

BROOKFIELD CARE CENTRE, LEAMLARA

STATEMENT OF PURPOSE AND FUNCTION

SECTION	GENERAL
VERSION NUMBER	6.0
POLICY NAME	STATEMENT OF PURPOSE AND FUNCTION
IMPLEMENTATION DATE	OCTOBER 2009
DATE REVIEWED	FEBRUARY 2011
DATE REVIEWED	NOVEMBER 2012
DATE REVIEWED	JANUARY 2014
DATE REVIEWED	AUGUST 2016
DATE REVIEWED	JANUARY 2017
DATE OF NEXT REVIEW	JANUARY 2018

Directors: Clodagh Drennan & Sean Bohane

Registered Provider: Clodagh Drennan, [021] 4642112

Qualifications: Registered General Nurse, Masters Degree in Health Care Management.

Relevant Experience: 1995 to 2001 Director of Nursing / Chief Executive Officer St. Luke's Home Mahon Ltd. 2001 to 2003 Assistant Director of Nursing St Patrick's Hospital / Marymount Hospice.

***Professional Nursing Registration Number:** An Bord Altranais No- 56903

Director of Support Services: Sean Bohane

Director of Nursing: Donal Cahalane.

Qualifications: Registered General Nurse.

***Professional Nursing Registration Number:** An Bord Altranais No – 58905

Assistant Director of Nursing: Sylwia Smierciak

Qualifications: Registered General Nurse. Leo Management Training January 2016.

***Professional Nursing Registration Number:** An Bord Altranais No – 125039

Designated Centre ID: OSV-0000206

Registration Dates: 18/05/2014 to 17/05/2017
18/05/2011 to 17/05/2014

***Conditions of Registration:**

Condition 1: The designated centre Brookfield Care Centre shall be operated at all times in compliance with the Health Act 2007 as amended from time to time.

Condition 2: The designated centre Brookfield Care Centre shall be operated at all times in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended, consolidated, restated or replaced from time to time) and in compliance with all other regulations made under the Health Act 2007 as amended from time to time.

Condition 3: The designated centre Brookfield Care Centre shall be operated at all times in compliance with the National Standards for Residential Care Settings for Older People in Ireland (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time.

Condition 4: The designated centre Brookfield Care Centre shall be operated at all times in compliance with all other legislation, regulations and standards which are applicable to it.

Condition 5: The designated centre Brookfield Care Centre shall be operated at all times in accordance with and shall only provide the services set out in, its Statement of Purpose as delivered and amended from time to time in accordance with article 5 of the Health Act 2007 (Care and Welfare of Residents In Designated Centres For Older People) Regulations 2009 (S.I. No. 236/2009) (as amended, consolidated, restated or replaced from time to time).

Condition 6: No person under the age of 18 years of age shall be accommodated at the designated centre Brookfield Care Centre at any time.

Condition 7: The maximum number of persons that may be accommodated at the designated centre Brookfield Care Centre is 63.

Bed compliment as at January 2016: 63 beds – Blackwater Wing 21 residents
Owenacurra Wing 21 residents
Glenaboy Wing 21 residents

Residents accommodated: 63

Staffing Compliment:

Nurse Management	2.35
Staff Nurse	13.28
Nursing Auxiliary	28.69
Support Services Manager	1
Catering Staff	4.06
Household Staff	4.06
Recreational Therapist	2.14
Admin Staff	2.55

WTE refers to whole time equivalent staff i.e. Number of staff based on a 39 hr. working week.

Organisational Structure: See Appendix 2

Residential Services Intended Population:

Dependent persons of any gender who is 18 years and over whom by reason of physical or mental infirmity, physical injury defect or disease requiring a level of support which warrants nursing home admission. Such persons will, prior to acceptance, have a care needs assessment undertaken to ensure services and resources of the centre can meet their care needs.

The Centre provides 21 beds which have Dementia Specific Designation for persons with advanced cognitive impairment whom require a dementia specific care setting.

Proclusions:

- Applicants whose needs cannot be met by the Centre.
- Applicants with suicidal tendencies.
- Applicants with a diagnosis of dementia whom due to presentation of aggression pose safety concerns towards other residents or staff.

Notice of Discharge: Should during the course of a residents stay if, due to a change in clinical presentation, the Centre can no longer effectively or safely meet their individual needs notice of discharge will be issued. The Director of Nursing or a Clinical Nurse Manager at the Centre will support families with sourcing a more suitable placement should this situation arise.

Residential services intended range of Medical / Nursing Needs:

Brookfield Care Centre runs a residential facility for persons whose care needs warrant long term nursing support. Medical care is supported by the residents' general practitioner as a community based service to the residents' home. Referral to specialist services are initiated by the G.P in consultation with the nursing staff resident and family as appropriate.

Type of Nursing Care Provided:

General nursing care on a 24 hour basis appropriate to the resident's needs is provided.

Admission Criteria:

Most admissions to Brookfield Care Centre are planned. The admission process includes a visit to the centre, a pre admission meeting, completion of a medical pre admission form and in some circumstances a preadmission assessment visit. All prospective admissions will be considered in terms of the centres ability to meet the applicants care needs and the potential of the applicant to safely integrate with other residents at the centre.

