



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0044651

## 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:	60
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 9 October 2024	09:15hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 9 October 2024	09:15hrs to 17:45hrs	Laura Meehan	Support

## What residents told us and what inspectors observed

Brookfield Care Centre is a well-established home, where residents were supported to enjoy a good quality of life. It was evident, from those spoken with, that there was a high level of satisfaction with the care and that the rights of residents were respected. Residents were complementary about the support and services available to them and they spoke positively about the staff and management team.

Inspectors met with the majority of residents living in the centre and spoke in more detail to ten residents, to gain an insight into their daily lives and experiences. The overall feedback from residents was that they were happy in Brookfield, and that staff were professional and kind. One resident told inspectors that staff were "excellent" and another described staff as "very friendly". As part of this announced inspection process, residents and relatives were provided with questionnaires, prior to the inspection, to obtain their feedback on the service provided. Overall, those who responded, and relatives who spoke with inspectors, indicated that they were very content, and they described staff as caring, and respectful. Additional copies of the questionnaires were seen to be left in the hallway, for residents and families, as the uptake had been low, due to a recent outbreak of COVID-19, which had resolved successfully.

The centre is located in a scenic, rural area in Leamlara, and is set in very well maintained grounds. From arrival, and throughout the day, inspectors noted that there was a warm and relaxed atmosphere in the centre. All residents were accommodated on the ground floor level, which really enhanced their feeling of freedom and access to the outdoors, whenever they wished to go out. Residents were seen exiting with staff on their daily walks, in groups or individually, at various times throughout the day. Staff said that each person had a coat in their wardrobe for cooler days. Inside the entrance foyer there were comfortable armchairs, where some residents chose to sit and relax during the day. They said that they liked to watch all the activity and the comings and goings, of visitors and staff. There were a number of notice boards for residents in the main entrance hall, which displayed information on how to make a complaint, the available advocacy services, menu boards, various health conditions, the flu vaccine, and the activity schedule. The reception desk, a nurses' office, visitors' room and conservatory room, were also situated in this area. Residents said that if they asked for a cup of tea from the receptionist, there would be no delay in providing it, which they found very reassuring. Throughout the day, residents and their visitors were seen to relax in this area, chatting with staff or sitting, reading up-to-date magazines and newspapers. This area seemed to be the hub of the home, and it was lovely to see that those with dementia were charged with meaningful tasks, such as delivering the daily papers to other residents.

The designated centre was purpose built to accommodate 63 residents, in a variety of single bedrooms, some of which were en suite and others that shared communal toilets and showers. Some of the en suite facilities contained a shower, toilet and wash hand basin and others had toilet and wash hand basin facilities. There were 60

residents in the centre on the day of this inspection, with two residents in hospital and one vacant bed. The centre was divided into three 21 bedded units, Blackwater, Glenaboy and Owenacurra. The Owenacurra was designed specifically for those living with dementia, with enhanced staffing levels, to support the needs of residents. Each unit had its own communal space, which included a sitting and a dining area. Inspectors saw that these were decorated in a very homely style, with large flat screen televisions and good quality, comfortable furniture. Inspectors observed that there were different areas set up in the rooms, in which to congregate, or have a quiet time with a visitor. There was also access to the gardens and patios from the communal rooms. Inspectors noted that the garden, and patio exit doors, were open throughout the day and the areas were planted with colourful, flowers and shrubs.

The premises, on the whole, was maintained in a good manner. Ongoing improvements were taking place, such as painting, woodwork repair and attention to fire safety and storage issues. The inspector observed that the corridors were nicely decorated with pictures and art work. The majority of residents' bedrooms were homely and personalised. Residents were encouraged to bring in personal items, photo displays, pictures and memorabilia from home, and there was adequate space within the bedrooms for these. Communal rooms were nicely furnished and there was a friendly, welcoming, social atmosphere maintained, as evidenced by the number of visitors seen, at all times of the day. Where inspectors found that action was required, in relation to premises and to fire safety, these were addressed throughout the report.

