



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

## Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0038050

## About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care. palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

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

Number of residents on the date of inspection:	40
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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 29 September 2022	10:15hrs to 18:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents spoke openly with the inspector about life in the centre and the feedback was very positive. On the morning of the inspection, residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main communal room.

Residents had high praise for individual staff members but also for the staff as a group. The inspector spent time observing staff interactions with the residents and found that staff did not rush residents. From the observations, the inspector concluded that the staff were familiar with the residents needs. When walking along corridors staff greeted each resident by name.

Residents were happy with the food and choice available. The inspector observed the dining experience. Residents that required assistance were provided with help in a dignified way. Staff sat down and maintained eye contact with residents and gently encouraged residents. The interactions were kind and residents were not rushed.

The inspector observed that residents were free to mobilise independently both inside and outside of the building without restriction. When chatting with residents about their personal bedrooms it was obvious that resident space was respected. Staff were observed knocking on doors prior to entering. In addition, some residents had keys to their bedrooms.

On entering the building, there was an open seating area that was bright and spacious. The inspector walked through the centre with the person in charge and observed that the centre was visibly clean. Residents confirmed that their bedrooms were cleaned daily. Following the previous inspection findings, the provider had rolled out a maintenance programme that ensured damaged and worn flooring had been repaired or replaced. The inspector observed that there continued to be inadequate storage available for resident equipment. The communal hair salon and bathroom was in use as a store for resident equipment. This meant that, at the time of inspection, residents could not be given the option of a bath.

The inspector observed that, on the day of inspection, the large communal sitting room and dining room were supervised by staff at all times. Activities staff were on duty seven days a week. The observation and interaction between residents and staff was positive, engaging and patient. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. The activities sessions observed were inclusive of all that attended. The staff member leading the activity referred to all residents by name and was seen to be actively encouraging resident involvement.

Activities and social engagement were a high priority. Day trips out of the centre had been organised. For example; a number of residents had gone to visit Knock. In

addition, in house events had occurred. For example, "ladies day" at the Galway races; a large number of female residents had dressed up with stylish hats. A corner of the large communal room had been transformed into an area called the "Champagne tent", all of which had added to the atmosphere of the occasion. Photographs on display clearly showed that the residents that had attended had enjoyed the event.

Residents told the inspector that they were happy with the length of time it took to have their call bell answered when seeking assistance. The inspector observed that a review of access to resident call bells was required. Firstly, the inspector observed that multiple residents had no bell within reach and so could not call for assistance. Secondly, residents that that did not have the ability to use a call bell had no record of additional monitoring in place. This was discussed with the person in charge who took action on the day of inspection.

The centre had a COVID-19 outbreak in the centre in March 2022. Despite the challenges faced by the centre through the outbreak, every person who communicated with the inspector had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. The inspector spoke with a small number of visitors who were very complimentary of the care provided to their relatives.

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

## Capacity and capability

The inspector found that residents received a high standard of direct care that met their assessed needs. The governance and management of the centre was well organised and resourced. Information requested was presented in an easily understood format. Notwithstanding the positive findings, the provider had failed to ensure that the system in place for documentation and record keeping was appropriately monitored and met with regulatory requirements. This non-compliance is detailed under Regulation 21; Records. In addition, on the day of inspection there was no residents guide available for residents.

Brooklodge Nursing Home Limited is the registered provider of Brooklodge Nursing Home. This was an unannounced risk-based inspection. The person in charge and the assistant director of nursing both work full time in a supervisory basis. The centre had two registered nurses on duty, 24 hours a day, who were supported by a team of health care assistants and activities staff. On the day of inspection, the inspector found that there was sufficient numbers of staff on duty to meet the care

needs of the residents.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, infection prevention and control audits, nutritional audits and monitoring of restrictive practices. The inspector found that the audits completed were analysed and were used to drive and sustain quality improvements.

The inspector reviewed a number of staff files which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations. However, Garda Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were not in place for all staff prior to commencement of the induction process in the centre. The inspector acknowledges that on the day of inspection, all staff had a valid vetting on file. The provider had a mandatory training requirement in place for all staff. The training matrix was reviewed. While there was evidence of minor gaps, training was booked that would address the deficits.

