<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blair’s Hill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000201</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Blair’s Hill, Sunday’s Well, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 430 4229</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:patobrien09@yahoo.ie">patobrien09@yahoo.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Blair’s Hill Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patrick O’Brien</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O’Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>36</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 17 July 2014 10:00 17 July 2014 19:30
18 July 2014 09:45 18 July 2014 19:30

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

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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This monitoring inspection by the Health Information and Quality Authority, of Blair’s Hill Nursing Home, was announced and took place over two days. The purpose of the inspection was to inform a registration renewal decision. As part of the inspection, the inspector met with the owners, the provider, the person in charge, staff members, residents and relatives. The inspector observed care practices and reviewed documentation such as care plans, medication records, accident and incident log, policies, fire safety records and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes are based on the requirements of 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.

The person in charge is in post since 2009. She was found to be an experienced nurse manager who was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual resident's needs being met and the staff supported residents to maintain their independence where possible.

The inspector found the premises, fittings and equipment were generally in good repair. However, there were some areas of the building that required repainting following recent internal construction. The provider informed the inspector that this refurbishment was already happening and the inspector saw evidence that the work had commenced.

The feedback on the pre-inspection questionnaires from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and relatives, with whom the inspector spoke, confirmed this.

Some improvements were required to ensure compliance with the Regulations and National Standards set out by the Authority.
Section 41(1)(c) of the Health Act 2007. 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.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

An updated statement of purpose and function was forwarded to the Authority in July 2014. This was subject to an annual review by the centre. Staff in the centre were aware of the statement of purpose and the inspector noted that it was available for residents and relatives.

The statement of purpose and function was viewed by the inspector. It described the service offered and detailed the facilities which were provided. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**
The quality of care of the residents was monitored and developed on an ongoing basis. Effective management systems were seen to be in place on the day of inspection. The provider assured the inspector that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents.

The person in charge was supported by an experienced nurse. There were clear lines of authority and accountability. There were daily care handover meetings held and all levels of staff were included. The inspector saw evidence of staff meetings and saw that any issues arising were addressed in a robust way. Improvements were seen to have occurred as a result of the learning from the outcome of audits. The person in charge informed the inspector that she is expanding her audits to other relevant areas which she has identified.

There was evidence of consultation with residents and their relatives. The inspector spoke to residents who said that there were residents' meetings held in the centre. There was one volunteer who spoke to the inspector about his role and the support he provides to the residents. Relatives spoke to the inspector about the fact that staff frequently consult with them if there is a change in the status of the resident or if any accident occurs.

The inspector saw the details of residents' surveys, residents' meetings and of the pre-inspection questionnaires for this inspection. These indicated a person-centred approach to the care and quality of life of the residents.

Judgment:
Compliant

### Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The Resident’s Guide was seen by the inspector and this was available to all residents. It was placed prominently in the corridors of the centre and was easily accessible. It was seen to comply with the requirements set out in Section 20 (1) and (2) of the Regulations.

Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts were comprehensive and contained the required details under the Regulations such as: the fees to be charged and how the care
and welfare of residents would be met. The contracts had recently been updated and
the new additional pages were being circulated to the residents at the time of
inspection. The provider was now proposing to implement a charge for the laundry and
chiropody services among others, which he had previously supplemented.

There was also information available for residents on notice boards.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with
authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge had been appointed in 2009 and she had a full time post. The
inspector spoke to her at length during the inspection and she displayed a detailed
knowledge of the Standards and Regulations. The person in charge was found to be
committed to her role and she demonstrated awareness of the accountability and
responsibility attached to it. She was involved in the centre every day and supported
staff to deliver evidence based care. Staff, residents and family members were able to
identify her as the person in charge and they informed the inspector that she was
approachable and attentive.

The person in charge explained to the inspector that it was a challenge to continue to
recruit new staff nurses but that most of the care staff were with the centre for a
number of years. She outlined her plans for staff training, recruitment and continuing
appraisal. The inspector saw evidence of the care planning and policy development
which she had instigated since her appointment.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of
Residents in Designated Centres for Older People) Regulations 2013 are maintained in a
manner so as to ensure completeness, accuracy and ease of retrieval. The designated
centre is adequately insured against accidents or injury to residents, staff and visitors.
The designated centre has all of the written operational policies as required by Schedule
5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older
People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
All the records required under the Regulations were maintained in the centre. The records viewed by the inspector were accurate and up to date. The records were securely stored and the person in charge assured the inspector that residents can access their files if necessary. Records of inspections by other bodies were maintained.