Inspectors observed interactions between the staff and residents throughout the day, and found that they were respectful and person-centred. Staff spoken with, told inspectors how they enjoyed getting to know residents and their families. One staff member stated that "they loved their job". It was evident that staff knew residents well, and they were knowledgeable about any interventions needed, to enhance their daily experience. Residents appeared well-cared for, they had their hair done, had regular chiropody services and they were appropriately dressed for the changes in the weather. A few residents who chose to stay in their rooms said that this choice was always respected. Communal rooms within the centre were well supervised, and residents were seen to be responded to promptly, when they called for assistance or rang their call bell. Volunteers were encouraged in the centre and a team of these people assisted with activities, and visited residents, in their room, for a chat. They were described as a "great resource" and "very helpful". They were seen to be trained in all aspects of care and protection, and underwent a robust induction and vetting process, prior to commencing working with residents.

Inspectors spent time observing the dinner time and evening meals and saw and that the dining tables were nicely decorated, with condiments, suitable ware and cutlery. The daily menu was displayed on the wall, along with supporting pictures, and there was a choice available at each course. Residents told inspectors that they were offered a choice and could change their mind, depending on how they felt at mealtimes. They were very complimentary regarding the quality of the food provided and the great efforts of the 'helpful' chef. Inspectors observed that staff provided assistance to residents, in a discreet and careful manner. Residents

informed inspectors that they enjoyed coming to the dining room, for the sociability aspect, as well as enjoying the wonderful smell emanating from the kitchen. From a review of residents' meeting records, and discussions with staff, it was evident that residents loved the home baking and the quality of the food. An 'afternoon tea service' was advertised, on the wall of each unit, and all were welcome to book in to enjoy this with their relatives, for special occasions. Staff informed inspectors that one family recently came in for a birthday party in the conservatory and, in addition, another resident was enabled to attend a wedding, within the centre, with all the family members present.

There was a relaxed and inclusive atmosphere in the centre, throughout the day. Residents were heard calling staff by name and the person in charge was well known to residents. Some residents were seen to be mobilising independently, while others were observed using mobility aids. Hand rails were located along corridors and in residents' bathrooms, to enable independent mobility where possible. A number of residents told inspectors that they really appreciated the physiotherapy service, which was available to them, two days every week, including on the day of inspection. The physiotherapist spoke with inspectors, about the individual and group activities which he engaged in, and explained that part of the role was to check residents' mobility, and well being, after any fall, to ensure optimal recovery.

Residents' expressed their satisfaction with the activities programme and the team of staff leading this. The two activity coordinators facilitated both individual, and group activities, which were scheduled over seven days of the week. These staff members informed inspectors that they had attended specific courses with Age and Opportunity, in facilitating and promoting activities for older people. The activities programme was displayed in the reception area, and in each communal room, and included social events, such as chair exercises, balance exercises, external musicians, bingo, parachute games, quiz and art, among others. On the day of inspection, an external musician entertained a large group in the Owenacurra unit and many residents, as well as their visitors, appeared to enjoy this immensely. Singing, dancing and general good entertainment were enjoyed for over two hours. A number of residents prayed the rosary together each evening. Mass was currently not available, in person, due to unforeseen circumstances, The person in charge stated that she hoped that, in-house, mass would resume again soon, as they had been very fortunate to have the service weekly, for a long period of time. Residents told the inspector that there was always plenty for them to do, including outings with family, for shopping or coffee, or to Fota, and Youghal in the centre's bus.

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

This was an announced inspection, carried out by two inspectors, over one day, to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, findings of this inspection were that this was a well-managed centre, run by an experienced and dedicated management team and staff team, who strived to ensure that residents received high quality, person-centred care and support. The management team were proactive in responding to concerns as they arose and any improvements required from the previous inspection had been addressed. Nevertheless, there were issues relating to fire safety and premises, which required action, and these actions are set out under the relevant regulations.

