



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

Issued by the Chief Inspector

Name of designated centre:	CareBright Community Centre
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0036305

About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Prior to, and on admission to CareBright Community each resident has a comprehensive, holistic assessment of their needs. Care plans following assessment of the resident are then formulated with the resident and family to ensure a resident-focused, patient-centred approach. All assessments and care plans are reviewed by the nursing staff every four months or as residents' needs change. Residents are encouraged to be actively involved in their care planning and family involvement is also encouraged with the resident's consent. The activities coordinator meets all new residents to discuss and plan an activities programme for those who would like to engage in home-based and new activities. There is a gym, hairdressers and canteen in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. There is 24-hour nursing care provided. All staff will receive appropriate and mandatory training including dementia-specific training to support optimal care. The centre is registered with HIQA and aims to be compliant with the relevant regulations. There are policies in place to guide staff in best- evidence based practice. Health and safety issues are addressed and fire safety is a priority. Staff are trained to recognise and respond to abuse and complaints. Interesting, nutritional and varied menus are provided and meals are cooked by residents and staff. CareBright encourages and promotes visits from local artists, schools, community groups and residents go out to visit local areas of interest and relaxation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

17

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 12 April 2022	09:00hrs to 17:30hrs	Claire McGinley	Lead

What residents told us and what inspectors observed

On arrival at the centre, the inspector was greeted by staff and requested to wait in the café area of the building called the Yarn Café. The person in charge was on leave on the day and the inspector and the general manager conducted a walk through of the premises.

The centre had experienced an outbreak of COVID-19 in the centre. However, at the time of inspection there were no resident within this centre with COVID-19.

The centre is a dementia-specific facility and the inspector spent periods of time observing resident and staff engagement. The inspector observed a relaxed and welcoming atmosphere and residents appeared content in the environment.

The centre consists of three separate houses, Rosewood, Butterfly and Lavender, each accommodating six residents, with each residents having a personalised, spacious, single en-suite bedroom. Each resident had access to their own patio area outside their bedroom. There was a shared patio garden for each house and a further large garden accessible to all the residents which contained a large pen with three goats. Two dogs resided with the residents in Rosewood. Each house was appropriately decorated and maintained. There was a variety of communal areas for residents to use depending on their choice and preference. Each house had a sitting room with a separate "nook" where a resident could relax on their own. Residents and their visitors could also use the Yarn Café.

Activities were scheduled seven days a week. On the morning of inspection, five residents were observed attending an art class held in the day centre, other residents spent their morning in the sitting room of their house, while others stayed in their rooms. Residents were observed assisting staff with lunch-time preparation. Residents accommodated in Rosewood and Butterfly houses were assisted with doing their own laundry and with cooking. Music was playing in all houses in the afternoon of inspection, with some residents in Lavender house having foot spa treatments and hand massage, while in other houses staff spent time chatting and reminiscing with residents.

A small number of residents spoke with the inspector, informing them that they 'liked it here' and 'staff are very nice'. The residents were observed to be at ease in the environment, humming to music and interacting in a positive way with staff. Residents were observed to have their personal care needs attended to a high standard. The overall atmosphere in the centre was observed to be calm and relaxed. The residents were not rushed. Staff were observed assisting residents to go for walks in the garden and along corridors.

As previously stated, the centre provides care to residents with dementia. The inspector observed that some residents did not have a call bell in their bedrooms. On discussion with staff the response was that the residents did not have capacity

to use a call bell. Staff confirmed that if a resident has capacity to use a bell one, then a bell is made available.

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

This was an unannounced risk inspection, by an inspector of social services, to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector followed up on the action taken to address the findings of the previous inspection on 26 November 2020 and on notifications received by the Chief Inspector.

The findings of this inspection were that the residents experienced a good quality of life in the centre, however, some actions to address the non-compliance's from the previous inspection had not been completed. In addition, some action was required to ensure that staff training, resident care planning, and infection prevention and control were in line with regulatory requirements.

The organisational structure in place provided effective oversight and support to a team of nursing, care and support staff. The registered provider of the centre is the CareBright Company Limited. A range of governance meetings were held in the centre. The centre had a person in charge who was supported by two senior staff nurses. The nursing team demonstrated a good awareness of the resident's needs and preferences. Within the centre, the service was monitored by a schedule of internal clinical and environmental audits. However, the quality improvement plans developed from these audits were not available for review on the day of inspection.

The staffing level on the day of inspection was appropriate for the size and layout of the centre and the assessed needs of the residents. A review of the rosters found that there was a good skill-mix of staff, with one nurse and care assistants on duty at all times.

The inspector found that staff demonstrated appropriate knowledge, commensurate to their role. Staff told the inspector that they were appropriately supervised and supported by the management team and had undergone a formal induction on commencement of their employment. A staff training schedule was in place. However, review of staff training records found that not all staff had completed mandatory training, including fire safety and training in the management of behaviour that is challenging.