Admission to the Dementia Specific Care Unit is on the basis of the diagnosis of a Geriatric Consultant or Consultant of Age Psychiatry of a diagnosis of Dementia. Mental Test Score must indicate a cognitive function below 5 and there must be clinical presenters which preclude management in a Non Dementia Specific Care Environment.

On occasion rapid access (emergency) admission may be facilitated. It is the practice of the home to work with all concerned agencies to ensure a smooth transfer for the resident. At a minimum the person in charge will actively liaise with the source of referral to ensure medical history and suitability for acceptance is established. Adequate information on clinical and social issues will be gathered to ensure resident safety. This will include a completed pre-admission form and current medication prescription.

Day Care

Day care is not provided at Brookfield Care Centre

Social Activities:

Social inclusion and outlets are integral components of a quality care environment. Residents are facilitated to maintain hobbies & interests. Contact with families and the extended community are supported. Staff have a responsibility to ensure residents have access to a range of activities appropriate to their personal preferences and abilities.

Consultation with residents:

A resident's forum is in place which affords residents the opportunity to contribute views and ideas on how the service meets their needs

Fire precautions:

A fire plan is in place and drawings / notices are strategically placed throughout the building. [See section 9].

Religious Services:

The Roman Catholic and Church of Ireland clergy attend at the centre. Mass is held weekly. Contact to other religious denominations will be facilitated if required. [See section 8].

Contact with visitors/ relatives:

Open visiting is available at the centre at times which best suit the resident and his / her family.

Review of Care:

All residents care plans are reviewed on a 12 weekly basis or where there is a significant change in clinical presentation. Nursing staff will consult with residents and family as appropriate during this process.

A medication review will be undertaken by pharmacist and general practitioner on a 12 weekly basis. Outside of these times if any clinical concerns arise in relation to the residents health a Doctor's review will be initiated by the nurse

Number and details of rooms:

All 63 rooms are single. There are 14 maximum dependency rooms with additional floor space to accommodate residents requiring full nursing care. There are 46 rooms with en-suite facilities and 3 rooms without. All rooms are equipped with hand washing facilities, call bells and over-bed lighting.

Therapeutic techniques:

Physiotherapy, podiatry and hairdressing are available on site one day each week. Massage, reflexology and acupuncture are available if requested.

Privacy and Dignity:

All care delivery is underpinned by an ethos of respect for the privacy and dignity of the residents. The availability of single rooms, and above average day and dining space, bathing and toileting facilities aid staff in attaining this objective.

For more detail on the individual services provided please read the full text of the Statement of Purpose and Function on the ensuing pages.

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1.0 Purpose of Document:

The purpose of this document is to provide information for the residents, staff and public of the purpose of the services at Brookfield Care Centre in accordance with **S.I. No. 415 of 2013** (HEALTH ACT 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013)

Brookfield Care Centre Purpose and Function is to provide high quality clinical support to residents requiring varying levels of care in a modern homely environment while promoting autonomy and independence for those entrusted to our care.

2.0 Philosophy of Care:

Our philosophy is to promote and facilitate Positive Ageing. The resident is the central focus of all our decisions and activities in terms of our service delivery and development.

We recognise the family as our unit of care and strive to support the resident and family during changing social and health care needs. Our emphasis is on holistic care and we are responsive to the physical, emotional, social and spiritual needs of the residents.

We encourage informed decision making on all care related issues and will work with residents to accommodate choice.

We act as advocates for our residents and always work with residents to ensure their best interests are safeguarded.

We offer a warm and homely atmosphere where responsive and timely support is given to the individual needs of our residents.

We recognise the importance of our staff in the daily lives of our residents. We will support staff to attain their highest level of performance and value the skills and contributions they bring on a daily basis.

3.0 Achieving a Person Centred Service

We encourage and welcome the views and opinions of our residents and families on how life at Brookfield can be improved. Plans of care will be discussed with residents and/or families as needs change. We work hard to provide effective channels of communication and shared decision making. We are open to new ideas and ways of working for the betterment of residents' experiences at the Centre. Forums for resident and families to actively contribute are in place.

4.0 Brookfield Care Centre

The Service commenced in 2003 and provides a modern bright purpose built accommodation well equipped to cater for all levels of care.

The Centre provides long and short term residential accommodation to 42 dependent persons in 2 Care Units – Blackwater and Glenaboy wings.

A 21 bed Dementia specific Unit provides care to individuals in mid to later life presenting with a significant cognitive impairment due to Alzheimer's and other forms of Dementia. The total capacity at the Centre is 63 beds. All rooms are private.

The design of the Units affords easy access to separate day and dining space for each section. All Units have secure access to their own gardens. The facility sits on 5 acres of mature ground in peaceful scenic location.

All facilities are wheelchair compliant and showers and baths and equipment are suitable for residents with varying levels of disability.

The décor of the Centre is fresh and homely and finished to a high standard. The design finishes facilitate the maintenance of a high standard of cleanliness and hygiene. The Centre operates a Non-Smoking Policy therefore is not suitable for active smokers.