The registered provider of the centre is Brookfield Care Centre Ltd which comprises of three directors. The directors are also involved in the operation of a number of other nursing homes throughout Ireland, with the Carechoice Group. The provider also employs a Director of Quality and Governance to oversee and support clinical care in the centre. She attends the centre for governance meetings and is also available to staff on a daily basis, when needed, thereby maintaining good communication and oversight.

Clinical care, and quality of care, in the centre was directed by an experienced person in charge, who provided good leadership to the team and was well-known to residents. They were supported in their role by an assistant director of nursing (ADON), three clinical nurse managers (CNMs) and the extended team of nurses, care assistants, catering, maintenance, administration, activities and housekeeping staff. The management team communicated with staff on a daily basis and more formally at staff and management meetings. There were arrangements in place to provide supervision and support for staff, through the presence of the CNM group, induction processes and at annual performance appraisals. The management structure within the centre was clearly defined and staff were found to be aware of their roles and responsibilities within the team.

Inspectors found that the provider had processes in place, to ensure the service was well resourced and monitored, and that residents received good quality, effective and safe care. The provider, management team and staff focused on promoting residents' choices and rights. A review of the staff roster indicated that there were an appropriate number and skill mix of staff on duty, to meet the needs of residents, taking into account the size and layout of the centre. There was confirmed in conversation with staff and residents. Staff members spoken with, were knowledgeable of residents' needs, their preferences and life stories.

A comprehensive training programme was delivered to all grades of staff. Staff were facilitated to attend mandatory training and training appropriate to their role. Staff demonstrated awareness of relevant aspects of the training, in particular in safeguarding residents from abuse, infection control and safe manual handling. Management staff expertise in, end of life care, safeguarding, dementia care and infection control had been developed, in order to lead in-house training programmes. Staff explained that this meant that there was very good participation and better follow up for staff. A sample of staff personnel files were reviewed by inspectors. These were maintained in line with Schedule 2 of the regulations for the



sector. There was evidence that each staff member had a garda vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, prior to commencing employment.

Written policies and procedures, as set out in Schedule 5 of the regulations, were available, to underpin care practices, to promote health and safety, as well as policies for staff recruitment processes. Complaints were recorded and followed up, with evidence seen of the satisfaction of each complainant being recorded also. Inspectors found that all residents had a signed contract of care on file. A comprehensive annual review of the quality and safety of care for 2023 had been prepared in consultation with residents. This was made available to inspectors prior to the inspection. Feedback from residents and families was encouraged and used to inform ongoing quality improvements, as evidenced in the surveys seen and the minutes of residents' meetings reviewed.

A range of clinical and environmental audits were carried out, to monitor the quality and safety of the service provided to residents. This included a weekly audit of quality of care indicators, such as, skin integrity, infection outbreaks, antibiotic use and falls. Evidence was seen that each audit resulted in the development of an action plan, to promote ongoing improvement. Outcomes were discussed at staff and management meetings held in the centre. There was evidence of good oversight of the centre, seen in the minutes of these meetings, where relevant findings were discussed. The senior management team reviewed the actions taken. The systems in place were seen to be effective in ensuring that clinical care and the quality of life for residents was reviewed and improved where necessary.

## Regulation 16: Training and staff development

Training records were provided to inspectors for review.

These indicated that all staff had up-to-date mandatory training and appropriate training, relevant to their role.

Arrangements were in place for the ongoing supervision of staff by the management team.

The majority of training was delivered on an in-person basis, with improved uptake, understanding and outcomes for staff and residents.

Judgment: Compliant

## Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection.

A sample of four personnel records reviewed indicated that each staff member had a full and comprehensive employment history available, as well as two references, including one from their most recent employer, and up to date Garda (police) vetting (GV) on file.

These were all requirements of the regulations, in order to ensure safe care and knowledgeable staff, to optimise residents' care.