A review of the complaints records showed that complaints were managed in line

with regulatory requirements.

Regulation 15: Staffing

A review of the roster found that staffing numbers and skill mix were appropriate to meet the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training record identified gaps in mandatory training in relation to fire safety or managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the management system in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not effective. For example:

- the audit quality improvement plans were not available on the day of inspection
- an annual review of the quality and safety of care delivered to the residents for 2021 was not available for review as required under Regulation 23(d).
- inadequate systems of oversight in relation to the management of infection prevention and control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All notifications were submitted to the office of the Chief Inspector as required under Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place. Records of complaints reviewed contained details on the nature of the complaint, investigation carried out, the outcome of a complaint, included the complainant's level of satisfaction with the result.

Judgment: Compliant

Quality and safety

The inspector found that, overall, the care and support residents received was of a good quality and ensured that the residents were safe and well-supported. Residents' medical and health care needs were met.

Staff demonstrated a good awareness of the individual care needs of the residents. However, this detailed knowledge was not consistently documented in the resident's care plans. This meant that new or temporary staff or staff returning from time off did not have access to appropriately documented care plans. This issue is discussed further under Regulation 5: Individual assessment and care plans.

The inspector found that staff displayed good knowledge of the national infection prevention and Health Protection Surveillance Centre (HPSC) guidance. The provider had a COVID-19 folder that contained all up-to-date guidance documents on the management of a COVID-19 outbreak in each house. Staff reported that they had received Infection prevention and control training. However, the inspector was informed of three different cleaning practices in the three houses, which was infection control risk to residents.

A previous inspection had identified the lack of appropriate sluicing facilities in the centre. A compliance plan submitted following the inspection had detailed a plan to install a bedpan washer, however, this action had not been completed. This issue is detailed under Regulation 27, Infection control.

Activities were available to the residents seven days per week and they included group as well as one-to-one activities. Resident and relatives meetings were held with a range of topics discussed, including, standards of care, quality of the food, staff, activities, housekeeping and cleanliness.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident throughout the day. The

mealtime experience was homely, with the residents in each house sitting around the dining table. Where this was not possible, staff sat with the residents and were observed to assist them in a dignified and respectful manner.

Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre in line with the current HPSC guidance.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which are not consistent with effective infection prevention and control measure during the course of the inspection and are detailed below;

- different cleaning solutions used to clean floors in the three houses with one house using warm water only to clean floors
- the manufacturer's instructions for storing and making up detergents solutions was not known by staff
- single use equipment was not discarded in line with manufactures instructions
- inappropriate sluicing facilities. This is a repeated non-compliance from a previous inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's care record identified that that the assessed needs of the resident was not always reflected in care plan in order to consistently direct care . For example, the plan of care to manage residents who displayed responsive behaviours were not detailed. The care plan did not identify possible triggers for these behaviours and therefore, person-centred care interventions were not communicated to staff to guide them to deliver appropriate care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. In addition, there was good evidence that recommendations received were followed and integrated into a resident's care plan.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were found to be upheld and respected. The centre had facilities for activities and recreation. Residents were supported to access activities in line with their preferences and abilities. Residents feedback in relation to the provision of activities was positive.

Resident's choice and privacy was respected. Staff were observed helping residents at mealtime in a sensitive manner which promoted their dignity. Residents appeared comfortable in the company of staff.

Resident's meetings were held in a timely manner and had a varied agenda. There was evidence of consultation with residents and concerns were addressed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareBright Community Centre OSV-0005636

Inspection ID: MON-0036305

Date of inspection: 12/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The staff member has now have completed yearly fire and responsive behavior training. (15/05/22) • Mandatory training has provided to all staff in a timely manner. 	
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"> • This has now been rectified as all audits are now printed and kept in the audit folder in the main office. • The annual review for 2021 was commenced however was not completed within December 2021. The annual review for 2022 has commenced and is now ongoing. This will be completed by the 31st Of July . Same will printed and kept in the audit folder. 	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • We have now organized specialized external training for all cleaning staff on 18th of May 2022. The following topics were covered: • The correct ratio and right techniques to dilute each cleaning product. • The correct technique for storing the solutions. • Content and Usage of different cleaning product for different surface. • PIC and SSN will continue to monitor that all cleaning staff are using the same cleaning techniques in each home. • We are in the process of applying for planning permission for the sluicing facility and will be built by 31st of December 2022. 	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Care plan is updated and reviewed with all information. Same completed on 15th of April 2022. • Care plans are updated regularly and reviewed every 4 months. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/05/2022
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	15/05/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the	Substantially Compliant	Yellow	31/07/2022

	Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/04/2022