

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blainroe Lodge
Centre ID:	ORG-0000016
Centre address:	Coast Road, Blainroe, Wicklow.
Telephone number:	0404 60030
Email address:	blainroe@firstcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Firstcare Ireland (Blainroe) Limited
Provider Nominee:	Mervyn Smith
Lead inspector:	Julie Pryce
Support inspector(s):	Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	4

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:	To:
24 March 2014 09:30	24 March 2014 17:30
25 March 2014 09:00	25 March 2014 21:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection took place following an application to the Chief Inspector to renew the registration of this designated centre. As part of the inspection, inspectors met with residents, relatives, and staff members and an interview was held with the person in charge and the provider. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors also reviewed questionnaires submitted by residents and relatives prior to the inspection.

Overall inspectors found that improvements were required in a number of areas in order to bring about substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors found a good standard of nursing care was provided to the residents. Care was provided by staff who were familiar with them and knowledgeable of their health and social care needs. However, improvements were required in the care planning process and in the management of aspects of residents health care needs.

The provider and person in charge promoted the safety of residents and a comprehensive risk management process was in place for the centre although, improvements were identified in the management of risk. There were suitable fire safety procedures.

The inspectors found that most of the actions identified at the previous inspection in March 2013 had been addressed with the exception of two. They related to staffing levels and medication management.

Inspectors found that the design and layout of the premises met residents' needs, the centre was clean and well maintained and there was a high standard of décor appropriate to the needs of the residents.

A number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of this report.

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 2009 (as amended) 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the statement of purpose accurately described the services and facilities that were provided in the centre. The qualifications of the person in charge were missing from the documents, but this was rectified during the course of the inspection so that the statement of purpose met the requirements of Schedule 1.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the contracts of care clearly stated the services to be provided and the charges for these services, a charge of €125 per month for additional services was charged to every resident, and where a resident is not availing of a services there was no opportunity to opt out. Inspectors found evidence that a number of residents were being charged for services of which they were not availing.

Judgement:

Non Compliant - Moderate

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied the centre was managed full time by a registered and experienced nurse.

The director of nursing was new to the role of person in charge since the last inspection and had been in the post since May 2013. As part of the application to renew registration a fit person interview was held with her. Inspectors found she was familiar with the requirements of Regulations and her responsibilities within them.

The person in charge managed the centre with authority and accountability, inspectors saw she was present in the centre and was familiar with the residents and their health care needs.

Whilst staff meetings had not been held since April 2013, the person in charge had a schedule for the commencement of these meetings from April 2014.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records and that records relating to residents and staff were maintained in a secure manner. The centre had all of the written operational policies as required by Schedule 5 of the Regulations and in sufficient detail as to guide staff.

Satisfactory insurance arrangements were in place, including insurance cover against loss or damage to the property of residents. The directory of residents and residents guide met with the requirements in the Regulations.

However, the information relating to each resident as required was not always available, for example not all implementation of care was documented which is further discussed under Outcome 11.

Otherwise, inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgement:

Non Compliant - Minor

Outcome 05: 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. At the time of the inspection she was not planning on taking leave from the centre which required notification to the Chief Inspector.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found measures were in place to protect residents from being harmed or experiencing abuse, for example there were records to indicate that staff had received training on identifying and responding to elder abuse. Inspectors spoke with staff who were aware of the types of elder abuse, the potential indications of abuse and the procedure to follow if there was any suspicion or allegation of abuse. There was a policy in place to guide staff and there were records indicating that staff training had taken place and was up to date.

Inspectors had concerns regarding the behaviour of a resident that was significantly impacting on the quality of life and safety of other residents. On review of the documentation the inspectors were concerned that appropriate measures have not been put in place for the protection of all residents following recorded incidences involving other residents. While there was a risk assessment around inappropriate behaviour of residents towards female staff where this type of behaviour could pose a risk, there were no care plans in place to guide staff on how to manage the behaviour and appropriate care for this resident. In addition no risk assessment relating to the safety of other residents had been completed. Inspectors required the person in charge to immediately put in place measures to safeguard residents at night and to follow up with a written plan to be submitted to the inspectors within two days of the inspection. Inspectors were satisfied that the issue relating to this particular resident was addressed during the course of the inspection by the addition of another staff member on night duty and by the arrangement of a multi-disciplinary case conference.

