

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Bridhaven Nursing Home
<b>Centre ID:</b>	OSV-0004455
<b>Centre address:</b>	Spa Glen, Mallow, Cork.
<b>Telephone number:</b>	022 22 205
<b>Email address:</b>	paul@bridhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bridhaven Nursing Home
<b>Provider Nominee:</b>	Paul Rochford
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Maria Scally
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	140
<b>Number of vacancies on the date of inspection:</b>	14

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
05 October 2016 09:30	05 October 2016 18:00
06 October 2016 08:30	06 October 2016 17:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

This inspection of Bridhaven Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. The centre was registered to accommodate the needs of 157 residents. However, at the time of inspection one wing of the nursing home was closed which accounted for the 14 vacant beds. This wing was being replaced with a new modern extension. Even though building was underway at the time of inspection, inspectors found that the building works did not intrude on the smooth running of the nursing home or on the lives of residents who resided there. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. On the day of the inspection there were 140 residents in the centre with three residents in hospital. One of these residents returned to the nursing home on the second day of inspection. The person in charge had stated that there were more

than 80 residents in the centre who had been diagnosed with dementia.

Inspectors followed the experience of a number of residents with dementia in two areas of the home, the Clyda and Lee suites: the Clyda suite was a dementia specific unit which was home to 18 residents. 31 residents resided in the Lee suite, a large percentage of whom had also been diagnosed with dementia. Inspectors observed care practices and interactions between staff and residents with dementia in the above two areas of the centre, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection.

Inspectors observed that staff had created an environment for residents with dementia which promoted wellbeing and autonomy. The centre was located adjacent to a busy town, near to schools and a supermarket. The person in charge explained that work had been undertaken on the two enclosed garden area which had proved very popular with residents and their visitors. Gardens were furnished with suitable outdoor seating and colourful ornaments and plants. A third garden area was planned to be completed with the new extension. Paved pathways and landscaped areas had been created at the front of the home since the previous inspection.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the provider, the deputy person in charge, staff nurses, care staff, the activity co-ordinator and catering staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records and policies. A number of staff files and residents' care plans were checked for relevant documentation. The person in charge informed inspectors that she was involved in the centre on a daily basis. A second deputy person in charge had been newly appointed since the previous inspection and a number of nurses had been promoted to senior nurse posts, to enhance the governance and management systems.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland formed the basis for judgments made by inspectors in the following report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A comprehensive and personalised assessment of residents' health and social care needs was undertaken prior to admission. The person in charge explained to inspectors that the initial assessment of needs was important to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. Care plans included a detailed profile of each resident and residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Relatives spoken with by inspectors confirmed this. Care plans were revised following four monthly reviews. The sample of care plans viewed by inspectors were personalised and were seen to be implemented in practice.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. The clinical nurse manager (CNM) spoken with by inspectors indicated that residents' medicines were reviewed by the GP every three months. This review was multi-disciplinary and was attended by the pharmacist, the doctor, the CNM and the pharmacy technician. PRN (when necessary) medications were reviewed regularly and the use of psychotropic drugs was audited by the nurse managers and the pharmacist. Residents who had behaviour issues as a result of the behaviour and psychological symptoms of dementia (BPSD) were assessed prior to the administration of any such medication and staff were trained in the recognition and management of this behaviour using non pharmaceutical methods where possible. A number of care plans had been developed which outlined the needs of residents who communicated through behaviour and staff were aware of the needs of relevant residents. For example, when the need arose in the Clyda suite, residents were taken for walks in the garden, were spoken with by staff, were offered a variety of drinks and snacks and were included in the singing and Sonas sessions. Inspectors observed that there was a well developed social dimension to residents' lives in both units. Residents with dementia were unrestricted in their movements from room to room and floor to floor. They were seen to be accompanied by staff when using the lift and to participate in household activities. Inspectors found that these interventions enhanced the sense of wellbeing of residents and created a calm and caring environment for residents.