Judgment: Compliant

### Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial oversight and action was required, to address a number of issues :

This was evidenced by:

- there was a lack of oversight of premises issues, such as, flooring and other matters: detailed under regulation 17: Premises.
- a lack of oversight and progress of issues related to fire safety management: For example: a fire safety risk assessment, a fire door risk assessment and a report from a fire officer had identified issues in July 2023 and in February 2024, which were awaiting resolution, to ensure residents were safe from fire.
- a risk assessment was required as to the location of dani-centres for PPE, in the vicinity of vulnerable residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A detailed and up to date statement of purpose was available to staff, residents and relatives.

This contained a statement of the designated centre's vision, mission and values.

It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

## Regulation 30: Volunteers

There were volunteers working in the centre.

Garda (Police) vetting was seen to be in place for these staff, and they had their roles and responsibilities set out in writing, as required by the regulations.

On commenced of work they enrolled in mandatory training and were subjected to a robust induction programme.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incident management and incidents records were maintained in the centre.

All the specified incidents, set out in regulation as requiring notification to the Chief Inspector, had been submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements of the amended regulations.

A review of a sample of complaints records found that residents' complaints and concerns were managed, and responded to, in a timely manner.

The person in charge was the named complaints officer.

A review officer was also identified, as well as details for contacting the ombudsman for older people, if required.

Judgment: Compliant

## Quality and safety

Overall, residents in Brookfield Care Centre were found to be supported to have a good quality of life, which was respectful of their wishes and choices. There was timely access to healthcare services and appropriate social involvement, with respect, and safe care, demonstrated by staff during the inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt that staff were aware of their backgrounds, their family circumstances and interests. The person in charge confirmed that all staff had undertaken training in applying a human rights-based approach to care. Nonetheless, the provider was required to address a number of aspects of maintenance of the premises, and fire safety management, which are described under regulation 17, and regulation 28, respectively.

Inspectors were assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs), who were described as "attentive" to residents' medical, and psychological needs. Systems were in place to enable ready access to specialist services, as described under regulation 6: Healthcare. Residents' care plans provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which informed the development of a relevant plan of care for each person's identified needs.

The registered provider had employed staff to maintain and upgrade the premises, on a consistent basis, which had a positive impact on residents' quality of life and their contentment with the lived environment. The person in charge stated that maintenance work was being carried out at the time of inspection, to address painting, floors and woodwork deficits, as a result of previous works, and the movement of heavy chairs, and movement hoists, through doors and around bedrooms. Premises issues, requiring action, were described under regulation 17, in this dimension of the report.

Laundry was well managed and the centre was observed to be very clean. Staff were seen to adhere to good infection control practices, as evidenced by how any outbreak of infection had been managed and handled without any major adverse effects to residents. Debriefing reports, completed after any outbreak, were made available to inspectors. These indicated a culture of learning and continuous growth, with the aim of learning from events and keeping residents and staff safe. For example, all residents had received their flu and COVID-19 vaccination in the week prior to the inspection.

Generally, there were some mixed findings on fire safety management. For example, fire safety equipment was serviced as required, and fire safety checks were seen to be regular and comprehensive. Appropriate signage was displayed in the event of a fire. Staff had been trained as fire wardens and fire managers. Training records provided evidence that fire drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with evacuating residents at times of highest risk. Staff were found to be knowledgeable of aspects of fire safety and confirmed their participation in the fire drills. However, individual evacuation plans for residents required review, as they were not sufficiently informative, fire doors required repair and fire stopping was not completed. The

provider submitted assurances that a programme of works was planned and resourced, and that a contractor had been appointed to commence works in the following weeks. The fire safety matters, requiring action, were outlined in detail, under regulation 28.

A safeguarding policy provided guidance to staff, in relation to recognising and responding to any suspicion, or allegation, of abuse. Staff demonstrated an appropriate awareness of their responsibilities, in this key aspect of maintaining residents' rights, wellbeing and autonomy. Residents had access to independent advocacy groups, who had visited the centre had spoken with residents, and staff.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements, such as, gluten free diet or modified diets. The inspector observed that there were sufficient staff available to assist residents with dining. Residents who required modified and fortified diets were seen to be facilitated, with meals prepared, as recommended by the dietitian. Meals were nicely presented and residents expressed their contentment about the quality and quantity of the food available. Residents said that the chef had spent time with them, on admission, to ascertain their preferences, and they said that fresh baking was always on offer.

