>• The allocation of staff is reviewed and directed on a daily basis by the senior nurse on duty. Staffing levels include a member of the clinical management team onsite 7 days per week to supervise and direct staff. Should unforeseen absenteeism occur the management team make every effort to replace staff and also address any identified needs to prioritise care of the resident.</li> <li>• A New activity team member has commenced in their role in July and additional recruitment is underway. There are 77 staff hours allocated to the Activity coordinator team per week. There is a member of staff allocated to coordinate and provide activities to residents on a daily basis.</li> </ul>	
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> <ul style="list-style-type: none"> <li>• The home has provided further training since inspection and &gt;90% of mandatory</li> </ul>	

training is completed. All training will be completed by 31st August 2022.

- Mealtimes are supervised by a member of the senior clinical management team and a member of the nursing team is allocated on a daily basis to ensure that residents have received their meals. Based on individual assessment the nursing team will record the residents intake of meals in their daily notes.
- A review of moving and handling practices as been completed in the home and >95% of staff have completed moving and handling training. Each unit is allocated a clinical nurse manager who are supported by the management team of DON and ADON's x 2 to supervise practices.
- Training for staff on engaging with residents during mealtimes has commenced and supervision of mealtimes is in place to support a social dining experience of the residents.
- Supervision is in place to promote positive communication with residents, training continues to be provided in this area and staff have been reminded of the need to speak in a language known to the resident at all times.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The home has a comprehensive robust audit schedule in place which is supported by the Quality Department. Action plans are in place and the clinical management team are working to complete all actions with many of the actions closed.
- There is a team of 3 CNM's and 2 ADON's in the home supported by an experienced DON who provides oversight for residents medical and nursing needs and related care-planning. Each nurse is allocated a group of residents, onsite training is being provided to the nursing team. There is staff supervision in place for mealtimes to ensure residents personal care and assistance with mealtimes is delivered.
- All door access has been reviewed and there are daily safety checks in place to ensure secure locks are in use. Communication to staff on the importance and need to secure all doors has been completed as part of the daily safety huddles.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• The mealtimes have been reviewed with support from the regional catering manager and clinical management team. Additional equipment has been purchased to ensure that all meals are hot and delivered appropriately. There are extensive refurbishment plans in place to restructure the dining rooms and this is scheduled to commence the third week of August. Allocations for the nursing and care team are in place to support residents receiving their breakfast hot. This is monitored by the clinical management team on a daily basis.</li> <li>• As part of the review of mealtimes, staff have received further education and supervision on assisting residents with their meals. There is a member of the team allocated to supervise and direct mealtimes in each area. Regular QUIs assessments have been completed and will continue as part of the supervision of mealtimes. Outcomes and Actions will be discussed with the nursing and care team as part of safety huddles and staff meetings. Residents are provided with a choice of times to attend the dining room or receive meals in their room if preferred and this is accommodated. The dining room experience is monitored by the clinical management team on duty.</li> <li>• Further training and direction on assisting a resident with their meals has been completed and will continue as part of staff communication training. QUIs assessments of the mealtimes have been completed and outcomes assessed have been positive mealtime experience for the residents with no delay in serving of courses.</li> <li>• There are input and output charts in place for residents and there is a nurse allocated to check these throughout the day. This is overseen by the clinical management team onsite. Residents who are assessed as requiring food and fluid charts have these in place and the details are documented as part of the nursing daily notes.</li> <li>• The home has access to dietician and Salt and any resident at risk has been referred and reviewed. Residents have had their MUST assessment reviewed and their careplans updated accordingly. The nutritional company has completed training for both care and catering staff in using supplements and residents requiring supplements have been prescribed these as per the dietician recommendations. Auditing and assessment of careplans is completed, training has been provided to the nursing team and communication of residents needs has been disseminated to care staff to ensure residents receive prescribed nutritional supplements. Records of residents receiving their nutritional supplements is retained in their notes and checked by the clinical management team.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant

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

- The home has a nominated person qualified in IPC level 9. This is supported by the regional quality manager who also has a level 9 IPC qualification and supports the home with IPC auditing and action plans.
- A review of seating and cushions has been completed and worn items have been disposed of, replaced and or replacements ordered.
- There are 29 handwash sinks in the home and where any area does not provide space to place a handwash sink, increased hand gels are in place for use.
- An audit of handwash sinks is scheduled for week commencing 22nd August by an external company and any actions identified from this audit will be addressed

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- The home continues to move from a paper-based system of assessment and care planning to an electronic system. Further training has been provided to the nursing team in this area.
- A review of residents' assessments and careplans has been completed with further training provided to the nursing team. There is a process in place for the allocation of residents assessments and careplans to the nursing team and these are audited on an ongoing basis with feedback provided to the individual nurse.
- Each nurse has received a toolkit on how to complete assessments and care plans and this is supported by the experienced ADON's in the home. There is a monthly schedule in place for completing care plan audits to ensure that the residents' preferences and updates of any changes related to the residents care is documented. Changes in residents care needs are discussed at daily handover, this ensure that all staff are aware of the residents care needs.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The nursing and care team are aware to report any changes in residents behaviour to the senior nurse on duty and discussed at handover. The home has access to a wide range of MDT services and residents care needs is discussed with their GP.
- The clinical management team have completed a review of resident skin integrity assessments and any wounds are recorded on the electronic system with updated assessments and relevant care plans. Scheduled refresher training in assessing and managing wounds is ongoing with the nursing team and training for the care staff on care of the resident skin, identifying changes and reporting any changes is in also ongoing.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- The clinical management team have completed a review of use of bed rails. Residents who require bed rails have an appropriate risk assessment and care plan in place. These are maintained as part of the daily restrictive practice register.
- The percentage of residents using bed rails in the centre currently is 37% of residents having them in use and ongoing review is in place.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A new activity coordinator has commenced employment in the home in July. They have received support and induction from an experienced activity coordinator to include using the magic table. The activity person is providing direction to all staff on how to maximise its benefits for the residents on a daily basis. The activity team in the home will be provided with ongoing training and development opportunities to deliver their role effectively.
- A review of activities has been completed, a survey of residents preferences is underway the calendar is continually updated to include variety of group sessions, outings and 1:1 activity as per residents preferences.
- There is a plan for the activity team to attend training on facilitating exercise classes for the residents and this will be completed in September. In addition, the

physiotherapist is onsite providing classes and the clinical team supervise movement of residents throughout the day.

- Training for staff on respectful engagement with residents is completed as part of mandatory training and staff have been made aware of the use of “terms of endearment” with residents.
- Supervision is in place to promote positive communication with residents. Refresher training for staff on respect and dignity has been completed and training continues to be provided in this area. Staff have been reminded of the need to speak in a language known to the resident at all time and guidance posters are placed in the home.



## 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 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	01/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/08/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Not Compliant	Orange	15/08/2022

	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	15/08/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	15/08/2022
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	15/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	15/08/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	01/12/2022
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 concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/10/2022
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	Not Compliant	Orange	15/08/2022

	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.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	15/08/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/09/2022
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	15/09/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	15/08/2022

