



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

Issued by the Chief Inspector

Name of designated centre:	Brindley Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Announced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0039794

About the designated centre

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

The centre was a purpose built single storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. It is situated in a residential area. Accommodation for residents was provided in 34 single and 4 twin bedrooms. Most of the bedrooms have full en suite facilities with a shower, 10 rooms have an ensuite with a toilet and a wash hand basin and two single rooms have a wash hand basin. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 October 2024	08:45hrs to 15:45hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 22 October 2024	08:45hrs to 15:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This inspection was an announced inspection carried out over one day and overall, residents' feedback confirmed that they were satisfied with the service they received and their quality of life in Brindley Manor Nursing Home. There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre including to the outdoor enclosed garden area. Management and staff demonstrated that they knew the residents well and were familiar with each residents' daily routines and preferences. Staff were observed to be kind and compassionate when providing care and were seen to support residents in a respectful and unhurried way.

As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Six questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was positive and all residents confirmed they were content, felt safe and were well cared for in the centre. Residents expressed their satisfaction with the quality and choice of food provided for them and one resident commented that the salmon was 'excellent'. A resident's family member completing the questionnaire on behalf of a resident commented that the resident's bedroom was 'so cosy and warm'. Residents reported that if they made a complaint, it was responded to without delay and to their satisfaction. Residents also confirmed their satisfaction with the social activities they could participate in and gave examples of the social activities they liked best.

The inspectors met with the majority of the residents living in the centre and spoke with six residents in more detail to gain a view of their lived experiences in the centre. All were very complimentary in their feedback and expressed their satisfaction regarding the care and service provided, including the standard of environmental hygiene. Those residents who could not communicate their needs appeared comfortable and content with living in the centre. Staff were observed to be particularly attentive to these residents needs for support during the day of this inspection. Residents' satisfaction was unanimous in their feedback to the inspectors regarding the approach of staff caring for them. Residents described staff as 'friendly', 'kind', 'helpful' and 'absolutely amazing'.

There was a varied activities schedule in place and inspectors noted that residents were engaged in the various social activities taking place throughout the day. Residents were seen to be enjoying a visit from a magician in the afternoon. Residents who did not wish to participate in the group social activities taking place in one of the communal sitting rooms were observed to be relaxing in the communal areas or in their bedrooms watching television or reading newspapers. Care staff were also seen regularly checking in on those residents who preferred to spend much of their time in their bedrooms and were observed chatting with these residents and ensuring they had their preferred television and radio programmes available to them. The activity coordinator ensured that residents who did not participate in the group activities or who wished to remain in their bedrooms or

relaxing in the other communal areas were supported to participate in one-to-one social activities to meet their interests and capacities.

Residents were very complimentary regarding their food choices and the varied homemade meals freshly prepared on site for them by the kitchen staff. The inspectors observed the lunch time experience, and saw that residents were offered a choice at mealtimes and alternatives to the menu were available as residents wished. There were two sittings at lunch time to give residents the opportunity to eat at the time they preferred and to ensure the dining rooms did not become overly crowded. Modified diets were seen to be well presented and in line with recommendations made by the speech and language therapist and dietician. Staff were observed discretely offering support and encouragement to those resident who needed help at meal times.

Brindley Manor Nursing Home is located in a residential area on the edge of Convoy Village in Donegal and residents accommodation is provided on ground floor level throughout. The majority of residents' bedrooms were personalised with their photographs and other personal belongings. Items of domestic and antique furniture, colourful wall paintings and the artwork by residents added to making the environment familiar, comfortable and homely for residents. The residents communal sitting rooms were spacious and welcoming and provided residents with areas where they could relax in a quieter area or meet their visitors in private if they wished.

Many of residents told the inspector that they previously lived in the local area and were pleased that they could continue to live in an area they were familiar with and that was convenient for visits from their families and friends still living in or around the locality. Residents' comments to the inspectors included 'enjoy my life in this nursing home', 'love it here', 'a wonderful care home' and 'its home from home'.