A sample of care plans of residents who had been diagnosed with dementia were reviewed by inspectors. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietician services were seen to be availed of. The chiropodist attended residents on a monthly basis and documentation confirming this was reviewed by inspectors. Clinical assessments of skin integrity, behaviour, falls, continence, cognition, pain and nutritional status were undertaken for each resident. Care plans were formulated as a result of these assessments. The plans reviewed were informative and detailed. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had lost weight. There was good communication between the dietician and the kitchen staff. Inspectors spoke with a number of staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. However, the daily narrative nursing note for one resident which was seen by inspectors on day two, did not reflect the many positive experiences of the resident as observed by inspectors on day one of the inspection. In addition, daily nursing notes for one resident did not contain person centred language and was seen to be repetitive from one day to the next over an extended period of time. This was discussed with a member of the management team who stated she would address this with staff.

Inspectors observed the well equipped physiotherapy room and the provider stated that a part time physiotherapist was employed on a regular basis. She was seen working with residents throughout the two days of inspection. Inspectors noted that she had attended in a timely manner to a resident who had returned from hospital during the inspection. There was a written physiotherapy review of the resident in the care plan and a new walking aid was provided to aid the resident's recovery. Residents were happy with the service and felt that it supported them to remain independent. The physiotherapist was observed by inspectors to facilitate exercise and balance classes and to work with residents with dementia on an individual basis.

There were opportunities for residents to participate in a number of meaningful and varied activities. Life story information was used to ascertain resident's preferred activity or previous interests. These included music, art, balance and chair based exercises, card games, quiz, dominoes, doll therapy, Sonas, personalised activities such as hand massage and cooking. There were three dedicated activity staff in the centre who worked with all residents. These staff members were licensed Sonas (a memory and sensory activity for residents with cognitive impairment) practitioners. Two of the activity personnel spoken with by inspectors explained how activities were developed according to the assessed needs and wishes of residents. For example, residents with a cognitive impairment were provided with Sonas, music, singing and reminiscence therapy. In addition, residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers and access to radio and television. There was a spacious well equipped hairdressing salon on the premises and inspectors spoke with residents and admired their newly styled hair. One resident said that it made her feel very happy to have her hair done weekly. Residents had access to secure gardens. A number of residents from the Clyda suite were seen to be walking with staff in the garden on the day of inspection.

End of life care plans were in place and relatives spoken with stated that staff had

recorded residents' wishes for end of life care. For example, one resident had stated on admission that she did not wish to be resuscitated. This wish had been reiterated to the person in charge recently and this was seen to have been updated in her care plan. There was a room available for relatives to stay with residents at end of life and support was available from staff at this time. The policy on end of life care was detailed and palliative services were available for symptom control, if required.

**Judgment:**  
Substantially Compliant

### ***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference best evidence based practice and new national and HSE (Health Service Executive) policies. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction also. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff were approachable.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Staff were aware of the individualised care plans on behaviour issues were in place for residents with dementia.

Bedrails were checked regularly when in use and these records were viewed by inspectors. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint, a consultation process was followed. Multi-disciplinary (MDT) input was sought and this was documented in relevant files. There were alternative measures of maintaining safety in place such as the use of low-low beds and cushioned mattresses were placed next to beds to mitigate the risk of injury should a fall occur.

Inspectors found that residents' finances were managed carefully in the centre. Inspectors spoke with the accounts manager who explained the system of fee payments and extra charges for hairdressing, pharmacy, activities and chiropody. Two staff members signed for financial transactions and a sample of record and receipts checked were seen to be accurate.

However, inspectors found that a number of sums of money had been found by laundry staff in residents' clothing which had been sent to the wash. While this was accounted for, and properly recorded, in the lost and found book at reception, inspectors formed the view that residents and relatives may not have been sufficiently aware of how to reclaim their lost property. This was particularly relevant for residents with dementia who may not have remembered that they lost money. The provider and person in charge undertook to highlight this issue for staff, residents and relatives. The person in charge stated she would introduce new controls to prevent this happening, for example, by introducing a check of residents' pockets before putting clothes in the laundry basket.