Room dimensions are in compliance with the stipulations of the National Care Standards for Older People and the Health Act 2007

5.0 Dependency Levels

The admission of residents to our services requires completion of a pre-admission form by the individual's G.P. or Consultant Geriatrician. Admissions are all planned and require a pre-admission visit by the resident and/or family member. If necessary a home or hospital based assessment may be undertaken by a Clinical Manager prior to acceptance for admission.

The Centre caters for a mix of dependencies from level 1 (full dependency) to level 4 (low dependency). Consideration will be given to the ability of the Centre to fully meet the dependency needs of the resident before an admission is accepted. In cognisance of care requirements, residents with dementia presenting with significant challenging behaviour cannot be facilitated at the Centre.

6.0 Aim of Care

The aim of Care reflects our philosophy and person centred commitment in that all Units provide a safe, caring, homely and hygienic environment in which all our residents receive the quality and standard of care they deserve.

7.0 Dementia Specific Care

The purpose of our Dementia Specific Service is to support residents with varying levels of cognitive impairment to maintain maximum independence possible despite presentation of memory loss. Staff actively consider verbal and non verbal cues when undertaking the care planning process and to facilitate our residents to exercise choice and express views on service delivery. Family involvement in decision making is seen as an essential part of our service. Family and staff work together to ensure that residents lead as fulfilled a life as possible within the centre.

8.0 Services Offered

The Centre aims to ensure all residents' social and medical needs are met. A multidisciplinary team work together in pursuit of this objective.

At a social level activities are co-ordinated by our recreational therapists. A daily activity calendar is posted outlining the choice of activities on any given day. These include group exercise sessions, baking, flower arranging, craft work, current affairs and poetry reading, bingo mid morning coffee and afternoon tea.

Residents unable to participate in these activities due to medical restrictions will be afforded appropriate levels of stimulation and contact by their key nominated carer.

Holistic therapies such as massage and reflexology by an appropriately qualified therapist are encouraged and can be arranged by the centre at a charge to the resident.

Music afternoons are planned on a weekly basis. We are also happy to discuss and plan birthday celebrations and other family events for residents with families. Hairdressing is available weekly at the centre and can be arranged outside of normal times for special occasions. Dining is seen as an opportunity for social engagement and enjoyment this is reflected in our menu choice and meal time service.

Spiritual care and worship are of significant importance to older people. Mass is held weekly at the centre by the local parish priest who also will hear confessions, provide spiritual support and administer the sacrament of the sick. The church of Ireland clergy visit routinely on a one to one basis with residents. Other denominations can be facilitated as required. Relevant multicultural religious guidelines are available to staff thus ensuring we can be responsive and sensitive to resident's beliefs.

Maintenance of mobility and activity levels impact significantly on quality of life and independence for residents. Our nursing staff and physiotherapist work closely together to ensure every effort is made to maintain mobility and monitor for fall risk. Nutritional status and needs are monitored as an indicator of health and well being. Dietetic input from a nutritionist will be arranged if required the referral choices will be discussed with the resident or family member in advance. Medical input is from the residents chosen general practitioner who in conjunction with the nursing staff ensures that general health and acute events are managed efficiently and effectively.

8.1 Multi-Disciplinary Team Members:

❖ Registered Provider:	Ms. Clodagh Drennan
❖ Director of Support Services:	Mr. Sean Bohane
❖ Director of Nursing:	Mr. Donal Calahane
❖ Assistant Director of Nursing	Ms Sylwia Smierciak
❖ Blackwater Unit Clinical Manager	Ms Karolina Walor
❖ Owenacurra Unit Clinical Manager	Ms Anna Skrobot
❖ Glenaboy Unit Clinical Manager	Ms Simone Wallace
❖ Night Nurse Clinical Manager	Ms Sharon Bernard
❖ Deputy to Registered Provider:	Ms. Marguerite Curley
❖ Quality Supervisor Auxiliary Nurses	Ms. Patricia O'Brien
❖ Quality Supervisor Auxiliary Nurses	Ms. Blanche Bermingham

- ❖ Quality Supervisor Auxiliary Nurses
- ❖ Quality Supervisor Support Services
- ❖ Residents Finance Manager / Accountant
- ❖ Activities Co-ordinator
- ❖ Physiotherapist
- ❖ R.C. priest
- ❖ Church of Ireland Clergy
- ❖ General Practitioner
- ❖ Catering Manager
- ❖ Podiatrist

Mr Slawomir Brelinski
 Mr. Robert Repasky
 Ms Darcy Dwyer
 Ms. Carol O Brien
 Ms. Phil O Dowd
 Fr. O Hanlon
 Area Dependent
 As chosen by resident
 Ms. Annette Fitzgerald.
 Ms. Imelda Cuning

8.2 Organisational Chart

See appendix 2 (Pages 18-19)

8.3 Nursing and Care Staff

Each wing is supported by a team of nursing care staff comprising a qualified nurse and care assistants. Staff rostering aims to ensure continuity of care for our residents. A key worker system is in place with care assistants being responsible for a small designated group of residents. Procedures for staff performance monitoring and skills development are in place ensuring that staff attain the required level of competence for their function.

A senior nurse manager is rostered for duty seven days per week and provides oncall support outside of normal working hours.

8.4 House Keeping and Catering Staff

Support services in terms of cleaning, laundry and catering work in tandem with the nursing service and are equally important in maintaining a quality environment for our residents.

