



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

## Issued by the Chief Inspector

Name of designated centre:	Brampton Care & Rehabilitation Centre
Name of provider:	Brampton Care Ltd
Address of centre:	Main Street, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	19 July 2024
Centre ID:	OSV-0005812
Fieldwork ID:	MON-0043964

## About the designated centre

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

Brampton Care Home is located in the heart of Oranmore town, Co. Galway. The designated centre cares for residents with aging related health issues inclusive of physical, psychological and social concerns. The service cares for both male and female residents that are aged 18 years and over. The care extends to those with dementia, cognitive impairment, mental illness, intellectual disabilities, physical disabilities and chronic physical illness. There is 24 hour nursing care available in the centre. The centre is laid out over three floors of a four storey development. Residents have access to outdoor gardens. The centre has 94 beds, 82 single occupancy en-suite rooms and six double occupancy en-suite rooms. All bedroom accommodation is situated on the second floor and third floor which are accessed by two lifts. Each floor also contains a sitting room, dining room and kitchenette.

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

Number of residents on the date of inspection:	76
--	----

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
Friday 19 July 2024	09:15hrs to 17:15hrs	Una Fitzgerald	Lead
Friday 19 July 2024	09:15hrs to 17:15hrs	Maria Myers	Support

## What residents told us and what inspectors observed

Residents expressed satisfaction with the service, including the provision of meaningful and engaging activities. Residents told inspectors that the staff made them feel safe living in the centre. Throughout the day, staff were seen to be attentive to the requests made from residents. While staff were busy attending to residents' requests for assistance, residents were observed to receive patient and person-centred care from the staff. Residents expressed satisfaction with the quality of the food, and their bedroom accommodation.

Following an introductory meeting, inspectors walked through the centre, reviewed the premises, and spent time meeting with residents and staff. There was a friendly and homely atmosphere in the centre. The main entrance foyer area was a hub of activity throughout the day. There was a coffee station with comfortable seating areas, where residents congregated to sit and talk with other residents, or read their daily newspapers, and in many cases watch the coming and goings of people through this area. Just beyond this area was a set of double doors leading into a large communal sitting room where residents were also seen to congregate throughout the day. Residents had open and unrestricted access to two outdoor areas.

Inspectors spoke with a number of residents in their bedrooms. Staff were observed knocking on bedroom doors before entering and introducing themselves. Residents told inspectors that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Residents described how they would not have to wait long for a member of staff to respond to their requests for assistance. Residents confirmed that staff assisted them in a kind and patient way.

Residents were engaged in activities throughout the day. The social activities calendar in the centre was very important to the residents. There was a detailed activity schedule on display to support residents to choose what activities they would like to participate in. Inspectors observed the interactions between residents and staff during activities and found that staff supported residents to enjoy the social aspect of activities. All residents spoken with told inspectors that they were satisfied with the activities in place. The staff ensured that the communal day rooms were supervised at all times. The centre had recently purchased an interactive activity table. This table facilitated residents to sit together in a circle and complete games as a group. The inspectors observed the staff actively partaking in a game, providing entertainment to the residents in the group.

Residents were kept informed about changes occurring in the centre through scheduled resident meetings. Residents told the inspectors that they were provided with the opportunity to meet the management team, and to provide feedback on the quality of the service they received. Residents stated that they felt included in decisions made about the service they received, and that their feedback and

requests were acted upon. For example, residents had identified that one of the exit doors into an enclosed garden was leaving an unwelcome draft. As a solution, the provider had installed an automated door closing mechanism which residents were satisfied with.

Multiple bedrooms were observed to be spacious with plenty of storage. Residents bedrooms consisted of a bed space, and a second area that was large enough to have a comfortable seating area with television and display unit for residents to place items of importance such as photographs, ornaments and art work.

The dining experience was observed to be a social occasion for residents. Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. Residents told the inspectors that they could also request something that was not on the menu. Staff were observed to engage with residents during meal times, and provide discreet assistance and support to residents, if necessary.

The following sections of this report detail the findings with regard to the capacity and capability of the centre, and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

Overall, the inspectors found that this was a well-managed centre. The provider was committed to ongoing quality improvement that would enhance the daily lives of residents. Inspectors found that residents were supported to have a good quality of life. Notwithstanding the positive findings, the inspectors found that the provider had not fully implemented the last compliance plan submitted following the last inspection in January 2024, and this resulted in repeated non-compliances under Regulation 34: Complaints procedure, Regulation 27: Infection control, Regulation 28: Fire precautions, and Regulation 5: Individual assessment and care plan.