On the day of the inspection the communal areas and a number of residents' bedrooms were decorated with colourful seasonal Halloween decorations. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and were well maintained. The grounds and enclosed external courtyard was also well-maintained and provided a safe space and interesting space for residents' use.

The inspectors observed that the ancillary facilities generally supported effective infection prevention and control. There was a treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. These rooms were observed to be clean and tidy.

Residents told the inspectors that they felt very safe and secure in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this announced inspection found that the designated centre was well managed for the benefit of the residents. Managers and staff were working to ensure that residents received care in line with their needs and preferences and that services were made available for the residents in line with the designated centre's statement of purpose.

The inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspections.

The provider had completed most of the actions they committed to in their compliance plan from the last inspection. However, this inspection found that the oversight of some areas required improvements to ensure compliance was sustained in a number of regulations.

The Brindley Federation of Nursing Homes Limited is the registered provider of Brindley Manor Private Nursing Home. There is a clearly defined management structure in place that identifies the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The management team consisted of a person in charge and an assistant director of nursing who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel. A new person in charge commenced in July 2024 and their experience and qualifications met the requirements of the regulations. Additional support to the management team in the centre was provided by a regional manager who also had oversight responsibility for a number of other designated centres operated by the provider.

There was evidence of regular governance and management meetings and the records of these meetings evidenced that quality improvement plans were being developed and implemented to address any deficits identified in the service. However, the audit programme in place to monitor the quality and safety of the service was not effectively identifying a number of non-compliant findings found on this inspection. The most significant findings were in relation to Regulation 6 assessment and care-planning processes.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, and colour-coded cloths to reduce the chance of cross

infection. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. All areas and rooms were cleaned each day and the environment appeared visibly clean.

Inspectors also identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. Nursing staff had also completed online antimicrobial stewardship training.

There were adequate numbers of staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. This included staff with appropriate skills to ensure that residents with cognitive impairment or who did not attend the sitting room during the day had equal access to meaningful activities to meet their interests and capacities. Staff demonstrated accountability for their work and were knowledgeable about their roles and responsibilities when they were speaking with the inspectors. Staff were responsive to residents' needs for assistance and support.

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. However, actions were necessary to ensure residents' care plan documentation was completed to required standards to clearly inform residents needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector as required by the regulations.

Inspectors found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, as required by the regulations. Records were maintained as required by the regulations and resident and staff records were stored securely.

An annual review of the quality and safety of care had been completed from 2023 and residents' feedback was used to inform this review.

Regulation 14: Persons in charge

The person in charge commenced in this role in July 2024. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the needs of the residents taking into account the size and layout of the designated centre. The provider ensured there were at least two staff nurses rostered on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors identified, through talking with staff, that all staff were not knowledgeable in the management of residents colonised with Multi-drug resistant organisms (MDROs) including Carbapenemase-producing Enterobacterales (CPE). This finding is discussed under Regulation 27.

Improvements in supervision of staff completing residents' care plan documentation was necessary to ensure that this pertinent information clearly directed staff on the care they must provide to meet residents' assessed care needs.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The Directory of residents was up to date and was made available to the inspector for review. Arrangements were in place for keeping the directory of residents up to date and it contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although, the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary as evidenced by the following;

- Care plan audits did not identify that the quality of care plans was not consistent as set out in the findings under Regulation 5: Assessment and Care Planning.
- The oversight of infection prevention and control processes did not ensure procedures consistent with the standards for the prevention and control of health care associated infections were consistently implemented.
- The oversight of the premises did not ensure that the centre was compliant with Schedule 6 in all areas and that the private accommodation for those residents accommodated in twin bedrooms met their needs and ensured their privacy and dignity.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose was recently revised in line with a change in the person in charge and change of purpose of a store room to staff facilities. All other information as set out under Schedule 1 of the regulations was included in the revised statement of purpose document and accurately described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of any notifiable outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were that residents were supported and encouraged to have a good quality of life in Brindley Manor Nursing Home. While actions were necessary to ensure residents' care plan documentation accurately described and clearly directed the care staff must provide to meet their needs, residents' nursing needs were being met and they enjoyed good access to healthcare services and opportunities for social engagement. Residents were supported to live in a comfortable environment that ensured their rights were respected. However, the layout and space available for residents in one twin bedroom was impacting on their choices and rights to privacy and dignity in their bedroom.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and their suggestions were used to improve the service provided for all residents. Residents told the inspectors that they chose when to get up in the morning and what time they went to bed at night. Some residents told the inspectors they liked to stay up late into the evening watching television in the sitting room and this was facilitated. The provider ensured that residents had opportunities to participate in meaningful social activities and this added to their quality of life in the centre.