The Resident’s Guide was seen by the inspector and it was informative and comprehensive. Medical records were maintained and the inspector was shown an up-to-date complaints and incident book. The inspector viewed a selection of residents’ care plans. Each care plan outlined the social and medical needs of the resident and recognised tools were used to assess the medical, physical and psychological needs of the residents. There was evidence of assessments of residents by allied health professionals where necessary. The inspector noted that the care plans contained ample information about the residents' holistic needs and there was evidence that the plans were individualised to each resident. However, the inspector found that specific care plans were not set up for residents with identified medical issues which would require daily interventions. The goal of care and the interventions required to implement the care were not specified for residents with, for example, a wound, palliative care needs, a bleeding disorder and behaviours that challenge. This is addressed under Outcome 11.

There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of the policies and signed a document to demonstrate that they had understood the requirements of the policies. Staff with whom the inspector spoke indicated that they were aware of the policies for the centre. The policies on end of life care and nutrition had recently been augmented and were found to be detailed and person-centred.

The centre was adequately insured against injury to residents, according to the insurance certificate viewed by the inspector. Fire safety records were seen and were found to have met the requirements of the regulations as regards training, testing and maintenance of the system.

The inspector viewed a sample of staff files and found them to be maintained in very good order. Garda vetting and qualification details were in place on each file. However, the inspector found that not all the files viewed contained the required references. Since the inspection one of these references has been received by the Authority. There was no policy for volunteers in the centre and no guidelines set out for the parameters of the role and the responsibilities attached. This signed role description was forwarded to the Authority in the week following the inspection.
The roster for staff was seen and the inspector saw that the present roster and the planned roster were similar. The roster correlated with the staffing levels which the person in charge had outlined to the inspector.

The inspector viewed the Directory of Residents. However, it did not contain all the details required under Schedule 3 (3) of the Regulations. A sample of the records viewed did not contain the admission date of the resident and others did not contain the address and telephone numbers of the next of kin.

Records were viewed by the inspector which indicated that the residents' right to refuse treatment was documented and there were records available to indicate to the inspector that discussions were held with the residents and relatives about CPR (Cardio-Pulmonary-Resuscitation).

Complaints were documented and records of notifications to the Authority were also seen. However all the records, required under Schedule 3 (4) of the Regulations were not maintained, for example medication errors were not recorded and some medications were not signed and dated as administered, by the administering nurse.

**Judgment:**
Non Compliant - Major

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**Outcome 06: Absence of the Person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by an experienced nurse who acted as the key senior manager (KSM). The KSM covered for the person in charge in her absence. The provider was aware of his responsibility to inform the Authority about the absence of the person in charge.

**Judgment:**
Compliant
Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The person in charge stated that staff were made aware, on a regular basis, of how to identify and report any allegations of elder abuse. She attended staff handover meetings to ensure that she was informed of any issues regarding residents’ care and welfare. She informed the inspector that she would speak to residents and relatives each day. During the inspection, the inspector observed the person in charge interacting and supporting residents and relatives. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that their concerns would be listened to.

Staff, with whom the inspector spoke, were able to confirm their understanding of the types of elder abuse. They were aware of their reporting obligations and how they would support a resident in this situation. The inspector viewed the policy for responding to allegations of abuse. This policy was centre-specific, comprehensive and provided details in relation to the actions required by staff when responding to an allegation. The staff informed the inspector that they had recently viewed a new DVD which showed incidents of abuse which were highlighted on a BBC programme.

The inspector reviewed the measures that were in place to safeguard residents’ money and noted that receipts were obtained and where possible the residents’ or their representatives’ signature had been recorded. The inspector found that the amount of money kept for residents' use correlated with the written records. The centre acted as a pension agent for four residents and the records viewed were clear and transparent. The centre had an accountant working with them who kept this information on file.