However, inspectors were not satisfied that, in general, the management of wandering behaviour of residents during the night throughout the centre was adequate.

Judgement:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found the provider had systems in place to promote and protect the health and safety of residents. There was evidence of good practice in relation to clinical governance, for example a risk management committee had been established.

Inspectors reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed and staff members spoken with by inspectors were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits was also in place. An action from the last inspection was completed and risk assessments were now in place to safeguard residents who smoke.

A policy on risk management was comprehensive and provided guidance to staff, and addressed all the specific areas required in the Regulations, but not all aspects of the policy were implemented. While there were risk assessments in place for many of the identified risks in the centre, and they had been reviewed regularly, the risk rating and control measures had not been reviewed. In addition there was no evidence of a link between the documented risk assessments and the electronic care planning system in place so that not all clinical risk areas were adequately addressed in care plans. Staff had already identified this issue and outlined the plan to address it.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were satisfied that a medication policy was in place which provided guidance to staff. Medication errors were well managed in that there was a system of reporting, investigating and identifying outcomes and learning from errors.

However, while this policy stated that prescriptions must state the time of administration this was not the case for many of the prescriptions. Prescriptions instead stated for example, three times a day, or one to be taken daily. This issue was identified at the last inspection, and the action is still outstanding.

Inspectors were not satisfied that adequate guidance was given to staff as to when to administer 'as required' (PRN) medications. For example a prescription stated 'for agitation', but there was no care plan in place to guide staff regarding this residents behaviour and inspectors were concerned that this could lead to subjective decision making around the administration of the medication.

Medication rounds were very lengthy, for example the morning medication round took well over two hours, and involved two of the three nurses on duty. Inspectors were concerned not only about the likelihood of interruptions when only one nurse was responsible for all other nursing duties over 4 floors, but also about the accuracy of the timing of administration of medications.

Ordering and storage of medications was well managed, and nursing staff were knowledgeable about the medications they were administering.

Judgement:

Non Compliant - Moderate

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied all incidents where required were notified within specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector, as required.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While there was some evidence of good practice in this area, the system of audit was not effectively focused on continual improvement.

There was evidence of systems of audit and review across several areas, for example medication management, care planning, tissue viability and management of complaints. However inspectors were not satisfied that the audits always resulted in action plans, therefore there was no evidence as to how the process of audit resulted in learning or improvement in practice.

Judgement:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

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

Findings:

Inspectors found systems were in place for the management of resident healthcare needs, however, improvements were required in the documentation and implementation of care plans.

An electronic system of care planning had been introduced which will allow for all records relating to a resident to be located in their electronic file with appropriate access permits for each person involved in care delivery. The system also allowed for recording of implementation of care to be input via touch screens located adjacent to residents' rooms

Inspectors reviewed a sample of care plans, and some improvements were identified in the documentation and the implementation of care plans to ensure the health care need were being met. Inspectors found that while there was good access to general practitioners and allied health professionals, and some evidence of good and evidence based care, this was inconsistent.

Inspectors were concerned that care planning was not sufficiently guiding staff in the delivery of care. For example, inspectors noticed a resident who was not seated appropriately on the first day of the inspection. This was pointed out to staff who rectified the situation. The following day the same resident was found by inspectors to be in the same seating position. This was again pointed out to staff, and on examination of the care plan inspectors found an occupational therapy assessment and a care plan relating to seating for this resident because of a particular medical condition, which had not been implemented on either day of the inspection.

Inspectors were also concerned that the inconsistent use of the care planning system could be indicative of inconsistency of care. For example, the records of two residents who required two hourly turning were examined, the two hourly turning was recorded via the touch screen for one of the residents, but there was no record of implementation of this care plan for the other.

While there was evidence of some comprehensive and person centred care plans, for example, a care plan for a resident relating to enteral nutrition, this was inconsistent. Some care plans were generic and insufficient to guide staff in care delivery, and in some cases there was no care plan in place to direct care delivery. For example, some residents being treated for constipation had no care plan relating to this condition, and a resident who had been identified as being at risk in relation to nutrition, who had diabetes and had been seen by a dietician, had no care plan to direct the delivery of care.