The inspectors were told that a review of residents' care planning documentation with associated staff training had taken place since the last inspection. This had resulted in improvement in a number of residents' care plans regarding the care that must be provided to meet each resident's individual needs. However, the inspectors found that inconsistencies continued in the completeness of some residents' care plan documentation including accurate infection prevention and control information to effectively guide and direct care of residents colonised with an MDRO. This posed a significant risk that pertinent information regarding individual residents' care needs and their prescribed care plans would not be effectively communicated to the relevant staff caring for these residents. These findings are discussed under Regulation 5: Individual Assessment and Care Plan.

The provider had effective measures in place to protect residents from risk of infection including staff training. Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Care was provided in a clean and safe environment that minimised the risk of transmitting a healthcare-associated infection. Appropriate use of PPE was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices. However, further staff training was required to ensure staff implement appropriate infection prevention and control measures while caring for residents with Clostridioides difficile infection and Carbapenemase-Producing Enterobacterales (CPE) colonisation. Findings in this regard are reported under Regulation 27.

With the exception of one twin bedroom, the layout of residents' communal and bedroom accommodation met residents' needs to a good standard.

Measures were in place to ensure residents were protected from risk of fire. The provider had procedures in place to assure themselves regarding residents timely and safe emergency evacuation in the event of a fire in the centre but consideration of residents' supervision needs post evacuation was not assured.

The provider had effective measures in place to protect residents from risk of abuse. Residents confirmed that they felt safe and secure living in the centre.

There were low levels of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in the centre. Inspector observed that staff took a positive and supportive approach to managing these behaviours.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. Residents had access to an independent advocacy service.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers and radios.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with to communication effectively. The inspector observed that residents with vision and hearing needs had

appropriate access to healthcare specialists and assistive equipment was available to residents to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed visiting residents in the centre on the day of inspection. Residents told the inspectors that their visitors were always welcomed and that they were able to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

Regulation 13: End of life

Staff provided end of life care to residents with the support of the residents' general practitioner and the community palliative care service. An up-to-date policy was available to inform staff on the centre's procedures to ensure residents' end -of-life needs were met.

Residents' end-of-life wishes were assessed and their care plans clearly documented their needs and preferences regarding their physical, psychological and spiritual care. Residents' preferences regarding where they would like to receive care at end of their lives were established and were regularly updated. This gave residents opportunity to be involved in and to make decisions regarding their end-of-life care while they were well. A pain assessment and monitoring tool was in use by staff to ensure any pain experienced by residents was managed. Pain medications were administered as required and monitored to ensure effectiveness.

Each resident was accommodated in a single bedroom during their end -of-life care and this supported their comfort and privacy needs. Residents' relatives were supported to be with them during this time as they wished. Overnight facilities and refreshments were available to residents' family members and friends during residents' end-of-life care.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not meet the requirements of Schedule 6. For example;

- Five residents did not have a reading light available to them in their bedroom.
- Grab rails were fitted on only one side of some resident's toilets and the absence of a grab rail fitted on the other side of the toilets posed a risk of fall to residents and did not promote their independence.