The inspectors found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, as evidenced by the resident surveys, minutes of residents' meetings and comments by residents on the day of inspection. As a result residents felt empowered to express themselves freely, which in turn, ensured they felt safe and that their happiness "mattered" to staff. There had been a recent barbecue held in the centre and outings to Youghal, Fota and the Army barracks which residents loved to chat about.

In summary, residents were seen to be enabled to life to the full, in their older years, and to continue participating in their community and their hobbies, while being facilitated to try new experiences and interests.

## Regulation 10: Communication difficulties

The registered provider had taken steps to ensure that residents could communicate freely:

Residents who had communication difficulties, had these recorded in their care plans and were observed to be supported to communicate in their preferred manner.

For those who did not speak English, a language 'App' had been made available for the residents. In addition, fire safety information had been translated into Italian for a resident. Additionally, an electronic magazine was available where all relatives at home and abroad could post updates and receive updates in a confidential way. An

example of this was seen, where children and grandchildren, living abroad, had sent lovely pictures and warm messages, to their family members in the care home.

Residents were also facilitated to access additional supports, such external supportive organisations, I-pads and other technology, such as, computers and an interactive games table, to assist with their communication and well being.

Residents who had communication difficulties were seen to be included in all activities, and were spoken with a kind and respectful way by staff, who were familiar with their specific needs.

Judgment: Compliant

### Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions.

Each resident had sufficient space for storing personal possessions in their bedroom including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer.

Residents' clothing was labelled, washed and returned, carefully ironed, to residents. Where any issues had been highlighted these were seen to have been addressed to the satisfaction of residents. The person in charge explained that they had recently invested in a new clothes labelling machine, which had greatly improved the location of any missing items.

Judgment: Compliant

### Regulation 17: Premises

Certain aspects of the premises did not conform with the requirements of Schedule 6 of the regulations:

Some walls and woodwork required painting and repair, due to previous works, scuffing and wear and tear. Areas of the flooring required repair.

There was a lack of storage space in the centre. Hoists and wheelchairs were stored in bathrooms and large comfort chairs were seen stored in the en suite bathrooms of vacant rooms.

Where personal protective equipment (PPE), such as plastic gloves and aprons, were within reach of vulnerable residents, a risk assessment was not in place to evaluate if the dani-centres, (wall-mounted container for PPE), required relocation.

Call bell assess required review, to ensure that bells were always within reach of residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

Staff were supported to implement the national standards for the prevention and control of healthcare infections.

Training was delivered in all aspects of infection control.

There was a relevant policy in place and an infection control lead nurse was identified, and trained, appropriately.

Antimicrobial stewardship was undertaken with regular audits and staff training provided. This meant that the type of antibiotic used was specific to the infection identified, thereby ensuring more effective treatment and safe use of appropriate antibiotics.

The centre was very clean and staff signed when cleaning and housekeeping tasks were completed.

Judgment: Compliant

### Regulation 28: Fire precautions

A number of actions were required from the provider to ensure that a robust system of fire safety management was in place:

- On this inspection inspectors viewed a fire safety risk assessment carried out in July 2023 in which a number of risks had been identified. Not all these works were completed and most works had yet to commence.
- In addition, the local area fire officer had visited on 21 Feb 24, and sent on a list of fire safety requirements to the centre, which required action.
- Additionally, an external fire safety risk assessment of 'fire safe doors' (doors designed to prevent the spread of fire or smoke for defined periods), reviewed by inspectors identified that a number of doors throughout the centre had gaps or were damaged. This was also found on inspection, fire

safe doors were damaged and had visible gaps: these had not been addressed.