This unannounced inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in January 2024
- review the detail of an application to renew the registration of the designated centre.

Brampton Care Ltd was the registered provider of Brampton Care and Rehabilitation Centre. There was a clearly defined management structure in place that was known to the residents and the staff. The centre has recently increased the occupancy of the centre. Accordingly, the provider had reviewed and strengthened the management structure. On the day of the inspection there was a newly appointed

director of nursing in position to support a person in charge. In addition, there was two assistant directors of nursing, a team of clinical nurse managers, a team of nurses, health care assistants, a physiotherapist, an occupational therapist, a clinical psychologist, and a team of non-clinical staff. This management structure was found to be effective for the number of residents accommodated in the centre. On the day of the inspection, there was 76 residents living in the centre. There were sufficient numbers of suitably qualified nursing, therapists, healthcare and household staff available to support residents' assessed needs. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Records reviewed by the inspectors confirmed that training was up-to-date. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, fire safety, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff responses to questions asked demonstrated a good level of knowledge. Staff responses in relation to what action to take in the event of the fire alarm sounding were detailed and consistent.

The management team held weekly management meetings and all areas of care delivery was discussed. There was an audit schedule in place to monitor the delivery and quality of the care. However, a review of the management systems in place to monitoring the quality and consistency of the care and the care environment was not fully effective. For example, the auditing of resident files had failed to identify that care plans were not always fully implemented.

The centre had a complaints policy and procedure which outlined the process of raising a complaint. The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been resolved and closed. However, the inspectors were informed of a complaint made by a resident and their family in relation to staff engagement. The inspectors found that this expression of dissatisfaction was not recognised by the management as a complaint and so had not been logged or managed in line with the complaints policy. The provider had failed to implement the actions identified in the last compliance plan, resulting in a repeated non-compliance with Regulation 34: Complaints procedure.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration was made and the fee was paid.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors found that staff had access to, and had completed training appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure that the service was consistently monitored was not fully effective. This resulted in repeated non-compliance from the January 2024 inspection. This was evidenced by:

- the system in place to recognise and respond to a complaint was not effective. Complaints were not recorded in line with the requirements of the regulations.
- the auditing of resident files had failed to identify that care plans were not always fully implemented.
- the monitoring of the standard of cleanliness of the premises did not always identify poor practice in relation to cleaning practices.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Inspectors were not assured that when residents voiced dissatisfaction with parts of the service, that this information was managed in line with the centres complaints policy to ensure that appropriate action was taken. For example, during the inspection, the inspectors were told of a complaint that a resident and their relatives



had made that was not recorded and managed in line with the requirements of Regulation 34.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

## Quality and safety

Residents expressed a high level of satisfaction with the quality of the service, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents confirmed that their experience of living in the centre was mostly positive. Staff were observed to be respectful and courteous with residents. A review of the care documentation found that resident care plans were not always implemented. In addition, environmental hygiene practices described to inspectors was not fully in line with best practice guidelines, which posed a risk to the cleanliness of the premises.

The inspectors reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to assess the needs of the residents including skin integrity, falls risk, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre. In the main, daily progress notes and the observations of care delivery, demonstrated good monitoring of care needs and effectiveness of care provided to residents. However, the inspectors found that care was not always delivered in line with the care plan in place. This repeated non-compliance is discussed under Regulation 5: Individual assessment and care plan.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need. This was a completed action from the previous inspection

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their

responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The premises was bright, spacious and decorated to a high standard throughout. Corridors were wide and fitted with handrails to support residents to mobilise independently and safely, and all areas of the centre were wheelchair accessible. There was directional signage to assist residents and visitors to navigate the centre with ease. The communal areas were decorated and furnished to make them homely in appearance. All equipment used by residents was visibly clean and maintained in a satisfactory state of repair.

