



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:	13 October 2022
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0037651

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 specific 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:	52
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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 13 October 2022	09:10hrs to 17:50hrs	Siobhan Bourke	Lead
Thursday 13 October 2022	09:10hrs to 17:50hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

It was evident to inspectors and from speaking with residents and their relatives that the quality of care and quality of life had improved for residents in the months since the previous inspection. The inspectors met with many of the 52 residents living in the centre on the day of inspection and spoke with nine residents in more detail. The inspectors also met with seven relatives who were visiting the centre on the day of inspection.

The inspectors arrived unannounced to the centre and met with the person in charge on arrival. Following an opening meeting, the person in charge accompanied the inspectors on a walk around of the centre. During the walk around, it was evident that the person in charge was well known to residents and they she knew their needs well. She informed the inspectors that admissions to the centre had been kept at a minimum to enable the changes and staff training required to be embedded for residents.

The centre was warm and clean throughout and there was a relaxed and friendly atmosphere. During the morning, the inspectors saw that the majority of residents were up and dressed and ready for the day's activities, while some residents were being assisted with their personal care by staff. Some residents were walking around the grounds or independently through the centre. A number of residents were resting in the reception area, chatting with each other or staff as they passed.

Brookfield care 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 as a dementia friendly unit for residents living with dementia.

Inspectors saw that residents' rooms in general were spacious and decorated with residents' personal possessions, family photographs and memorabilia. Some paintwork in residents rooms required review as it was chipped and marked. There were plenty communal spaces and rooms in the centre with a day room and dining room in each unit and a sun room and a day room and activities room located near reception. During the walkaround the inspectors saw the improvements and renovations that had occurred in the home since July 2022. The reception area was freshly painted and had new brightly coloured comfortable seating for residents. New blinds and curtains had been installed in some of the communal rooms. New furniture was also present in the sunroom. A room behind reception had been converted to a hub for nursing staff. On the day of inspection fire safety training was underway for a number of staff in one of the day rooms and this included a simulation of evacuation of a compartment in the event of a fire. However, the inspectors saw some issues with fire safety during the inspection. A bedroom door in

one residents room was held open by a chair as the hold open device was broken and the inspectors saw that a number of fire doors had gaps that required review to prevent smoke escaping in the event of a fire.

A number of renovations had also taken place in the units themselves with new kitchenettes installed in Owenacurra and Blackwater and work was underway to the dining and kitchenette area in Glenaboy. A designated quiet area had been reconfigured in Owenacurra unit and there were works underway to increase the day room space for residents by removing the desk and creating a new nurses station and clinical room. A number of residents' bedroom doors had been laminated and were brightly coloured in a front door style and with residents name plates where agreed with relatives and residents. The entrance doors to Owenacurra had also been brightened up with a garden scene to make them less clinical in appearance.

The centre had an inner courtyard that residents could access easily through the sunroom and another entrance in the centre. The inner courtyard had been recently landscaped with a new patio, with raised flower beds, parasols and plenty garden tables and chairs for residents to enjoy. A small tree had been planted in the middle of the bed and the birdfeeder remained for residents who liked to feed the birds. Owenacurra courtyard had some work undertaken and had a number of plants and bushes pruned to let in light to the area but further landscaping was planned for the area.

The inspectors observed significant improvements in the dining experience since the previous inspection, particularly on the Owenacurra unit when a kitchenette had been added to the dining room giving a more comprehensive dining experience. Heated food trollies had been procured for all of the dining rooms which meant that food was kept at optimum temperature before being served to the residents. A member of staff was allocated to serving residents' meals and all meal and trollies were labelled with residents' room numbers to ensure all residents received their meals. Menus were displayed pictorially as well as written ensuring residents were fully informed of the choice available to them. Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspectors as the inspectors saw that food was attractively presented, and residents requiring assistance were assisted appropriately.

Numerous visitors were seen coming in and out of the centre during the inspection. Inspectors spoke to seven sets of relatives who all were extremely complimentary about the recent improvements in the centre, in the standards of care, methods of communication and the overall improved atmosphere in the centre.

The inspectors observed that there was plenty storage units with gloves and aprons throughout the centre to ensure that staff had easy access to PPE. Alcohol hand rub dispensers were available throughout the centre. Staff were seen to be wearing face masks in line with national guidance. The inspectors saw that a physiotherapist was onsite providing assessments and treatments to residents as well as a podiatrist on the day of inspection. Residents told inspectors that staff were kind to them and attended them when they called. A number of residents and relatives told inspectors

that staffing had improved and that staff were aware of their needs. The inspectors observed that staff engaged with residents in a respectful and dignified way during the inspection. A number of staff told inspectors that they were happy with the changes in the centre and that new staff were settling in to their roles. The person in charge was described as fair and thorough by a number of staff.