8.5 Administration

Our administrative staff comprising secretarial, reception, financial and personnel liaise with residents and families on a range of issues. They manage calls, facilitate information relay; deal with bookings and correspondence.

All staff are recruited using a robust recruitment process and are selected for their commitment to our ethos of the primacy of the residents who live at the centre.

8.6 Arrangements in the Case of Absence of Person in Charge

For short term absences of the Person in Charge the Assistant Director of Nursing or a designated Clinical Nurse Manager will be nominated to cover. Notification of interm arrangements will be highlighted on roster and posted at main reception. Where absence exceeds a period of 28 days a notification will be made to HIQA and responsibility of the Person in Charge function will be allocated to the Assistant Director of Nursing

9.0 Quality of Life of Our Residents

Choosing to reside at our Centre is a significant life decision for our resident and their families. We endeavour to take every measure to ensure that this decision will have positive outcomes in terms of quality of life. Families are actively encouraged to maintain a level of involvement in their relatives care.

Prior to admission residents and families are asked to visit the centre for a viewing and discussion. A preadmission form will be completed following this visit and this will form the basis for assessment. If deemed necessary a hospital or home visit may also be arranged.

On admission and at regular 12 week intervals a full assessment is undertaken of the resident's physical, emotional, cognitive, social and spiritual needs as a part of the nursing care planning and evaluation process. General practitioner and pharmacist review of the resident's medication is also undertaken. Residents or a nominated family member will be requested to participate in this care planning process to ensure that resident's views and wishes are incorporated into care delivery. All attempts will be made to reflect the resident's daily routine in the running of each care unit.

Social (Life) stories are collated as part of the **Person Centred Care** programme and these are used to reminisce with residents and their families and to get to know each resident individually in their new home environment.

We strive to support the **independence** of each resident and to ensure that **choice** is provided to each resident on their wishes throughout the day. We are limited with certain constraints of communal living but where possible and with full consultation we will facilitate each resident to live their daily routine as they request. A **choice of meals** is available and special needs are catered for in terms of dietary requirements arising from medical or religious restrictions. Meals are served in a manner and setting which gives cognisance to the dignity of individual residents. Resident's families are encouraged to **participate** in meal times. Access to additional snacks is available 24 hours seven days per week and fresh drinking water is always available.

Residents are facilitated to receive visitors in private. We are committed to **maintaining resident's normal social contacts and relationships**. Visiting hours are flexible to promote maximum family contact. Where possible trips out for coffee shopping and social activities with families are actively encouraged extending to overnight stays where appropriate. Full access to postal facilities, internet access and telephone is available. A Mobile library visits on a weekly basis and current affairs books and information are accessible. Residents on the electoral register will have access to voting. Citizen information and health promotion literature is available in the main reception room. **Personal belongings** are important to residents and we encourage that individual rooms are made as homely as possible. This includes ornaments and paintings and small items of furniture which comply with fire and safety regulations. Residents may have T.V. radio and telephone in their room if they so choose.

A **full schedule of activities** aimed at social contact, creativity and physical / mental stimulation are available on a daily basis. Access to alternative therapies can be arranged if required. **Religious worship** is accommodated in conjunction with local clergy. See section 8.0 for further information on services offered.

A residents committee meets on a monthly basis to discuss developments at the centre and to hear resident's views on the quality of the service. Quality questionnaires are distributed yearly to residents and families and form a valuable resource for evaluating and planning services.

9.1 Advocacy Services

Nominated individuals are responsible for the advocacy function at the Centre. One interacts on a one to one basis with residents and will relay issues or concerns which the resident may have, with the resident's agreement, to the appropriate person at the centre. The second provides a monthly forum for relatives of residents who cannot speak for themselves. Similarly this is to facilitate the representation of the residents nominated next of kin to raise issues or concerns pertinent to their relative for consideration by Brookfield Care Centre.

Independent Advocacy services may be accessed through Age Action Ireland (Third Age contact – Brigid O'Brien voluntary advocate 087 9867453)

Currently staff member Carol O'Brien – Recreational Therapist is designated to support the advocacy service at the centre on behalf of residents and their nominated representatives.

9.2 Protection and Rights

There is vigilance across the Centre in respect of elder abuse and a full pathway is clearly identified to deal with any such suspicions. The centre has referral access to a HSE Social worker and a designated educational programme on elder abuse is included on the induction programme for all staff at the Centre.

The Centre provides the facility for the residents to manage their own financial affairs and also accepts designation as the "agent" for those residents for whom this is appropriate. An individual account is in place for each resident and all activity on this account is available as a printed report on request. Any charges made against the account will be only done so with prior agreement by the resident or, if he or she is unable to do so, by the nominated next of kin. Any balances on the account can be accessed by the resident or if appropriate residents legal representative i.e. designated power of attorney holder or solicitor.

The staff at the Centre are committed to ensuring the residents civil and human rights are maintained at all times. Service delivery is screened on an ongoing basis to ensure the rights of each resident are met and not compromised in any way.

