



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

Issued by the Chief Inspector

Name of designated centre:	Brentwood Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0032473

About the designated centre

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

Brentwood Manor Nursing Home is a purpose built single storey building located in a residential area a few minutes drive from the village of Convey in County Donegal. The building is organised into five units named Oak, Ash, Elm, Birch and Rowan. The residents' accommodation, communal space that includes a dining room, sitting areas and toilet and bathroom facilities. There are 36 single and ten twin bedrooms and all have ensuite facilities that include a toilet, shower and wash hand-basin. There is extensive grounds surrounding the centre and a smaller safe garden space is accessible to residents.

The centre provides care to 56 dependent persons who have problems associated with dementia or other cognitive problems due to brain injury or major illness. The statement of purpose states that the service aims to provide high quality health and social care for residents through a person centred care approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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
Tuesday 20 April 2021	07:10hrs to 14:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Those residents who spoke with the inspector said that the designated centre was a safe place to live and that they liked their home. One resident said that COVID-19 had put a dampener on things. Residents were glad to have been vaccinated against COVID-19 were delighted to be receiving visitors once again.

The inspector saw visitors were being welcomed into a dedicated visitor's room that was accessed directly from outside. The procedure in place reflected the latest HPSC (Health Protection Surveillance Centre) guidance and minimised any potential risk of re-introducing COVID-19 into the centre.

Residents said staff were kind and caring towards them and that their rights were upheld. The inspector observed and heard good communication between staff and residents. For example, one staff member was heard positively encouraging a resident's effort with their art work. On a number of occasions staff were observed entering the communal sitting rooms and chatting to the residents while offering them a choice of cold drinks.

Residents said that they were well looked after and that there were enough staff on duty to care for them. Residents said their call bells were answered promptly. The inspector saw that the number of staff on duty had increased since the COVID-19 outbreak in the centre and these staff increases were seen across both day and night duty rosters.

Residents told the inspector that they had access to a wide variety of activities across seven days a week and that the activities were in line with what they enjoyed doing. Activities included baking, reminiscence therapy, using the sensory room and art work. Photos of residents participating in activities were on display in the nursing home. The residents told the inspector that they enjoyed music but this had been stopped due to COVID-19, however they were delighted when a local famous artist paid them a surprise visit and sang for them from the garden. They were hopeful that the music sessions would start again soon.

Residents had access to daily newspapers which a number of residents were seen reading. One resident explained how staff had just washed and rolled her hair and another had re-painted her nails. She enjoyed these pampering treatments. One gentleman showed the inspector the pet ducks and ducklings waddling through the garden, he explained how the residents took turns to feed them and how they enjoyed just watching them through the window.

The inspector observed good infection control and hand hygiene practices which were facilitated by the installation of accessible clinical hand hygiene sinks for use by staff. Carpet remained in place in some of the bedrooms and corridors although the person in charge stated that there was a plan to replace the floor coverings but this

had been delayed due to the COVID-19 pandemic.

Residents were satisfied with the choice of food they received, they said it was always hot when served to them. The inspector saw staff assisting residents to eat their lunch in two of the dining rooms.

The inspector reviewed the records of accidents and incidents and noted that one resident who had an unwitnessed fall and sustained a head injury had not had any neurological observations recorded. This resident was subsequently transferred to hospital for investigations. A copy of the resident's nursing transfer letter was not available for review.

In conclusion this was a well managed centre in which residents were able to enjoy a good quality of life in the care of staff who knew them well. The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This was a well-governed centre. The governance and management arrangements in place and these had contributed to the centre's high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Chief inspector had been notified of an outbreak of COVID-19 in December 2020 which effected over 39 staff and 33 residents, sadly ten residents died during the outbreak period, seven of whom had contracted the virus.

The provider is The Brindley Federation of Nursing Homes Limited. The provider was represented in the centre on the day of the inspection by the provider representative for the company. The management structure was clear. The management team was made up of the provider representative, the operations manager, the person in charge and an assistant director of nursing. They knew their roles and responsibilities and the lines of authority and accountability were clearly outlined and reflected in the statement of purpose. The management team met to discuss all areas of governance and took appropriate actions where necessary.

The centre was well resourced. The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs residents. The supervision of staff was good. Staff had appraisals completed on an annual basis and they all had mandatory training in place.

The premises continued to meet the needs of residents. Overall it was clean, tidy and furnished throughout in a homely manner.

Staff files reviewed contained all the required documents outlined in Schedule 2 of

the regulations. As a result the inspector was assured that residents were safeguarded by a robust recruitment policy which was implemented in practice and ensured that all new starters were appropriately vetted.

The inspector reviewed the records of accidents and incidents and noted that one resident who had an unwitnessed fall and sustained a head injury had not had any neurological observations recorded. This resident was subsequently transferred to hospital for investigations., A copy of the resident's nursing transfer letter was not available for review. The failure to monitor the resident in line with the centre's own policies and procedures had not been identified by senior staff. In addition there was no clear evidence that any learning from this incident had been identified and communicated to staff in order to reduce the risk of a recurrence.