Availability and access to activities had greatly improved with two new activity staff employed in the centre since the last inspection. This provided residents with a varied schedule of activities to enable them to engage in meaningful occupation. In the morning a large group of residents in Owenacurra unit were participating in a game of exercises and throwing a balloon and a number of residents were engaged with the activity. Mass was celebrated in the afternoon by a local priest in the day room and the inspectors observed that this was followed by a cup of tea and selection of snacks and a chat and games with staff. Some of the residents could link by zoom with an activities session of poetry and song in Trim Care Choice Centre which they enjoyed. The inspectors saw plans for installation and upgrades to televisions for residents' bedrooms and for improved wi fi access for the centre.

The inspectors saw examples of regular newsletters that the person in charge sent to residents and relatives to inform them of ongoing changes and renovations in the centre. Residents and their families opinion on the colours of residents' room doors was sought through a survey. Residents and families views on the running of the centre were sought through a survey in September. Overall the feedback from residents and relatives was generally positive with suggested improvements in relation to laundry management and increasing activities. Regular residents meeting needed to recommence in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were defined and much improved since the July 2022 inspection. An interim person in charge had been appointed following the resignation of the previous person in charge and she was supported by the provider to ensure the findings of non-compliance with key regulations found in July 2022 were actioned. While inspectors found significant improvement with compliance with the regulations, further action was required regarding regulations relating to staff training, contracts of care, fire precautions, and medication management as highlighted in this report.

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 August 2022 with an interim person in charge appointed. This person was an experienced director of nursing from another Carechoice centre and was supported in her role by two assistant directors of nursing, three clinical nurse managers and a team of nursing, care staff and housekeeping staff. One of the assistant directors of nursing had been recruited to the centre since the previous inspection. The provider had successfully recruited a new person in charge for the centre and this person was due to commence in their role in the week following the inspection. The provider assured the inspectors that the incoming person in charge would be supported in her role to ensure improvements to the care and welfare of residents were sustained in the centre. The provider proposed to have continuation of support systems put in place from the larger Carechoice centre to the Brookfield centre. Additional dedicated operations management was also provided to the centre and was onsite in the centre each week. A hospitality manager from another Care Choice centre was onsite on the day of inspection and was supporting the person in charge with ongoing renovations to the centre.

Staffing levels were discussed with the interim person in charge who provided assurances that staffing levels were under continuous review in line with the changing needs and number of residents. The person in charge had implemented a staff allocation roster to ensure that nursing staff and care staff were aware as to who was assigned to care for residents on each shift. Two new activity staff had also been appointed to support residents with access to meaningful activities.

On the day of inspection, an assistant director of nursing and a clinical nurse manager were supernumerary to the nursing complement in the centre. The second assistant of nursing attended the centre on her day off to support the team during the inspection. Inspectors found that supervision of staff had improved since the last inspection, in particular in relation to meal times in the centre whereby a nurse manager or nurse in charge was required to supervise the dining rooms at meal times. Safety huddles were instigated to ensure residents' needs were communicated with staff and staff reported that these were effective in the centre.

Training and staff development had been enhanced since the last inspection. A staff member with expertise in dementia care from another Care Choice centre was providing training to nursing and care staff in the centre in person centre dementia care since August 2022. Two of the clinical nurse managers were supported to attend another Care Choice nursing home to enhance their management skills. Fire safety training was ongoing in the centre on the day of inspection. While the majority of staff were up-to-date with mandatory training, a number of staff required training in manual handling as outlined under regulation 16.

It was evident to the inspectors that the person in charge had improved the quality and safety of care provided to residents since the last inspection. Key clinical risks to residents such as residents' nutritional needs, falls, pressure ulcers and infections were closely monitored and managed. The person in charge had implemented a responsive behaviour working group in September 2022 to improve staff knowledge regarding management of responsive behaviour as well as a falls working group to guide staff on falls prevention and management in the centre. A safeguarding awareness week was also held in September 2022 to improve staff knowledge and awareness.

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. An inspector reviewed a sample of audits of care planning and quality of interactions schedule which identified improvements with further action still required. While inspectors found improvements to management systems in place in the centre, oversight of fire safety and medication managed required action as outlined under regulation 23.

The person in charge had investigated and responded to the complaints raised by residents and their relatives in the centre. These complaints were recorded and under investigation in line with the centre's policy and procedure. The person in charge developed and issued a newsletter with regular updates for families and residents regarding the renovations and ongoing changes in the centre, however, residents' meetings needed to be strengthened to ensure residents were consulted in the running of the centre.

The arrangements for the review of accidents and incidents 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.