9.3 Complaints and Comments:

The management and staff of the Centre aim to listen to and act on the views and concerns of our residents and their families. We encourage discussion and sharing of observation on all aspects of service to aid on-going service improvement. Open discussion with staff is welcomed and a Quality Improvement questionnaire will be issued by the centre on a yearly basis to ascertain satisfaction levels with service delivery. Comments both positive and critical help us evaluate our service and improve upon it.

Anyone who feels dissatisfied with any aspect of the Centre should, if possible, raise the matter in the first instance with a responsible member of staff. It may be that the staff member can take immediate action to respond, and if appropriate apologise. If the complainant feels

uncomfortable about raising the issue in question with the individual or Line manager they should approach the Department Manager.

If anyone feels an issue identified by them has not been resolved to their satisfaction or if they feel the matter should be addressed at a more formal level they should inform the Complaints Co-ordinator **Marguerite Curley** that they wish to make a formal complaint. At this level The Complaints Co-ordinator will on discussion with the complainant set down the details in writing following the formal complaints procedure. The Complaints Co-ordinator will discuss with the Centre Manager and a formal investigation will ensue. If at the end of the investigation you remain unhappy with the outcome you will be entitled to pursue the matter with an external independent party. You will be given details of how to initiate this process if so wished.

At the Centre we believe that on going dialogue will reduce the progression to formal complaint and affords us to address issues before they become problematic. To facilitate this, the following structures are in place.

1. Resident's Committee.
2. Residents Advocacy Framework.

9.5 Complaints Procedure

At Brookfield Care Centre we wish to ensure that each resident is treated as an individual and is able to exercise choice in his or her care. We encourage as full and active a lifestyle as possible and each resident has his or her own regularly updated care plan. If you are not satisfied with any aspect of care please let us know. This procedure is to enable any complaints you have to be listened to and addressed to your satisfaction as promptly as possible.

If you have a complaint:

1. Local area resolution is encouraged so issues of concern should be addressed immediately at department level with the unit Staff Nurse/Clinical Nurse Manager.
2. You may complain directly to the Complaints Officer (Mr Donal Cahalane-Director of Nursing/ The Person in Charge)
3. Ms. Marguerite Curley (Complaints co-ordinator) is the nominated person to deal with overseeing the Complaints Process.
4. Our independent appeals person (Trish O'Leary former ADON) who will be happy to address any issues on your behalf if required. Tel: 085 754 8689
5. If required an external advocate can be sourced via: Cork Advocacy Service (Deirdre Lellis) 021 4666180 or SAGE (Support & Advocacy Service for Older People) Tel: 01 5367330, Email: info@sage.thirdageireland.ie, Website: www.sage.thirdageireland.ie
6. If the complainant feels that the complaint has still not been resolved they may contact: The Ombudsman 1890 223 030 / 01 639 5600
7. You may raise any concerns about service to HIQA at concerns@hiqa.ie, Tel: 021 2409646

Brookfield Care Centre is dedicated to providing the highest standards of care to all of its residents.

9.4 Quality Improvement

Brookfield is fully committed to ongoing review and enhancement of service provision. A quality team meets on a bi-monthly basis to give feedback and evaluate all aspects of day to day operation. Incident/accident Reports, quality audits, personnel and clinical issues are discussed and recommendations for improvements made.

10.0 Safety

Environment

Brookfield is a purpose built facility. The physical environment of the centre is designed for residents' convenience and comfort. In order to ensure environmental and general safety we ensure the following:

- The building and grounds are kept in a safe condition.
- Make detailed arrangements for the communal and bedroom areas to be safe and comfortable.
- Ensure that the premises are kept clean, hygienic and free from unpleasant odours with systems in place to control the spread of infection.
- Ensure residents care is risk assessed to ensure specialist equipment is available when required.
- Supply toilet washing and bathing facilities and provide appropriate personal hygiene support for each resident.
- CCTV cameras are in use in general areas for residents' security. To respect the privacy and dignity of our residents the use of CCTV is not permitted in residents rooms. Similarly webcams introduced by family members are not permitted without the residents explicit consent and formal notification to/discussion with management at Brookfield

Fire Precautions

The building is highly compliant with fire regulations and operates a modular evacuation plan. All residents are made aware of the action to be taken in the event of fire or other emergency. Copies of the home's fire safety policy and procedure are available on request. All staff receives fire training and drills are held on a regular basis.

Emergency Evacuation

Circumstances under which evacuation of the home may be required will include:

- Emergency evacuation where there is a risk of fire or explosion
- Imminent, but not necessarily immediate, evacuation where there is a risk of for example, flooding

- Non-emergency situations such as temporary closure of the home for statutory / building reasons

The admissions register, together with the log of GPs and key workers will provide an up to date record of all Residents in the home.

The proprietor if possible will make arrangements / arrangements with a neighbouring care home or care centre for the temporary accommodation of Residents in the event of the need to evacuate the home.

For longer term temporary accommodation (i.e. for more than 48 hours), the proprietor is responsible for liaising with Residents' GPs, relatives, and the local authority to agree an action plan for the continuing care and welfare of the Residents.

Health & Safety

The Centre has Health & Safety plus Infection Control Policies which identify safe work practices for staff. Health & Safety plus infection control compliance is monitored on an ongoing basis.

11.0 **Contract of Care**

All residents are issued Contracts of Care on admission.