- Fire stopping issues had been identified on the risk assessment and on inspection and had not been addressed.
- Compartmentation issues had also been identified and had not been addressed, as well as a number of other risk issues.
- In four areas the bulbs had been removed from ceiling spot lights and these had not been replaced with down-lighters, as recommended.
- PEEPS (personal evacuation plans) plans were incomplete and lacked detail in some situations. No residents' names were included on the PEEPS plans.
- Some fire safe doors were kept open with furniture instead of self closures, or other device, linked to the fire alarm.
- One person was using portable oxygen, this was not identified as a risk.
- Ceiling fans were dusty and required sealing around the edges, where there were gaps visible from the installation.

The provider, who attended the feedback meeting at the end of the inspection day, provided assurances that the works were resourced and scheduled to commence in October and November 2024. A time bound plan was requested and submitted following the inspection.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care plans were well maintained and personalised.

A review of a sample of residents' care plans indicated that they were completed within 48 hours of admission, and reviewed four monthly, in accordance with regulatory requirements.

Assessment of residents' needs were underpinned by the use of a range of validated, evidence-based, risk assessment tools.

Care plans were developed in a personalised manner, to provide guidance on meeting residents' social and healthcare needs. For example those with communication needs, or seizure disorders, had relevant and evidence based plans in place.

Judgment: Compliant

### Regulation 6: Health care



Residents' health and well-being was promoted, and residents had timely access to general practitioners (GP) services.

Residents had access to a range of professional expertise, such as the dietitian and the the speech and language therapist (SALT), the physiotherapist, the chiropodist, the occupational therapist (OT), the pharmacist, dental and optical care and palliative and wound care expertise. This meant that care issues were quickly identified and addressed, which led to improved health care outcomes for residents.

Weights and observations were completed monthly, or more regularly, if required.

Residents with weight loss were identified, and referred to a dietitian or speech and language therapist (SALT). The MUST tool (Malnutrition Universal Screening Tool) was used to identify those at risk and the recommended steps were seen to have been followed, to improve nutritional intake, where necessary.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence to show that the centre was working towards a restraint-free environment, in line with the centre's policy and national policy.

The person in charge ensured that staff were provided with up-to-date knowledge and skills to respond and manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in a supportive manner.

The provider had systems in place to monitor, and review ,environmental restrictive practices, such as bedrails and sensor mats. to ensure that they were appropriate and necessary.

Residents were encouraged and supported to optimise their independence where possible and were seen to have free access to safe outdoor spaces.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken steps to ensure that residents were protected from abuse:

A safeguarding policy was in place and this provided guidance to staff, in relation to recognising and responding to any suspicion, or allegation, of abuse.

Staff demonstrated an appropriate knowledge and awareness of their responsibilities, in this key aspect of maintaining residents' rights, wellbeing and autonomy.

Residents had access to independent advocacy groups, who had visited the centre had spoken with residents, and staff.

Finances were carefully managed. The provider acted as pension agent for eight residents, who were seen to have individual accounts maintained, ensuring that the balance of their money was kept separate, and distinct, from the company account.

A sample of residents' spending money was checked. This was seen to be recorded and checked regularly. To improve accessibility to their cash in the late evening the provider undertook to put a contingency plan in place, in the event that a resident required money after 5pm.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Evidence of this was gathered through conversations during the inspection, reports from relatives, survey results, minutes of residents' meetings and observations throughout the two days of inspection.

The centre was taking part in the Carechoice award celebrations, and care staff had been nominated to receive awards at the ceremony in Dublin.

Recent activity included, a barbecue, the all Ireland final celebration, visits from music groups, animals and choirs, baking, painting, Sonas, book club, knitting, bingo, physiotherapy sessions, reminiscence group, hairdresser, daily outdoor walking and crosswords, among other personal celebratory events.

Residents said they felt safe and had access to social outings, as previously described, appropriate activity, garden activity, including growing flowers with one dedicated staff member, religious services, the afternoon tea initiative supplied by the chef, and celebrations with family.