There were closed circuit television (CCTV) cameras at a number of locations in the public areas of the centre. The inspector observed that there was signage indicating the use of CCTV cameras and there was a centre specific policy in place for their use. As the cameras were placed in numerous locations throughout the centre the provider undertook to review and reassess their usage and location.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the time of the inspection the centre was undergoing further refurbishment and decoration. New fire proof double doors had been installed in the hallways and these had been specified as fire-safe for one hour. All the bedroom doors had been upgraded to new fire proof doors and each door had a reminder for staff that there was an evacuation blanket on the bed. There was a magnetic system in place to keep the doors open and external fire doors were alarmed.

There was a comprehensive emergency plan in place which detailed actions to be taken in the event of an emergency situation. It specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation.

The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. There were signs placed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at regular intervals and the inspector viewed these records. They were found to be up to date and also indicated that the fire extinguishers were checked and serviced as required.

Fire training was provided to staff on a number of dates in 2014 and this also included fire marshal and fire warden training. Regular fire evacuation drills were undertaken by day and night staff. Staff spoken with by the inspector were aware of the procedure to be followed in the event of a fire. Fire evacuation blankets were placed on the residents' beds and the staff informed the inspector that they were aware of how to evacuate any resident who was not mobile. The centre was a three storey building and the second and third floors accommodated eight residents each. There was a lift in place and staff were aware that the lift was not to be used in the event of a fire. The fire alarm panel and the fire exit doors were checked regularly and the records were seen by the inspector.

Some residents were using the stairs unsupervised and this practice had not been risk assessed or the individuals using the stairs had no risk assessments in their files. The stairs required to be fitted with a stairs gate on the upper floor levels and also handrails on both sides, to minimise risk and prevent falls. This will be addressed under Outcome 12: Premises.

The inspector viewed the record of accidents and incidents. The inspector observed that the issues were resolved and that the satisfaction of the complainant was recorded. The centre-specific health and safety statement was seen by the inspector. The risk management policy was reviewed and was seen to comply with Regulation 26 (1).
However, the centre did not have a risk register of new risks identified or a record of the reassessment of risks.

Clinical risk assessments were undertaken for the residents, including falls risk assessment, skin integrity, dependency needs, continence, moving and handling and challenging behaviour. The inspector saw that these were reassessed on a regular basis.

The inspector observed staff abiding by best practice in infection control with regular hand-washing and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers and sinks were present throughout the building, on the corridors and in the staff and resident areas. The inspector saw that gloves were stored safely. Clinical waste was disposed of by a registered clinical waste company and the inspector saw documentation which indicated the time and dates of the collection.

The inspector noted that the centre was clean and that the staff were maintaining the documentation which indicated the times and details of the cleaning regime. There were some areas which required high dusting, however, the inspector noted that the ceilings were being plastered and painted at present.

Hoists, wheelchairs, weighing scales, and mattresses were serviced on a regular basis and these records were seen by the inspector. Hoists, mattresses and wheelchairs were steam cleaned thoroughly and the hoist slings were washed on a weekly basis or more often if required. The electrically operated beds were maintained in good order.

The centre had a designated smoking area. This had extractor fans in use and the provider was having a set of fire proof double doors fitted. These will have a large glass panel fitted to enable observation of any resident requiring supervision. The provider informed the inspector that cigarettes were kept in safekeeping at night, however, residents can request them if they wish to use the smoking room during the night. There was a risk assessment for smoking in the centre and controls were in place to minimise the risks. However, there were no individual risk assessments carried out for the residents who smoked. These residents had signed a declaration that they would adhere to the guidelines for safe smoking practice including the use of a fire retardant blanket when smoking.

**Judgment:**
Non Compliant - Moderate
implemented.

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing, disposal and administration of medicines in the centre. A clear process was in place for the use of controlled drugs, i.e. those drugs covered by the Misuse of Drugs Act (MDAs). These drugs were checked by the inspector and were found to be stored and recorded in accordance with guidelines and legislation. There was a system in place to audit medication management practices and the GP carried out a three-monthly review of each resident's medications. The inspector found however, that the procedure for the storage and disposal of unused and out of date medication was not in line with the Regulations, or with the centre's own policy on the 'handling and disposal of unused or out of date medicines'. This medication was not segregated from the medication in use and there was a large stock of rarely used medication stored in the centre.