12.0 **Policies**

A full range of policies are per appendix 3 are in place. Residents may access and view these policies on request.

13.0 **Responsibility**

It is the responsibility of the Department Managers to ensure this document is accessed by all staff, residents and members of the public who may wish to view it. A copy of the Statement of Purpose and Function will be kept at the reception area.

14.0 **Fitness for purpose:**

We are committed to achieving our stated aims and objectives and work towards consistently meeting the National Quality Standards for Residential Care Setting for older people in Ireland. We welcome the scrutiny of our services users, their representatives and statutory bodies in this regard.

Policy/Procedure/Plan Approval Statement

The Purpose of this Approval Statement is to ensure that the proposed document has been approved for use at Brookfield Care Centre.

Title of Policy/Procedure/Plan

Statement of Purpose & Function Version 6.0

I acknowledge that I have been provided with the above document and accompanying Approval Statement. I approve it for use at Brookfield Care Centre with immediate effect. It should be reviewed in one year from this date.

Review Date: _____

Author:

Clodagh Drennan

Appendix 1. Room Dimensions:

Blackwater Unit

Bedroom 10.066 m²
Bathroom 3.150 m²
Day Space m²
Treatment Room 4.516 m²
Reception 4.512 m²
Visitors Area 10.554 m²
Kitchen 31.168 m²
Store 5.390 m²
Sluice 7.787 m²
Dining 40.141 m²
Staff Room / lockers (a) 13.202 m²
Staff room / lockers (b) 11.670 m²
Solarium 24.092 m²
Linen Store 9.168 m²
Bedroom 11.826 m²
Annex Room 19.86 m²

Owenacurra Unit

New Room 12.9 m²
Day Space 65.431 m²
Treatment Room 9.860 m²
Office 4.516 m²
Kitchenette 4.516 m²
Sluice 5.400 m²
Dining 40.141 m²
Staff Room/locker 4.840 m²
Solarium 20.527 m²
Linen Store 9.860 m²

Glenaboy

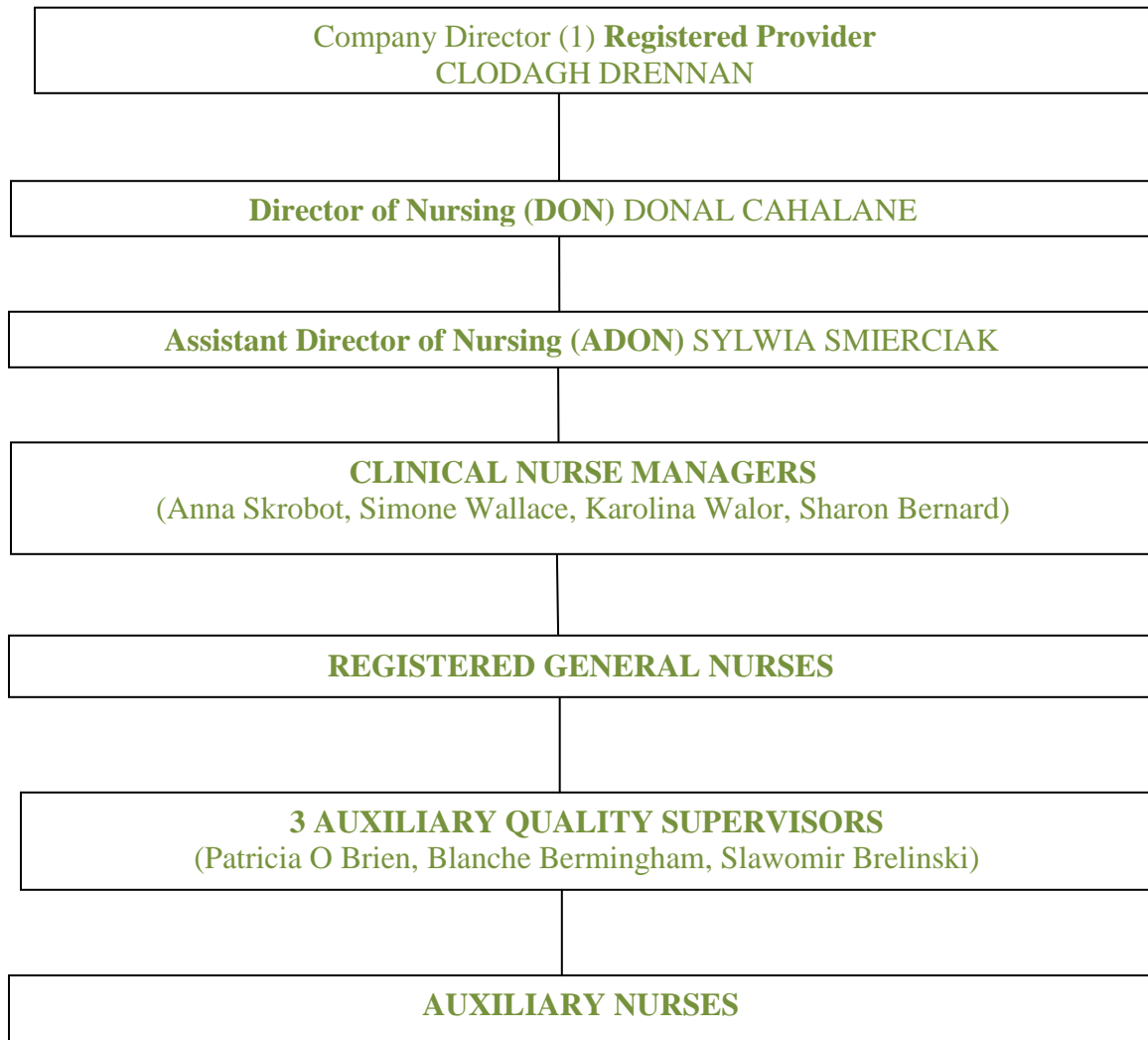
Day Space 36 m²
Dining Room 28.9 m²
Bed room 12.5 m² ensuite 3.09 m²
Bathroom 7.8 m²
Shower room (1) 5.7 m²
Shower room (2) 3.5 m²