An interactive, sensory table had been bought for residents in the Owenacurra unit.

Residents felt that they could raise concerns about any aspect of care, and they told inspectors that they felt their opinions and concerns would be listened to.

They said that activities were meaningful to them and they praised the managers, the staff and the facilities provided to them so that they could " live their older lives in a happy and supportive environment".

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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-0044651

Date of inspection: 09/10/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Flooring works scheduled to commence in July and August were subject to delays due to COVID-19 outbreak. Flooring works commenced on 4th November and are continuing. Additional details listed under regulation 17: Premises.</li> <li>• Fire Safety Management: A time-bound project plan for commencement of all required fireworks has been submitted and is due to commence in November 2024. Additional details listed under regulation 28: Fire Precautions.</li> <li>• A risk assessment for the location of the dani-centres has been completed.</li> </ul>	
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"> <li>• Maintenance programme in place and upgrade works for refurbishment of the bedrooms is due to commence in 2025. Flooring works commenced on 4th November 2024.</li> <li>• Storage in the centre will be reviewed by the Senior Management Team as part of the overall upgrade works and appropriate action to be taken where necessary.</li> <li>• Risk assessment for location of wall mounted PPE units and Dani-centres has been completed.</li> <li>• Call bell checklist put in place as part of the resident `s overall comfort checks to ensure all residents have access to their call bells when needed. ADON/DON will ensure compliance is maintained with on-going auditing schedule.</li> <li>• Works will involve Replacement Bedhead, electrical services, Resident rooms / redecoration &amp; soft furnishings, upgrade to resident rooms will commence after fire</li> </ul>	

stopping / compartment works have been completed. It is expected to be completed by Feb 2025. These refurbishing works cannot be completed prior. The refurbishment works will commence in Feb 2025 and are expected to be completion by the end of May 2025 (this is subject to change if any delays occur on the fire stopping works).

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A time-bound fire safety plan of works has been submitted to the regulator outlining the commencement date and a detailed structure of the fire safety works required in the centre. This project plan has been notified as a construction project to the HSA, in line with Safety, Health and Welfare at Work (Construction) Regulations 2013 with works due to commence at the end of November 2024.
- The fire safety requirements and the identified risks as per Fire Officer’s Report Feb 2024 and Fire Risk assessment completed in July 2023 will include the following planned works; Emergency Lighting upgrade and review of external emergency lighting, fire stopping works, compartmentation review, replacement of ceiling spotlights with downlighters, fitting of self-closers to fire doors requiring same and fire door review and replacement as required.
- Portable Oxygen- a visitor risk assessment for the use of a portable oxygen concentrator has been completed with safety measures put in place. This has been disseminated to all staff and discussed at daily handover reports and safety huddles.
- PEEPS (personal evacuation plans) have been reviewed and replaced with detailed PEEP assessments completed for all residents on admission and at a minimum 4-monthly. A copy of the resident’s PEEPS have been placed inside each resident’s room in a discrete location and a copy of each resident’s PEEPS is also located in main reception in the event of emergency services requiring same. This has been disseminated to all staff and discussed at daily handover reports and safety huddles.
- Ceiling fans been added to the Housekeeping cleaning schedule to ensure they remain dust free. Fire stopping around the ceiling fans will be part of the overall fire-stopping works planned for the centre commencing end of November 2024
- The projects works have commenced relating to the emergency lighting upgrade.
- The project works relating to the Ansul system upgraded, fire doors, fire stopping compartment reconfiguration building works will commence at the end November 2024, with a completion period 12-16 weeks. Contractor appointed and architect’s drawings received. For the duration of these works there will be an appointed person at night to monitor additional risks associated with the works.
- Additional fire safety management procedures implemented with training / drills programme undertaken for period 6 months have commenced November 24.
- Fire safety management programme in place with external provider, evacuation drills undertaken 29 May & 29th October and to continue for the duration of the building works.





## 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	31/05/2025
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	31/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/03/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2024