There was a system for transcribing medication. The guidelines for best practice set by An Bord Altranais agus Cnaimhseachais na hEireann were followed on most occasions. However, the inspector saw that on one occasion an addition had been made to the doctor's prescription by a staff member and this had not been signed by a second staff member or by the prescriber. On another occasion, a phone order for medication had not been transcribed onto the prescription chart and the inspector saw that it had been administered on three occasions, without the signature of the prescriber. Other medications which had been given to a resident were not signed by the administering nurse.

While some medication errors had been recorded the above errors had not been noticed or recorded and the person in charge informed the inspector that dispensing errors were also not recorded. These were discussed over the phone with the pharmacist but records were not available in the centre. The person in charge undertook to record all medication errors and to put a system in place to indicate learning from these errors.

Recording and administration omissions and the lack of medication error records were addressed under Outcome 5.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector saw that notifications to the Authority were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection and the inspector was satisfied with the actions taken and medical care provided.

There was an incident and accident record maintained for both residents and staff. The inspector viewed this and noted that any relevant incidents correlated with the notifications received by the Authority.

The person in charge had notified the Authority of incidents in line with the requirements under Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents were provided with the services of a GP of their choice and the person in charge informed the inspector that the majority of residents were cared for by one GP who visited the centre weekly. Residents received a full review of their medical care and their medication was updated as necessary.

The centre had the services of a physiotherapist on a two weekly basis and the provider told the inspector that in the future he hoped to increase this to a weekly session. Residents were happy with the service at present and the inspector noted input in the relevant care plans from the physiotherapist. The residents were seen walking in the hallways and outside the centre with staff members during the day.

A chiropodist service was available and this was funded by the provider. Residents had access to the optician, the dentist and the occupational therapist if the need arose. These services were availed of in-house and on an external basis. One resident used the services of an external support group. Dietary advice and speech and language therapy (SALT) were provided by allied professionals from a nutritional company when required. This service also offered training to staff. The inspector viewed the training records of
staff and saw that staff had training in nutrition, dysphagia and modified diets among others.

The inspector viewed a number of care plans which detailed the residents' medical and social needs. The inspector observed that care was seen to be delivered to residents in accordance with their care plan. The care plans were reviewed on an ongoing basis as required by the Regulations and there was documented evidence of residents' involvement in the care planning process. The centre facilitated easy access for residents to their personal file.

The wound assessment charts and skin care charts were found to be comprehensive and the inspector noted that skin care was addressed at the handover report. However, a resident with a leg wound did not have a detailed care plan for the interventions required. The inspector saw that there were strategies identified for staff to utilise for any residents with behaviour which was seen as challenging and the centre had a detailed policy to guide staff in best practice. Two residents who presented with this behaviour did not have an individual detailed plan of care in place to guide staff in best practice.

Staff spoken with by the inspector were aware that restraint was only to be used as a last resort, including the use of chemical restraint. The person in charge was aware of the national policy on restraint and told the inspector that the centre's policy was under review to ensure the guidelines were being met as regards Regulation 7(3). Residents were also facilitated to attend external specialist appointments and while the inspector was present a resident went out, with a relative, to attend an outpatient appointment. The inspector noted that one resident was under the care of the specialist palliative care team and other residents had access to the mental health services.

There were opportunities for residents to pursue recreational activities and there was an activities coordinator who attended the centre on a weekly basis. The centre also had daily visits from a volunteer. He informed the inspector that he supported the residents by reading the newspaper headlines, playing draughts and bingo with them and listening to any concerns.

There was a wholesome and varied diet available. There was ongoing monitoring of each resident's health status and staff regularly checked the residents' weight, blood pressure and temperature. The inspector noted that the residents' right to refuse treatment was respected.

The inspector saw the daily activity programme displayed on the notice boards and also observed the menus displayed on each table in the dining room.

**Judgment:**
Non Compliant - Minor
Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The premises was a three-storey building located in a cul-de-sac off a busy street. On the day of inspection there were 36 residents in the centre and one vacant bed. There was one resident in hospital. At the front of the building there was a veranda for the residents' use and this was decorated with flower pots and window boxes. Residents and visitors were seen to be sitting out there during the inspection. The provider had developed a further patio area at the side of the building and the inspector saw the tables and chairs placed there for residents' use. There were car parking spaces in front of the building. The premises was laid out over three floors and the décor was homely and comfortable. The outside of the building was nicely painted and kept in good repair.