**Judgment:**  
Substantially Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge informed inspectors that residents with dementia were enabled to make choices and maintain their independence. There were opportunities for all residents to participate in activities that suited their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that any concerns raised were attended to. For example, residents had suggested that laundry should no longer be outsourced. This was now being undertaken in-house following residents' suggestion. Inspectors saw that resident surveys were carried out and actions from these were addressed. However, the provider stated that while residents would like mass to be held more frequently there were constraints on the number of clergy in the local parish, to facilitate this at present. Residents were seen to be consulted at meal times and they informed inspectors that there was a good choice available at each meal time.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with inspectors and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. The person in charge told inspectors that she met with residents and relatives on a daily basis and inspectors noticed that staff engaged with residents and relatives in a respectful and friendly



manner. Residents had access to telephones, Wi-Fi, tablets and SKYPE. Televisions were located in all bedrooms and in the communal rooms. Information on local events was provided by the activity coordinators who were heard discussing topical issues, such as, recent GAA matches and the weather with residents.

Residents' requests were prioritised when planning activities and excursions. There were photographs on display which had been taken at events both inside and outside the centre. Visitors were unrestricted and there were a number of sitting areas where residents could meet visitors in private. Visitors were observed spending time with residents in the restaurant, in the bedrooms, in the comfortably furnished sitting rooms and in the alcove areas. There was a variety of activities available to residents which were organised and facilitated by the activity staff members as discussed in detail under Outcome 1. Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. Activity staff members spent time with these residents facilitating for example, music sessions, hair dressing, religious services, hand massage and Sonas. Documentation to this effect was seen in residents' care plans.

Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

At various times during the inspection, inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the two units. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas of both units. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. In one sitting room area the observing inspector noted that interactions were positive and meaningful. The staff members interacted with residents in a calm and relaxed manner. Residents were referred to by name. Staff members engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The atmosphere was social and inclusive. Residents were seen to be enjoying the group interaction and were heard responding to queries and to initiate conversation. Medications were administered, drinks were provided and residents were supported with supplementary drinks during the period of observation. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care. A further two observation periods were undertaken in the Clyda suite. Staff were seen to facilitate a Sonas sessions with eighteen residents. This activity included chair based exercises, sensory interaction, singing, proverbs and individualised greetings. All residents were addressed by name and they were seen to be engaged in a happy and cheerful way with the three staff who were leading the activity. Residents were seen to be familiar with the routine of the session and this familiarity seemed to increase their confidence. The inspector observed that residents were so involved in the activity that they did not notice the observing inspector.

Residents communicated effectively with staff and with each other. The inspector observed that the wellbeing which was promoted during the activity extended beyond the time frame for the session. For example, residents continued to sing, to interact with each other and to engage with the staff following the session. One resident got up to walk around, another resident went to the garden with staff and a resident stood behind another resident's chair to join in the song he was singing. Staff came to the sitting room with a selection of drinks, apple tart and cakes which were enjoyed by the group. This added a homely and social dimension to the event. Residents were heard to reminisce about their childhood, their experience of school and their families. Staff and residents engaged in social conversation and gentle banter. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Inspectors found that the majority of interactions in the Clyda suite during the two 30 minutes observation periods involved positive connective care.

Inspectors observed that notices were on display which indicated that residents and their representatives were provided with contact information for advocacy services. A part-time advocate was employed on a regular basis by the provider. This person had been trained by a national advocacy group. Overall inspectors found there were systems and fora in place to support residents with dementia, and their representatives, to participate and be involved in the centre.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents expressed confidence in the process. They stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome. Visitors of residents who had been diagnosed with dementia told inspectors that they were confident that any complaint would be addressed appropriately.