The layout and design of one twin bedroom in the designated centre did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs. The inspectors found the following;

- The layout of the room did not provide sufficient space for each resident to rest in a chair by their bedside and without obstructing the other resident's access to their wardrobe.
- There was not enough space available beside each resident's bed in this twin bedroom for a bedside locker. As a result the resident's bedside lockers were placed out of their reach along an opposite wall meaning that the residents could not access their possessions stored on or in their locker whilst they were in bed.
- The location of the inside bed against the wall with the window in it in this bedroom meant that when the privacy screen curtains were closed around the bed closest to the window, the other resident did not have access to adequate natural light in their bed space.
- One resident in this bedroom needed specialist equipment and two staff to support their personal care and transfer needs into and out of bed. The space available around the resident's beds in these rooms was not sufficient to allow safe moving and handling procedures.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A record was maintained regarding residents' temporary absence and discharge from the centre. Co-ordination and continuity of health care for residents was maintained for residents being transferred between services. Transfer documents reviewed contained details of health-care associated infections and colonisation status to support sharing of and access to information between services. Relevant information regarding residents' health and care needs was completed to ensure their needs were clearly communicated on transfer between services.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was available and included the required information and controls to manage the risks specified by regulation 26 (1). Missing person profiles and drills were completed together with risk assessment of residents as some of the controls to mitigate the risk of vulnerable residents leaving the centre unaccompanied. Systems were in place to support staff with recording, risk assessment, review, effective resolution and implementation of controls to prevent recurrence.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to be fully compliant. For example;

- Inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including CPE.
- A resident continued to be cared for in their bedroom with transmission based precautions several days after the resident had recovered and precautions should have been discontinued.
- Staff said that they manually decanted the contents of urinals and commodes into toilets prior to placing in the bedpan washer for decontamination. This posed a risk of environmental contamination.
- The foot operated opening pedal on the bedpan washer was faulty. This had been reported to maintenance, however, signage was not displayed to direct staff how to open the bedpan washer while awaiting parts for maintenance.
- The covers of a small number of crash mats were worn and cracked and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurances regarding residents' safe evacuation in the event of a fire in the centre were not adequate as the fire evacuation drill information did not give assurances that the following procedures were completed;

- residents' supervision by staff post their evacuation. A number of the residents in the centre needed supervision by staff to maintain their safety post evacuation but assurances that this was considered was not available in

the fire evacuation drill information made available and reviewed by the inspectors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Adequate assurances were not available that a full review of residents' care plans was completed in consultation with them or their representative every four months. Although, each resident's needs were assessed and a care plan was developed to meet their needs, some residents' care plans did not ensure that this information was up-to-date and did not clearly set out the care interventions required to meet individual resident's needs. For example;

- the behaviour support care plan for one resident who experienced responsive behaviours did not detail a number of effective strategies used by staff to support them and de-escalate this resident's behaviours.
- one resident's wound care plan did not accurately document the recommendations made by the tissue viability nurse specialist for this resident's wound care. Consequently, the wound dressing procedure completed by staff at the time of this inspection was not as recommended by the tissue viability nurse specialist.
- There were no residents with confirmed or suspected transmissible infections in the centre on the day of the inspection. However, all residents had generic infection prevention and control care plans in place when there was no indication for their use.
- A review of care plans found that appropriate infection prevention and control information was not recorded in a small number of residents' care plans to effectively guide and direct the care of residents that were colonised with infections and MDROs. For example, CPE care plans did not outline the need for dedicated toilet or commodes and a *Clostridioides difficile* care plan incorrectly advised that testing for clearance of infection should be undertaken prior to discontinuing transmission based precautions.
- Although there was some evidence of care plans being reviewed the information reviewed by inspectors did not evidence that a number of residents' care plans had been regularly updated in line with changes in the resident's needs.