In addition to the residents’ private accommodation there was a large, bright, conservatory style sitting room and two dining rooms. The sitting room had a colourful fish tank, a large flat screen TV and music centre. Each resident had the use of a large reclining armchair. On the day of inspection a musician was performing for the residents.

The bedrooms were suitably spacious and they had been personalised with residents' personal property. The person in charge informed the inspector that this was encouraged. Residents had adequate storage space for personal property and storage needs.

There was appropriate equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. Hoists and other equipment were all maintained and service records were viewed by the inspector. The centre had the services of a full time maintenance person. The clinical waste system was managed by a registered company and staff demonstrated awareness of the correct bags to use for domestic and clinical waste.

A bedpan washer and sluicing facility was available and there was a laundry located in the centre. The inspector checked the availability of alginate bags with the laundry staff member and she confirmed that these were available. The premises was noted to be warm, well lit and ventilated and appropriate signage was in evidence. The centre was kept generally clean and the inspector was informed by the provider that re-painting was planned following the recent renovations The inspector saw evidence of a cleaning
schedule for all areas and where dust was present on the higher areas it could be attributed to the installation of the new doors. This was addressed while the inspector was on the premises. There was a colour coded system in use for the mops and cleaning cloths.

There were two large bathrooms available in addition to the en suite bathrooms for residents. The inspector noticed two toilets for residents' use located conveniently near the sitting and dining rooms.

There was a large kitchen with adequate cooking facilities and equipment. The kitchen was modern and clean and was staffed by knowledgeable personnel. It was located on the lower level of the building. However, there were some premises issues which needed to be addressed. There was a crack noted on the wall of one bedroom which had been previously repaired. This was for further repair during the planned renovations. Three ceiling tiles in the sitting room were noticed to be loose. The floor tiles in some areas were cracked and the provider undertook to replace these. The open stairwells required a second handrail and stair gates to be fitted. The inspector noticed areas of rust on the top of radiators in two of the small toilets and the shower area in the en suite of two rooms required re-grouting.

Judgment:
Non Compliant - Minor

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place in the centre and in each of the residents' bedrooms. A copy was included in the Resident's Guide and the resident's contract of care. The residents were aware of how to make a complaint and knew that the person in charge was the complaints officer. The provider monitored the complaints and there was an independent appeals person outlined in the statement of purpose and in the Resident's Guide.

Residents spoken with by the inspector stated that they could raise any issue or concern with the person in charge or a staff member. Relatives with whom the inspector spoke said that they would know who to go to with any concerns. The inspector viewed the questionnaires filled in for the Authority before this registration renewal inspection. The answers to the questions about complaints confirmed what the inspector was told.
There was evidence that a record of complaints was maintained. This record included the details of the complaint, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred 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 inspected earlier in 2014 as part of the thematic inspection in this outcome. The person in charge had attended to the actions given and the inspector found that the existing policy was now more detailed and fulfilled the requirements of the Regulations.

The inspector spoke with the person in charge and was shown the records of the recent training in all aspects of end-of-life care. The inspector also viewed the care plan of a resident who was receiving palliative care on the day of inspection. The inspector observed that there was evidence that the GP and the person in charge had discussed end of life wishes with the resident and these were documented.

The wishes of the residents in regard to CPR (Cardio-Pulmonary Resuscitation) were recorded on each resident's file and the inspector saw evidence of the involvement of the residents and their families when these plans were drawn up. This was reviewed regularly. A remembrance service was held yearly in the centre and staff, residents and families attended this. There was an oratory in the centre and a religious service was facilitated weekly.

There was a protocol for the return of personal possessions. Property inventories were maintained for the residents and updated regularly. The inspector spoke with the laundry staff member who explained how the residents' clothes were laundered and packed following death. The system had a clothes marking system in place which could be easily removed before the clothes are taken by the family of the deceased.