A summary of the complaints procedure was displayed in the main reception foyer. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issue was included. The person in charge had completed a resident and relative satisfaction questionnaire in December 2021. The results were positive.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained.

Judgment: Compliant

### Regulation 21: Records

Staff files did not contain all of the information required under schedule 2 of the

regulations. For example, two of the four files reviewed evidenced that staff had commenced induction in the centre in advance of having a valid Garda vetting disclosure on file.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. While there were staffing vacancies there was an active recruitment staffing strategy in place. In addition, the provider had taken the decision to hold on new admissions until vacancies were filled.

The person in charge was organised and familiar with the systems in place that monitor the care. Care audits had been completed. Although the provider representative was not available on the day of inspection it was evident from meeting records that the provider representative had a presence in the centre.

The annual review of the quality and safety of the service for 2021 had been completed.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place. There was a complaints procedure prominently displayed in the centre. Complaints were managed in line with regulatory requirements.

Judgment: Compliant



## Quality and safety

Overall, residents in Brooklodge Nursing Home were supported and encouraged to enjoy a good quality of life. While there were gaps found in the recording of resident care delivered, the inspector found that these gaps were a recording issue and not a reflection on the care delivered. For example, gaps in the monitoring of residents who require frequent turning was not consistently documented. However, residents and families spoken with confirmed that frequent turning did occur.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months.

Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment.

The centre had experienced an outbreak of COVID-19 in March 2022, that had affected a number of residents and staff. The inspector acknowledged that measures to contain the spread of the virus had been implemented. An outbreak review had been completed that detailed the time line of the outbreak and reflection on measures that worked well and areas for improvement. The provider had taken action to improve infection prevention and control measures in the centre since the previous inspection. For example, the staffing number on duty had been increased and there was two staff on duty allocated to cleaning seven days a week. In addition, there was a weekly infection prevention and control environmental checklist in place. Staff demonstrated an understanding of the cleaning procedure and personal protective equipment was observed to be appropriately worn. The inspector also acknowledged that the non compliance with damaged flooring found on the last inspection had been repaired and replaced. In addition, eight new hand hygiene sinks had been installed.

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and kind. Staff were aware of residents individual needs and demonstrated an understanding with regard to their role and responsibility in protecting residents from the risk of abuse. A resident satisfaction survey had been completed and the feedback was positive. For example; one response had stated that staff "treated residents with the utmost patience and gentleness".

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 17: Premises

The storage in the centre was inadequate. For example, the residents smoking room was full of resident wheelchairs. The communal hairdresser salon and bathroom was unavailable for resident use. The room was in use to store resident equipment and personal protective equipment.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had not made a guide in respect of the centre available to residents. The inspector acknowledges that the governance and management meeting highlighted that the management were in process of developing the guide.

Judgment: Substantially compliant

### Regulation 27: Infection control

Overall, the building was found to be clean. Cleaning records reviewed confirmed that the centre was cleaned daily.

The inspector spent time observing staff practices regarding the use of personal protective equipment and found good practice. Training records reviewed indicated that staff had completed infection prevention and control training. The centre had experienced a COVID-19 outbreak on the 20 March 2022 which was declared over on the 15 April 2022. The person in charge had completed a post COVID-19 outbreak report.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate, their families, in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

### Regulation 9: Residents' rights

There were opportunities for residents to consult with management and staff on how the centre was run through scheduled resident forum meetings.

There was an activity schedule in place and residents were observed to be facilitated with social engagement opportunities and appropriate activities throughout the day. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. Access to independent advocacy was facilitated.

Residents told the inspector that their choice was respected in many aspects of their daily life and that staff were available to provide support and assistance when needed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brooklodge Nursing Home OSV-0005164

Inspection ID: MON-0038050

Date of inspection: 29/09/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff who do not have a valid Garda Clearance will not be allowed part-take in any orientation or have contact with any resident or their information until Garda Clearance is through. This is with immediate effect	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new storage area will be designated inside the Nursing Home for resident equipment. A new cabinet will be installed in the Nursing Home for storing PPE	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: A residents Guide will be available for all residents.	



## 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 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	30/09/2022
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	30/11/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2022