COMPARATIVE NURSING HOME SPECIFICATIONS

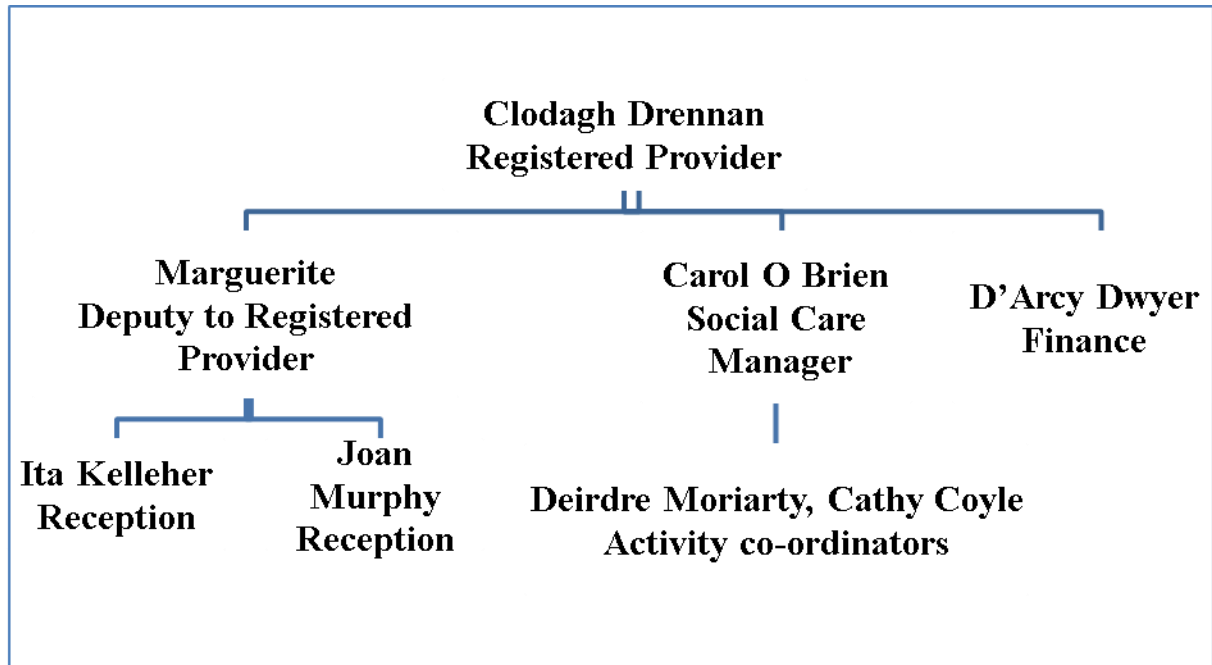
AREA	S.H.B. SPECIFICATIONS	PROPOSED SPECIFICATIONS
Corridors	Width 1200mm	General: 1.2m, 1.5m, 1.8m. Dementia: 1.8m
Doorways	Width 775mm	Width 1m.
Single Room	9.3m ² Ceiling Height 8ft	10.06 m ² Ceiling Height 8ft.
Day Space	2.3 m ² per resident	General = 4 m ² per resident Dementia = 4.29 m ² per resident
Visitors Reception	1 to receive visitors in private	All rooms single
Dining Area	1.1 m ² per resident	General = 1.33 m ² per resident Dementia = 2.07 m ² per resident
Kitchen	25 m ²	31.16 m ²
Office	7.5 m ²	General: 10.55 Dementia: 4.51 Plus office space in attic
Staff Facilities	1 separate changing room	Two staff rooms, one with shower
Toilets en suite	3 m ²	3.15 m ²
Bath / Shower	One of each per floor One assisted bath per Home	All rooms have showers Assisted bath & assisted shower in each unit
Sluice	5 m ²	5.4 m ² in each unit. Electric bed pan washers will be installed