Regulation 15: Staffing

The inspectors found that there was an adequate number and skill mix of staff to meet the assessed needs of the 52 residents living in the centre on the day of inspection. There had been an active recruitment campaign and the centre had its full complement of nursing staff in line with its statement of purpose and care staffing levels were much improved resulting in a much lower requirement for agency staff in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was examined and while overall uptake of mandatory training was good in the centre, five staff were not recorded as having completed manual handling training. The provider assured inspectors that this would be completed in the week following the inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records requested by inspectors were made available and were seen to be stored securely in the centre. Information specified in Schedule 2 of the regulations was in place in a sample of staff files reviewed by the inspectors. An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that while the provider had increased resources and management systems in the centre to address the non compliance found in the last inspection, a number of these systems were evolving and were being embedded in to the systems in place. Further action was required in the oversight of fire safety and medication safety as outlined under the relevant regulations. Regular residents meetings also were required to ensure residents were consulted and involved in the running of the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care which outlined the fees and additional fees to be charged. Details in the contract of care were ambiguous regarding some additional fees to be charged and appeared not to be in keeping with a rights-based approach to service delivery as some of these charges were available to residents without costs. The provider agreed to review and remove these items.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained on the centre's electronic information system. An inspector reviewed these records and found that incidents had been notified to the Chief Inspector as required under the regulations, within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure displayed required updating to reflect changes to the centre's nominated complaints officer as the one on display reflected the previous person in charge as the complaints officer which was not correct.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors saw that there had been significant improvements in residents' care and in the quality of life for residents living in the centre since the previous inspection. Residents were in receipt of a good standard of care, by staff that were responsive to their needs. On this inspection the inspectors identified that some improvements were required in relation to fire safety in this section of the report.

Improvements in care planning was seen with the move to electronic assessment and care plan documentation available for each resident in the centre. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. This included the risk of impaired skin integrity, falls, malnutrition and safe mobility needs. Care plans were informed through the assessment process and developed in consultation with residents.

Residents had timely access to general practitioner (GP) services and to allied health and social care professionals as required or requested by residents. Systems were in place for referral to specialist services such as dietetic, speech and language and podiatry services. Tissue viability expertise was available to support the staff in the prevention and treatment of wounds. Residents had access to pharmacy services

and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Great improvements were seen in all aspects of food and nutrition since the previous inspection. Residents nutritional and hydration needs were seen to be met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements.

The interim person in charge was actively promoting a restraint free environment and there had been a significant reduction in the use of restraints since the previous inspection. The management team monitored the use of physical and chemical restraint in the centre and discussed, implemented and reviewed the effectiveness of alternatives to restraint.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The provider supported two residents to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Based on the observations of the inspectors there were generally good procedures in place in relation to infection prevention and control. A review of the hand hygiene facilities in the centre had recently taken place to ensure that clinical hand wash basins comply with relevant guidance. Inspectors were informed that new hand hygiene sinks would be installed. There were numerous improvements to the layout and decor of the premises since the previous inspection with a much brighter and more inviting entrance foyer. Directional signage was displayed throughout the centre to support residents to navigate their environment. Significant renovations took place to the courtyard which was easily accessed from the centre. It had beautiful outdoor furniture and was a pleasant place to enjoy the outdoors. Other renovations were ongoing and some further painting and repairs were required as detailed under regulation 17.

The management of fire safety was kept under review. Service records were in place for the maintenance and testing of fire detection and containment systems. Fire safety training and evacuation drills were taking place in the centre on the day of the inspection led by an external trainer. The inspectors identified that further action was required with certain aspects of fire safety and the maintenance of fire doors which is outlined under Regulation 28, Fire precautions.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and those arrangements were found not to be restrictive. The inspectors saw and met with a number of visitors in the centre on the day of inspection. Visitors and

residents told the inspectors that they were satisfied with the arrangements in place for visiting.

Judgment: Compliant

Regulation 13: End of life

The inspectors found that there were suitable measures in place to support residents as they approached end of life on the day of inspection. End of life assessments and care plans were person centred. There was evidence of discussion with residents and/or their relatives in relation to preferences for end of life care and residents religious and spiritual needs were met. Families were facilitated to be with residents and refreshments and facilities were provided.

Judgment: Compliant

Regulation 17: Premises

The inspectors identified that while there was renovations to the centre underway on the day of inspection, the following issues also required action in relation to the premises to ensure it was well maintained

- paintwork on a number of residents' bedrooms was chipped and marked and required redecoration
- renovations to the laundry remained outstanding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspectors who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspectors saw that there had been significant improvements to the dining experience for residents since the previous inspection.

Residents had a choice of meals at lunch and tea time and residents told the inspectors that they were happy with the choices and quality of food provided and menus were clearly displayed. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists and nutritional plans were seen in place. The

inspectors saw there were adequate staff on duty to provide assistance to residents who required it and a system had been implemented to ensure all residents received their meals in a timely manner. The inspectors saw there were drinks and snacks provided to residents throughout the day, that were attractively prepared and served.