There was a transparent open approach to listening and dealing with complaints. Inspectors viewed the complaints log and found that complaints were recorded in detail and addressed appropriately. Minutes of monthly reviews of all complaints and incidents were maintained and learning from these was disseminated to all staff at handover

reports. The person in charge spoke at length with inspectors in relation to incidents, notifications and complaints. Inspectors were assured that learning had occurred following these events and where necessary staff were afforded training in communication skills and in recording events and incidents.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

Staff were seen to interact with residents in a respectful and attentive manner. Inspectors observed that there was an appropriate number and skill mix of staff available to meet the holistic needs of residents, including residents with a diagnosis of dementia. The person in charge informed inspectors that staff were supervised according to their role and appraisals were conducted annually. A sample of these were reviewed by inspectors. There was a very effective induction system in place for new staff and training in policies and procedures was prioritised for this cohort of staff. Inspectors spoke with members of staff who confirmed that they had received up to three weeks induction training as supernumerary members of staff. They stated that they had received training in the prevention of elder abuse, in dementia care, in moving and handling techniques and in fire safety, as a priority. An actual and planned roster was maintained in the centre. Records seen indicated that there were consistent care staff in the centre some of whom had been working there for many years. In addition to the nursing and care staff, the centre had employed a maintenance manager, a catering company, a part time physiotherapist, three activity coordinators, a part time time advocate, laundry staff, a human resource officer and administrative staff.

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision in the delivery of person-centred care to residents. Inspectors spoke with staff members during the two day inspection and they were clear as to their responsibilities and duties. The director of care, the deputy directors of nursing, a number of CNMs and senior nursing staff facilitated the auditing and management process in the centre. They informed inspectors that they were involved in delivering staff training. They stated that they were well supported by the person in charge and the provider and were found to be knowledgeable and responsive to the regulatory process. They were praiseworthy of the promotion opportunities and access to training which the centre provided.

Records viewed by inspectors confirmed that staff had completed mandatory training in areas such as safeguarding and safety, knowledge and skills to manage the behavioural and psychological symptoms of dementia, manual handling, nutrition, infection control and fire safety. Staff also attended external training events, specialised academic courses on gerontology and on line medication training. The person in charge and the provider discussed staff issues with inspectors and proper protocols and records were seen to be in place where any concern had been identified. Inspectors reviewed a sample of staff files. These were found to contain the documents required under the regulations and were maintained by the human resource officer in an accessible and careful manner.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre was purpose-built and originally consisted of a 24 bedded nursing home. Following extension it now accommodated 157 residents. The provider stated that when building was completed it would provide accommodation for a further 25 residents.

As previously stated this thematic inspection was carried out in the Clyda suite and a second 31 bedded suite. Residents' bedrooms, communal bathrooms, kitchenettes, gardens, sitting rooms and dining areas were found to be suitable for residents with dementia. The environment was observed to be bright and very clean throughout. The provider had employed an interior designer to support him in deciding on suitable colours to enhance the environment for residents. An artist had painted colourful and appropriate murals on the wall of the Clyda suite. For example, a signpost, a phone box, scenes of the countryside, flowers and window scenes. These were designed to provide opportunities for reminiscence and points of interest for residents. Signage was large and suitable placed for residents. Residents spoken with by inspectors said that they found the centre to be very comfortable and stylish. They enjoyed the spacious well maintained grounds with seating available for residents and visitors. However, painting, signage and a suitable environment for residents with dementia required further development in the remaining suites. The provider had stated in the pre inspection assessment that signage and colour schemes would be further addressed throughout the centre, when the extension was completed. Inspectors found that the external entrance area had been improved since the previous inspection. For example, new paved areas had been laid out, flowering shrubs and trees had been planted and traffic

calming measures had been implemented.