Appendix 2

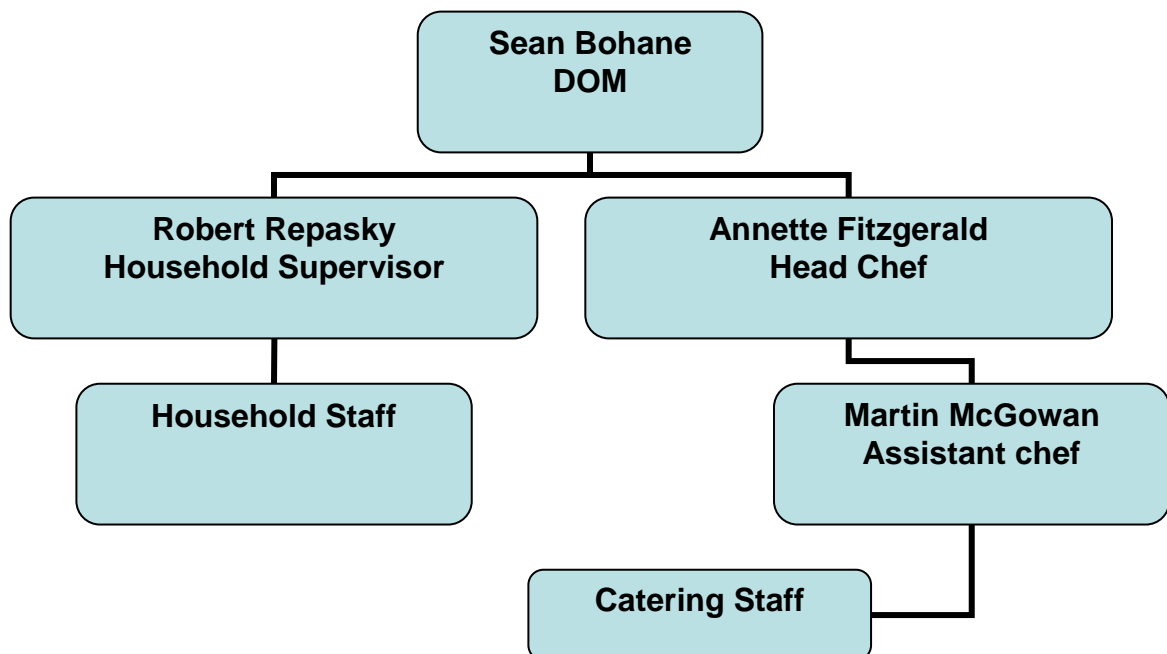
**BROOKFIELD CARE CENTRE
ORGANISATIONAL CHART - CLINICAL**



**BROOKFIELD CARE CENTRE
ORGANISATIONAL CHART
ADMINISTRATION/RECREATION/ACCOUNTS**



**APPENDIX 2
BROOKFIELD CARE CENTRE ORGANISATIONAL CHART
MAINTENANCE & SUPPORT SERVICES**



SCHEDULE 5

POLICIES AND PROCEDURES TO BE MAINTAINED IN THE DESIGNATED CENTRE

The registered provider shall ensure that the designated centre has written policies and procedures on the following matters:

1. The prevention, detection and response to abuse;
2. Admissions;
3. Management of behaviour that is challenging;
4. The use of restraint;
5. Residents' personal property, personal finances and possessions;
6. Communication;
7. End of life care;
8. Staff training and development;
9. Recruitment, selection and vetting of staff;
10. Monitoring and documentation of nutritional intake;
11. Provision of information to residents;
12. The creation of, access to, retention of and destruction of records;
13. Temporary absence and discharge of residents;
14. Health and safety of residents, staff and visitors (including infection control and food safety);
15. Risk management;
16. Responding to emergencies;
17. Fire safety management;
18. The ordering, receipt, prescribing, storing and administration of medicines to residents;
19. The handling and disposal of unused or out of date medicines;
20. The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

AMENDMENT HISTORY & REVIEW

POLICY NAME: STATEMENT OF PURPOSE AND FUNCTION

As a working document, it will be necessary to revise this document as required and make changes where necessary. It may also be necessary to revise the document from time to time to reflect changes in the physical environment, work practices or legislation. When changes are made the details of the alterations will be recorded under this section in sequence and will be communicated to employees and third parties affected by the necessary amendments.

Revision No:	Date:	Amendment / Section	Page/Paragraph No:	Approved By
Revision 06	JAN 2017	<ul style="list-style-type: none"> • Removed numbering system to reflect changes with Revised HIQA Standards July 2016. Policy replaces BCC/GM/003 • Section added – who is in charge in the absence of the PIC • Emergency Procedure/Evacuation • Gender • Complaints Procedure added to Statement of Purpose 	All pages Page 10. Section 8.6 Page 4. Admission Criteria Page 3. Residential Services Intended Population Page 13.	Clodagh Drennan
Revision 05	AUG 2016	<ul style="list-style-type: none"> • Update Key Management Personnel. • Update recreation schedule 	Insert header and footer to document.	Clodagh Drennan
Revision 04	JAN 2014	<ul style="list-style-type: none"> • Numbering system implemented at Brookfield • Update Key personnel 		Clodagh Drennan
Revision 03	NOV 2012	<ul style="list-style-type: none"> • Annual review – update key personnel 		Clodagh Drennan
Revision 02	FEB 2011	<ul style="list-style-type: none"> • Review and update of full policy to reflect changes in key personnel and services provided 		Clodagh Drennan
Revision 01	OCT 2009	<ul style="list-style-type: none"> • New policy – implementation of HIQA standards 		Clodagh Drennan