The questionnaires for the thematic inspection previously returned to the Authority indicated that there was a good level of satisfaction with the care and support given to the residents and their relatives at this time.
Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
This outcome had also been inspected as part of the thematic inspection by the Authority, earlier in 2014. The inspector reviewed the policies and found that they had been revised and updated, in line with best practice guidelines.

The inspector noted that there were jugs of water readily available in the sitting room and in the residents' bedrooms. There was a fresh supply of drinking water available throughout the day and the relatives had access to a kitchenette for tea making facilities.

The inspector viewed training records which indicated that staff had attended training in aspects of nutrition, food consistencies and food hygiene. The person in charge told the inspector that these education sessions were continuing, with the dietician from a nutrition company as well as an external provider. The inspector saw training records which indicated that the kitchen staff had been facilitated to attend updated training appropriate to their role.

The inspector observed mealtimes including dinner and the evening meal. The inspector sat at the dining table and spoke to residents who told the inspector that they were very happy with the meals on offer. There was a menu card on each table and the residents had a choice of two meals at each sitting.

Residents on diabetic and coeliac diets were accommodated. The dining rooms were bright and spacious. The bigger room was used for those requiring assistance. The residents were able to dine with dignity and the conservatory area was used by some of the residents. The tables were nicely decorated and the crockery and cutlery were of good quality. The inspector reviewed records of residents' meetings chaired by the management personnel. It was evident that issues raised by residents, as regards food, were addressed.

The inspector spoke with the chef who said that she regularly met with the person in charge and the dietician, to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information and a record of residents’ food
preferences. The kitchen was seen to contain a plentiful supplies of fresh and frozen foods. Hand washing facilities were available.

There was a four weekly menu rotation in place. Staff were seen to be attentive and knowledgeable about the residents and were able to tell the inspector how they would cope with a resident who had swallowing difficulties or a resident who appeared to be choking. Some residents were seen to have individual positional and seating arrangements, depending on their assessed needs. The inspector noted during at dinner time that gravy was served in individual gravy bowls.

A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP and that they had been administered by staff.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
There was evidence that residents were consulted about how the centre was run. Residents' meetings, chaired by members of staff, were facilitated on a regular basis. There was evidence that suggestions emanating from these meetings were acted on by the provider. Residents' satisfaction surveys were undertaken and relatives said that they were informed of the recent renovations.

There was a policy on communication for residents. The centre was located near a busy area of the city and was centrally placed in the community where residents could be apprised of local events. Residents were facilitated to partake in meaningful activities. The provider informed the inspector that the residents were facilitated to vote, where possible.

The person in charge told the inspector that she met with residents and relatives on a daily basis and the inspector noticed that staff were engaging with residents and relatives in a dignified and approachable manner. The inspector noted that residents received care in a manner which respected their privacy at all times. Residents had
access to telephones in their bedrooms. Televisions were located in all bedrooms and in
the communal rooms. Information on local events was provided by the activity
coordinator, the volunteer and staff members. The inspector saw information on events
advertised on the notice board and heard staff members reading sections of the
newspaper to the residents.

Residents with whom the inspector spoke were aware of recent world events and were
able to converse about their life and experiences in the centre. All the residents, spoken
with by the inspector, said that they felt content and they praised the person in charge,
the providers and other staff members. The inspector observed that many visitors
attended during the day and those to whom the inspector spoke were very pleased with
all aspects of care in the centre.

Judgment:
Compliant

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in place for
regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The inspector saw evidence that residents were encouraged to personalise their rooms.
The bedrooms were comfortable and were decorated with residents’ pictures and
photographs. There was good storage space for clothing and personal items. All of the
bedrooms except two were single occupancy and most of them had an en suite facility.

The protocol in place for managing residents’ clothing was effective and robust. There
was a small laundry where the residents' clothing and bed linen was laundered. Clothes
were labelled using a ‘button’ system before being sent to the residents' rooms. Laundry
staff showed the inspector how the system works and the inspector noticed that the
clothes were stored neatly, ready for return to the residents.

Residents and relatives, spoken with by the inspector, stated that they were happy with
the way clothing and personal belongings were managed. There was no unresolved
issue with missing clothing. One relative said that an item which was lost was replaced
by the provider. The inspector noted that there was an inventory being kept of
residents' personal items in the residents’ care plans. The inspector saw that these were
signed by the resident or their representative.
Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Residents and relatives indicated that staff were responsive to their needs and treated them with respect and dignity. A staff development and appraisal system was implemented for all nursing and care staff and the inspector saw evidence of this in staff files viewed.