As the entrance to the centre was near a busy road the provider stated that the residents who went outside unaccompanied were risk assessed as suitable to do so. Residents said that they enjoyed the opportunity to go across to the local shop and socialise outside of the centre. Inspectors were shown the 'men's club' building on the grounds which was utilised by all male residents, including those with dementia. The provider stated that these residents were accompanied outside by staff members. Residents with dementia who were at risk of leaving the building unaccompanied were risk assessed and appropriate controls were put in place. Due to the fact that the centre was located near a busy road with no entrance gate, the provider was asked to update appropriate risk assessments frequently. For example, the provider stated that on completion of the premises extension increased traffic calming methods would be employed and a further garden area would be available to residents.

The person in charge stated that if the needs of residents with dementia could not be met on other suites, the resident would be accommodated in the specialised unit, the Clyda suite. This situation would arise occasionally if a resident who was accommodated in the other suites required increased support to meet his/her needs.

Each floor had its own individualised kitchenette for serving meals and storing a ready supply of snacks for residents. The bedrooms in the newer section of the centre were found to be bright and colourful with adequate storage space and modern well equipped en suite bathrooms. There were spacious communal areas available to residents and the furnishings and fittings were of a very high standard. Under floor heating was installed and this could be adjusted on an individual room basis.

The call bell system was heard to be functioning and residents confirmed that there was easy access to these bells. There was appropriate and sufficient equipment available to meet the needs of residents such as, electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. There were three lifts installed in the centre. Service and maintenance records for these were made available to inspectors.

There was a policy on the use of CCTV and there were notices to this effect displayed in the centre. The importance of compliance with the Data Protection laws was emphasised to the provider as regards the use of CCTV in communal rooms such as dining and sitting areas. The rationale for the use of these cameras was outlined in the policy.

**Judgment:**  
Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Bridhaven Nursing Home
<b>Centre ID:</b>	OSV-0004455
<b>Date of inspection:</b>	05/10/2016
<b>Date of response:</b>	21/10/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Daily records maintained were not person centred and not reflective of residents' care plan in a sample of care plans reviewed.

#### 1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

Training to be given to all nurses on the importance of individualised daily report writing to help ensure that the same is detailed and descriptive.

Proposed Timescale: Training to commence immediately and to continue indefinitely as required.

**Proposed Timescale:** 21/10/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure that residents' money is protected and kept safe from loss or from potential theft. For example setting up checks of residents' pockets before sending clothes to the laundry. In addition, raise awareness for relatives of those residents with dementia that there were sums of money in the lost and found records to be reclaimed for residents.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**

Bridhaven's staff treat the personal possessions of the residents with the utmost respect. Nevertheless staff will be reminded of the importance of checking resident's clothes in advance of sending same to the laundry.

Residents and families to be further informed of lost property and valuables and to be reminded of the procedure to deal with same. This will be pointed out to them more clearly on admission and regular reminders will be posted on noticeboards going forward.

Hopefully, this will provide further opportunities to return lost items to owners.

Proposed Timescale: With immediate effect.

**Proposed Timescale:** 21/10/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support



**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure that the needs of residents with dementia who are accommodated in all suites are met by suitable enhancements to the environment, such as ready access to safe garden space and appropriate signage,

**3. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

On completion of construction, in the summer of 2017, two secure gardens will be available for ready access to outdoor safe space. In the meantime residents will have access to the secure garden at the Clyda Suite. Staff will facilitate all resident's use of this amenity.

Bridhaven has always been maintained to the highest standards. It is not possible to redecorate a building the size of Bridhaven in one go. Therefore a redecoration programme will be put in place which will commence post completion of the building works. We expect that this programme will continue indefinitely with units being redecorated in rotation or as required.

New signage is currently being erected in all areas of the centre.

Proposed Timescale:

Signage to be complete 31/10/2016.

Redecoration to commence 01/10/2017 and to continue indefinitely.

Reintroduction of second secure garden 01/08/2017.

**Proposed Timescale: 01/10/2017**