Judgment: Not compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met to required professional standards and residents had timely access to their General Practitioners (GPs). An on-call GP service was available to residents out-of-hours as needed. Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to minimal restraint use in the centre and their practices generally reflected the national restraint policy guidelines. However, use of full-length bedrails had increased at the time of the inspection and the person in charge confirmed that some of these full-length bedrails were used to enable residents to change position and to support their feelings of security while in bed. Although some alternatives to full-length restrictive bedrails had been trialled the inspectors were not assured that all of the options had been explored to ensure that where restraints were in use the provider ensured these were used in the least restrictive manner for the least amount of time.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that staff were facilitated to attend safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and quality of life were negatively impacted by the layout of one twin bedroom as follows;

- The location of the beds, the bed screen curtains did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on privacy and dignity of the residents in this bedroom. Furthermore, due to the location of a chest of drawers and other furniture, one resident could not access the en suite toilet and shower without passing through the other resident's bedspace. This layout meant that the residents could not carry out personal activities in private.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brindley Manor Private Nursing Home OSV-0000323

Inspection ID: MON-0039794

Date of inspection: 22/10/2024

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 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> <p>By the 31/01/2025 all staff will have attended in house education sessions on the management of residents colonised with Multi-drug Resistant Organisms (MDROs) including Carbapenemase-producing Enterobacterales (CPE).</p> <p>From 1st January 2025 the DON/ADON wil supervise and educate the nurses in completing residents' care plan documentation to ensure it reflects residents' assessed care needs and guides staff in delivering this care.</p>	
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>A review of the care plan audit was completed in December 2024- complete</p> <p>In order to ensure the quality of care plans were consistent and guide staff, training on auditing will be delivered to auditors by 28th February 2025.</p> <p>By the 31/01/2025 all staff will have attended in house education sessions on the management of residents colonised with Multi-drug Resistant Organisms (MDROs) including Carbapenemase-producing Enterobacterales (CPE).</p> <p>From 1st January 2025, care plans will be reviewed monthly by the regional team to ensure infection prevention and control processes are implemented as per agreed policies.</p>	

By 31st January 2025, all twin rooms will be reviewed by the Director of Nursing to ensure the individual needs of the residents using the room can be met in the current configuration, as well as ensuring privacy and dignity within the bed space and privacy curtains.

By 30th June 2025, a IPC link practitioner will be in place in the home. In the interim, the regional director will provide IPC oversight and support to the PIC.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
5 reading lights, which were removed to facilitate the upgrading of residents' bedside lockers, were replaced on the day of inspection- complete

From 1st March 2025, the Person in Charge will ensure that, following any upgrades or refurbishment, the rooms will be reviewed to ensure that all items are in place to ensure residents' independence, comfort and dignity.

A second set of grab rails were added to the side of the relevant toilet to support resident independence and reduce risk of falls- complete

From 1st March 2025, the regional director will review environmental audits to ensure that all required aids and appliances are in place, in working order and where improvements have been identified, that the action plan to address these has been implemented in a timely manner to ensure the safety and autonomy of residents.

The layout of the identified shared room has been reconfigured to ensure it gives sufficient space for each resident around their bedside without obstructing access to their wardrobe-complete

All staff have been reminded of the importance of replacing furniture to ensure residents have clear access- complete

All shared rooms have been reviewed to ensure that residents have access to their possessions stored in their locker while in bed-complete

Divider curtains have been lowered following feedback from previous inspections to ensure that where a room has only one window there is adequate natural light when the curtains are pulled-complete

By the 31/1/2025, a full review of manual handling procedures will be completed to ensure that the room space and equipment is suitable to support all residents' care needs in twin rooms.

From 1st March 2025, a weekly review of the premises will be completed by the regional team to ensure that all areas of the premises conforms to the matters set out in Schedule 5 of the regulations

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

By the 31st January 2025, all staff will have attended in house education sessions on the management of residents colonised with Multi-drug Resistant Organisms (MDROs) including Carbapenemase-producing Enterobacterales (CPE).

From 1st January 2025, care plans will be reviewed monthly by the regional team to ensure infection prevention and control processes are implemented as per agreed policies.

By the 31st January 2025, all staff will be educated on our policy in relation to transmission based precautions including when it is appropriate to discontinue precautions.