Facilities to support effective infection prevention and control measures, such as hand hygiene, were in place. There were cleaning schedules in place, identifying consistent cleaning of the centre. However, on the morning of the inspection, inspectors found that there was an insufficient supply of clean mops for the purpose of cleaning. The cleaning policy in the centre directed staff to use one mop per bedroom and one mop per bathroom. On the morning of the inspection, there were insufficient clean mops available and staff had no option but to use the same mop for multiple rooms including bathrooms. This practice was a risk to the standard of environmental hygiene, and was not in line with the centres' policy.

A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Annual fire training had taken place in 2024. Following the last inspection, the provider had committed to complete vertical evacuation drills with staff, to provide assurance that all residents could be safely evacuated in the event of an emergency. On the day of inspection, the records to evidence the vertical evacuations were not available for review.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff. Residents told the inspectors that they were satisfied with the activities on offer. There were regular residents' meetings held which provided residents with opportunities to consult with management and staff on how the centre was organised. Minutes of recent meetings showed that relevant topics were discussed. Residents had access to an independent advocacy service. Friends and families were facilitated to visit residents, and the inspectors observed visitors coming and going throughout the day.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate for the number and needs of the current residents in the centre, and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 27: Infection control

The provider did not fully ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. There was poor oversight of the cleaning practices and the quality of environmental hygiene. For example; there was an insufficient supply of mops for the cleaning of bedrooms. This meant that staff had no option but to utilise one mop for the cleaning of multiple resident bedrooms. This was a risk on the quality of environmental hygiene.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Following the last inspection the provider had committed to complete vertical evacuation drills with staff to provide assurance that residents could be moved to a place of safety in the event of an emergency. On the day of inspection, the records to evidence the vertical evacuations were not available for review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that care plans were not always implemented. For example;

- the care plans of two residents, assessed as being at risk of malnutrition did not have their care plans fully implemented, in line with the instructions contained within the care plan. For example, residents weekly weights were not recorded.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to General Practitioners (GP) of their choice and the person in charge confirmed that GPs attended the centre as required. Residents had access to a range of health and social care professionals, such as physiotherapy and occupational therapy.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities for residents to participate in a variety of activities such as art and crafts, live music events and exercise classes. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. A variety of daily national and local newspapers were available to residents.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. Residents were provided with information about services available to support them. This included independent advocacy services. Residents' choice was respected and facilitated in the centre. For example, residents

spoken with told inspectors that they could retire to bed and get up when they choose. Residents were satisfied with the daily food choices on offer.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 22: Insurance	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brampton Care & Rehabilitation Centre OSV-0005812

Inspection ID: MON-0043964

Date of inspection: 19/07/2024

## 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> <p>The centre has implemented additional reporting mechanisms to ensure that all complaints are recorded and reported and followed up by the Management team. Additional training has taken place and complaints reporting and recording has been discussed at staff meetings. Staff are asked at daily handover if any concerns or expressions of dissatisfaction have been received.</p> <p>A review of resident care plans has been undertaken with Nursing staff, and communication with HCA staff to bring the details of the residents' care plans to their attention (and for priority action) has taken place. Care plans are also available to view on the electronic care plan system that staff can access and record details of interventions</p> <p>The centre has recruited an accommodation manager to ensure that the standards of hygiene are maintained and that IPC measures are being followed. Audits are being carried out and any areas requiring improvement are actioned immediately</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The centre has implemented additional reporting mechanisms to ensure that all complaints are recorded and reported and followed up by the Management team. Additional training has taken place and complaints reporting and recording has been</p>	



discussed at staff meetings. Staff are asked at daily handover if any concerns or expressions of dissatisfaction have been received.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The centre has recruited an accommodation manager to ensure that the standards of hygiene are maintained and that IPC measures are being followed. Audits are being carried out and any areas requiring improvement are actioned immediately</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Vertical evacuations take place as part of monthly training with an external fire training company. On the day of inspection the reports were not available to review as they are on the training portal which was affected by the recent global IT outage. These are now printed and available in hard copy. The centre will also conduct an additional vertical drill monthly.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review of resident care plans has been undertaken with Nursing staff, and communication with HCA staff to bring the details of the residents' care plans to their attention (and for priority action) has taken place. Care plans are also available to view on the electronic care plan system that staff can access and record details of interventions</p>	



## 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 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	23/08/2024
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.	Substantially Compliant	Yellow	23/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	26/09/2024

	reviewing fire precautions.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	23/08/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	23/08/2024