There was a clear management structure 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.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. Staff records showed that staff were recruited and inducted in accordance with best practice.

On the morning of inspection, there was one nurse on duty in addition to the person in charge, seven care staff, two catering staff, one laundry staff, one administration staff, a volunteer and two providers. This staffing level was decreased in the afternoon and evening. The provider had adequate dining and changing facilities in place for staff.

The inspector reviewed staffing rotas, staffing levels and skill mix, and the person in charge informed the inspector that she was satisfied that there were sufficient staff on duty to meet the needs of the residents.

The inspector found that there was a good level of appropriate training provided to staff and they were supported to deliver care that reflected contemporary evidence based practice. Staff had completed mandatory fire and evacuation training, elder abuse training and training in infection control and end of life care.
Registration details with An Bord Altranais agus Cnaimhseachais na hEireann for all nursing staff were seen by the inspector and were found to be up to date. The inspector then looked at a sample of staff files and found that they did not all contain the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. This was addressed under Outcome 5.

**Judgment:**
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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blair’s Hill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000201</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/07/2014</td>
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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.

Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The date of admission of some residents and the addresses of their next of kin were not recorded in the Directory of Residents for the centre.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
Addresses of next of kin and date of admissions have now been updated in the Directory and will be included in all new entries going forward.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 30/07/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All the records required to be kept in the centre were not available to the Chief Inspector,

The required references were not available in a sample of the staff files viewed.

Records of each drug administered were not signed and dated by the nurse administering the medication.

Records of all medication errors were not maintained in the centre.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
References have been secured and copies will all be forwarded to HIQA by July 31st
Medication administration records have been reviewed and all nurses have been spoken to in regards to this issue
Medication Error policy is reviewed, all nurses have been spoken to and records will be maintained in their entirety going forward

Proposed Timescale: 30/07/2014

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents who smoked did not have individual risk assessments done.
The safety of residents using the stairs unsupervised had not been risk assessed.
The open stair well on the upper levels, where there were mobile residents, had not been assessed.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.
Please state the actions you have taken or are planning to take:
Individual risk assessments for smokers are on-going
Individual risk assessments for residents using the stairs are on-going.
Risk assessment of open stairwell is being done.

**Proposed Timescale:** 20/08/2014

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Drugs were administered without the signature of the prescriber and drugs were transcribed in a manner that did not follow relevant professional and policy guidelines.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
All nurses have been spoken to in regards to this issue and reminded of the importance of following all professional and policy guidelines. Nurses have been referred to our medication management policy and the Person in Charge will continue to monitor transcribing.

**Proposed Timescale:** 30/07/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Out of date and unused medicines were not stored or disposed of in line with national legislation or guidelines.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.
Please state the actions you have taken or are planning to take:
All medication has been reviewed to ensure it is in date, any out of date products have been disposed of correctly.
Nurses have been reminded of the importance of the correct segregation and disposal of out of date medication and have been referred to our policy and procedures on same.

**Proposed Timescale:** 30/07/2014

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector found some gaps in the care planning process for certain individuals. Residents with specific medical needs did not have an individualised plan of care to guide the staff on the interventions required to optimise the care given.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
A full review of all those individuals’ care plans has taken place and we are currently working on continuing to individualise the plan of care of these residents, based on their specific needs.

**Proposed Timescale:** 08/08/2014

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a crack noted on the wall of one bedroom which was for further repair during the planned renovations.

Three of the sitting room ceiling tiles were loose.

The floor tiles in some areas were cracked and the provider undertook to replace these.
The open stairwells required a second handrail and stair gates to be fitted.

The inspector noticed areas of rust on the top of radiators in two of the small toilets and the shower area in the en suite of two rooms required re-grouting.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
As we are in the middle of considerable renovations to the centre, we are working very hard to get everything done as quickly as possible. All issues outlined above have been noted and will be dealt with as quickly as possible. The handrail and gates are currently being ordered and custom-made painting is beginning on August 5th 2014

**Proposed Timescale:** 31/08/2014