By 30th June 2025, a IPC link practitioner will be in place in the home. In the interim, the regional director will provide IPC oversight and support to the PIC.

By the 31st January 2025, all staff will have received training on best practice in relation to the management of urinals and commodes to reduce risk of cross infection.

The fault identified on the bed pan washer was repaired on the 28/10/2024. Appropriate signage was displayed following inspection. All staff have been educated on the importance of signage to guide other staff on the steps to follow to open the machine-complete

By the 31st January 2025, all crash mats will be reviewed and replaced as required. A cleaning regime will be in place to ensure they are cleaned appropriately.

By the 28th February 2025, the regional director will complete a full review in relations to the systems in place to monitor infection prevention and control in the centre. This review will include a review of our policy, training provided and our auditing systems. The audit will also include review of corrective action plans to ensure they are effective and implemented in a timely manner.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: By the 31st January 2025, all PEEPs will be reviewed to ensure they guide staff on how to maintain resident safety during and after evacuation.</p> <p>From 1st February 2025, fire evacuation drills will be completed weekly to ensure that staff are fully aware of the procedures to be followed in the event of a fire in the centre and to ensure residents can be safely evacuated in a timely manner from the home. By 28th February 2025, staff training will be completed to ensure that all staff are fully aware of the needs of residents during and following evacuation.</p> <p>From 1st January 2025, a monthly review of PEEPs will be completed by the in house management team. This analysis will be reviewed at the monthly clinical governance meetings by the regional team to ensure that the PEEPs reflect the most up to date information to enable all residents to be safely evacuated in a timely manner in the event of a fire in the centre and that any corrective actions have been implemented in a timely manner.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: By the 31st January 2025, all care plans will be reviewed to ensure that they include appropriate and up to date information including behaviour support plans, wound and infection prevention and control guidance, which is reflective of each individual resident's current assessed needs and that they guide staff appropriately in delivering care.</p> <p>Following the above care plan reviews, by the 28th February 2025, all resident and family representative meetings will be completed and documented to ensure appropriate consultation with residents and their nominated representative, in line with each resident's will and preference.</p> <p>From 1st January 2025, a monthly audit of all care plans will be completed by the in house management team. This audit will be reviewed at the monthly clinical governance meetings by the regional team, to ensure that the audit has identified any areas of non compliance and/or areas for update and that there is evidence documented that the care plan has been discussed and agreed by the resident and/or the nominated representative.</p> <p>In circumstances where the audit has not identified improvements or updates required, the regional team will arrange a review of the audit tool and/or training for auditors to</p>	

ensure that the audit is providing accurate information to facilitate required improvements in practice. This will be complete by 31st May 2025.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>By the 31st January 2025, all alternatives will be explored to ensure we continue to use the least restrictive option available and this will continue to be evaluated in line with our policy and to ensure resident safety, dignity and autonomy are optimized in line with the resident's will and preference. Options will include half bed rails, low low beds etc</p> <p>From 1st January 2025, a monthly analysis of bed rails will be completed by the in house management team. This analysis will be reviewed at the monthly clinical governance meetings by the regional team to ensure all alternatives used are in line with resident will and preference and are the least restrictive option available.</p> <p>By 31st March 2025, the regional team will have completed a comprehensive review of all restraints used in the home to ensure that where less restrictive alternatives are indicated, that these are available and utilised. In the event that the review indicates a staff training requirement, training will be provided to staff by 30th June 2025.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>By the 31/1/2025 a full review will be completed to ensure</p> <ul style="list-style-type: none"> • That staff will have ease of access to both sides of the beds where required to support residents' mobility needs • That the residents accomodated in the shared rooms have enough room behind their bed curtains to ensure transfer procedures can be completed without impacting on privacy and dignity of the residents in this bedroom. • That furniture is not blocking access to the en suite toilet and shower without entering the other residents bedspace 	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2025
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	01/03/2025
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	Substantially Compliant	Yellow	28/02/2025

	effectively monitored.			
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	30/06/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	28/02/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/01/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	28/02/2025

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2025