Regulation 15: Staffing

The staffing numbers and skill mix enabled staff to meet the needs of the 44 residents in a holistic manner. Staff were attentive towards residents. The staff had time to sit and interact with residents.

There was two or more qualified nursing staff on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. They all had attended the required training to enable them to care for residents safely. There was good supervision of staff and there was a schedule for the completion of annual staff appraisals, some had been completed in quarter one 2021.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and included all the information outlined in schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. The management team had the knowledge and skills to carry out their work.

The management team had a good oversight of the quality care being delivered to residents. There was clear evidence of learning and improvements being made in response to audit reports and feedback from residents.

An annual review had been completed for 2020 and it included consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Accidents and incidents were being recorded and where notification to the Chief Inspector was required this had been done. These together with quarterly notifications had been submitted in a timely manner.

Judgment: Compliant

Regulation 21: Records

A record of the following records were not available for review:

- One resident's neurological observations taken following a fall.
- One resident's nursing transfer letter when they were admitted to hospital following an incident.

Judgment: Substantially compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care

and spiritual needs were well catered for.

Management and staff had strived to ensure residents received a safe and quality service where their abilities and potential were maximised and their needs were met. Residents were complimentary of staff, facilities and services available to them.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including the right to receive visitors inside the centre. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. They had access to a schedule of activities which residents appeared to enjoy.

Residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents needs were met in line with their wishes. The residents had a full medical review completed each quarter, this had a positive impact on their health and wellbeing, as they knew their health status was monitored closely.

Medication management processes were safe. The monitoring process included a review of psychotropic drugs used by residents and a review of each residents medication prescription every four months. The close monitoring process had minimised the number of medication errors which had a positive impact for residents.

The management of residents following a fall required review to ensure the practice followed by staff reflected the falls management policy and best practice guidance.

Improvements had been made to the inside of the centre since the last inspection. These included the re-configuration of privacy screening in twin bedrooms to ensure the privacy and dignity of residents was maintained. Wash hand basins had been installed in both the hairdressers and laundry rooms and additional clinical wash hand sinks had been installed in the corridors of each unit.

There were comprehensive processes in place in relation to infection prevention and control. The centre had been divided into two pods. The staff and residents in each pod were segregated, each pod had its own entry and exit door. Some vacant bedrooms were being temporarily used for different purposes such as staff changing and/or staff break room. The communal rooms facilitated residents to interact with each other whilst maintaining social distance as much as possible. The infection prevention and control measures in place assured the inspector that standards in this area were implemented and being monitored by the management team to minimise the impact of another potential outbreak on residents.

Regulation 11: Visits

Visiting had commenced in line with HSPC on COVID-19 Guidance on visits to Long

Team Residential Care Facilities (LTRCs). The management team had developed and implemented a procedure which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre.

Judgment: Compliant

Regulation 17: Premises

The stained carpet in some corridors and bedrooms identified on the last inspection of November 2019, remained in place. These carpets posed an increased infection control risk as they could not be cleaned thoroughly.

Judgment: Substantially compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA were implemented by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were being administered in accordance with best practice guidance, as directed by the prescriber and in accordance with any advice provided by the resident's pharmacist.

The implemented procedures and policies practiced by staff ensured safe medication management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect their assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being

involved in the development of their care plan and their review.

Each resident had a COVID-19 care plan in place which identified any specific risks or needs that the resident may have in keeping themselves protected from the virus. Records of residents' twice daily temperature checks were available in their file which meant that a resident presenting with a raised temperature would be identified promptly and accessed for COVID-19.

Judgment: Compliant

Regulation 6: Health care

Residents' had access to their General Practitioner (GP) who visited them in the centre. Residents had a medical and medication review completed on a four monthly basis. In addition two psychiatrists came into the centre to review residents.

Residents had access to members of the allied health care team including occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. Referrals were made promptly.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by staff, those residents with dementia were included.

Residents had access to an environment which enabled them to undertake activities in private. They were offered choices in all aspects of their day-to-day life and their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brentwood Manor Private Nursing Home OSV-0000322

Inspection ID: MON-0032473

Date of inspection: 20/04/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: S: All nursing staff will be re-educated on the policy and procedure for the recording of neurological observations and nursing transfer letters on our computerised system. M: Through audit and review. A: By the PIC and management team. R: Overview by the management team in conjunction with the RPR T: 31st May 2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: S: A prioritised approach will be adopted to the replacement of carpeted areas referred to in the report as part of our ongoing refurbishment plan. M: Through audit and review in conjunction with the maintenance team. A: By the maintenance team. R: Overview by the PIC and the management team. T: 30th November 2021	

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	30/11/2021
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	31/05/2021