Judgment: Compliant

Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- Although simulations of compartment evacuations had occurred in the centre, these had not occurred in the largest compartments with minimal/night time staffing levels to ensure staff were confident and competent to evacuate residents in a timely manner.
- The compartment size in Owenacurra unit required review to ensure that residents could be safely evacuated to the next compartment in a safe and timely manner.
- The inspectors saw that two sets of fire doors were noted to have a gap that would allow the spread of smoke to protected escape routes, this was immediately addressed by the provider on the day of inspection.
- A fire door hold open device was broken on a resident's bedroom door and the inspectors observed that the door was held open by a chair; this meant that the door would not close should the fire alarm be activated. This was a repeat finding from the previous inspection and required action.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The following issues required action in relation to medication management in the centre to ensure that medicines are administered or managed in line with the professional guidelines for nurses from Bord Altranais agus Cnaimhseachais na hEireann 2020.

Some medication was found not to be stored as per the manufacturer's instructions, therefore, the effectiveness of it could not be assured

- prescribed creams were inappropriately stored in a resident's bathroom
- an inspector saw that eye drops did not have a date of opening to guide staff as to when they should be discarded,

- topical medication was seen to be inappropriately stored in a fridge in a kitchenette, this was immediately removed by the person in charge.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors saw that there was improvement in overall assessment and care planning since the previous inspection. From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were reviewed every four months or more frequently, as required. These were supported by clinical risk assessments using validated tools. Care plans were found to contain the detail required to guide care, in a person-centred manner.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through a local general practitioner and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. The inspectors saw that a physiotherapist and podiatrist were onsite in the centre on the day of inspection to review residents that required it.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors found that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. Staff were up-to-date with relevant training. The inspectors saw that alternatives to bed rails such as low-low beds and crash mats were in use resulting in a significant reduction in bed rail usage in the centre since the previous inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons. The person in charge held a safeguarding awareness week in September 2022 to enhance staff awareness and knowledge of safeguarding principles. Allegations and or incidents of abuse were reported and investigated by the person in charge. Residents were supported to access independent advocacy services when required.

Inspectors reviewed the systems in place to protect residents' finances. The centre was a pension agent for two residents and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found on this inspection that residents' rights were generally well promoted and respected in the centre. Staff and residents assured the inspectors that choices were respected in relation to visits, meals, bedtimes, newspapers, mobile phones and smoking choices. Two activity staff had been appointed since the last inspection and the inspectors saw that a schedule of activities was displayed in the centre. These activities included chair exercises, movement to music, arts and crafts, rosary and games and puzzles. On the day of inspection residents were participating in a balloon exercise game in the morning and a local priest celebrate mass in the centre in the afternoon. Inspectors saw examples of weekly newsletters were issued to residents and their families to keep them up-to-date with ongoing changes in the centre. Residents had access to independent advocacy services if required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookfield Care Centre OSV-0000206

Inspection ID: MON-0037651

Date of inspection: 13/10/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff that were outstanding manual handling training have now been fully trained. On-going review of training records will continue with PIC oversight to ensure compliance. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • New Director of Nursing appointed on 17th October 2022 who will ensure that management systems in the centre are in place with clinical oversight maintained. • The points raised regarding Fire Safety and Medication Management have been actioned and will continue to be monitored by the PIC. • Resident's meeting held on 7th November, 2022 and resident's views are very positive from this meeting regarding the new governance. 	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • All contracts of care are being reviewed to ensure additional fees do not include services that are available to residents without costs 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Complaints procedure on display for residents and visitors has been updated with the name of the new Person in Charge who is the Complaints Officer. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Residents bedrooms are under review at present and a plan of maintenance works has been put in place for re-decoration/painting of any bedrooms that require painting. • Renovations to the laundry are underway to provide an enclosed area outside for the incoming laundry bags. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Evacuation of the largest compartment was completed with daytime staffing levels and a planned evacuation with night duty staffing levels will occur on 01/12/22 • Compartment size in the Owenacurra Unit is currently under review in consultation with Fire Consultants/engineer quotations awaited. • The fire doors identified as having gaps during inspection were immediately fixed following inspection. A review of all fire doors has been commissioned to ensure all fire doors meet the standard required. • Hold-open device on a resident's bedroom repaired immediately following inspection. 	

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> <ul style="list-style-type: none">• Prescribed creams have all been removed from resident's bathrooms following inspection and Nurses have been advised to check this daily.• All Nurses advised to ensure that they record the date of opening on all eye drops, same checked by CNMs/ADONs to ensure continued compliance.• Topical medication that was stored in a kitchenette was immediately removed on the day of inspection and all staff advised regarding the appropriate storage of same.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	07/11/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	23/12/2022

	relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
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	01/12/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Substantially Compliant	Yellow	07/12/2022

	the clothes of a resident catch fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	01/12/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	20/10/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	14/10/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	17/11/2022

	appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
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