In addition care plans where they did exist were sometimes conflicting and unclear. For example, a resident who had been identified as being at risk of falls had three plans in place around falls and the management of mobility, and each gave slightly different guidance.

There were two staff members dedicated to the provision of activities, and there was evidence of various activities being offered and taking place.

Judgement:
Non Compliant - Major

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

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

Findings:

Inspectors found the premises to be well maintained to a high standard, clean, comfortable and homely. There were various sensory and tactile boards and areas, and areas decorated with memorabilia suitable for the needs of residents.

Bedrooms were clean and well maintained. Rooms were provided with suitable lighting and call-bells were in easy reach. Many of the bedrooms were provided with en suite toilets and wash-hand basin. There was a sufficient number of shared toilets and bathrooms and residents had the option of having a bath or a shower.

There were adequate private areas for individuals, communal areas and private areas for residents to receive visitors.

Assistive equipment was provided where necessary, and was in good working order and adequately serviced.

Judgement:

Compliant

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:

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

Findings:

Inspectors examined a complaints policy which was adequate to guide practice, including the management of actions, the determining of timeframes and the appeals process. The policy was clearly displayed in the designated centre.

A complaints log was in place which records all complaints, including verbal complaints, the outcomes and actions taken.

Judgement:

Compliant

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:

No actions were required from the previous inspection.

Findings:

There was evidence of a caring and respectful approach by staff to delivering of care at the end of life. An box containing items which might be required at the end of life had been assembled and was readily available.

Inspectors examined the end of life care policy, and while it was detailed in its guidance to staff in the care of the dying person, it was insufficient to guide staff in the planning for a residents end of life. For example, it did not include guidance as to how and when to gather the information that would inform end of life care, either from the residents or from relatives.

This was reflected in that end of life care plans were not in place for many residents, including several residents with 'Nor For Resuscitation' orders in place and there was no evidence that residents end of life preferences had been captured. Inspectors were concerned that without advance planning the provision of care and comfort to address a residents needs as they approach the end of their life may not in accordance with their wishes.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Inspectors spent time with residents in the dining rooms at lunch time and they found residents were discreetly and respectfully assisted with their meals where required. There was evidence of choice being offered to residents, both in advance of meals and again at the time of serving.

The catering staff were aware of the special dietary requirements and preferences of residents and there was a folder available containing details of each residents requirements. Written guidelines were available in the kitchen to catering staff, and they had received appropriate training in preparing the meals and snacks required to meet the needs of residents. Menus were reviewed by a dietician.

Inspectors reviewed the policy on nutrition and found that whilst it was detailed enough to guide staff it was not always adhered to. For example, it stated that each resident must be weighed on admission and have a MUST assessment carried out within 24 hours but inspectors found that this had not taken place for all residents.

Judgement:
Non Compliant - Minor

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

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

Findings:

There was evidence that staff respected residents' privacy and dignity. Interactions were respectful and appropriate for the most part and staff knocked on residents' doors prior to entering. However, inspectors observed a staff member who was assisting a resident who was unable to eat independently to be standing over the resident and to be coming and going during the course of the meal.

While CCTV was in use in communal areas, there was a policy with sufficient detail to guide staff in its use.

While there was evidence that a residents forum had been established, the group had not met since March 2013. There was no evidence of family members being consulted as representatives of residents in the organisation of the centre.

Visits from relatives and friends were facilitated appropriately and there were several separate areas in which visits could be conducted in private. It was clear that visits were being welcomed and facilitated during the course of the inspection

Judgement:
Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents' possessions were safely managed and there were clear safeguards evident in the management of residents' finances. There was a policy in place to guide staff and practice was observed by inspectors to be consistent with this policy. Adequate storage was available, clothing was well managed, laundered and stored.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were concerned that the current staffing levels and skill mix were not adequate to meet the needs of the residents. For example, three nurses were on duty in the mornings, two of these nurses were engaged in a medication round which lasted for over 2½ hours leaving only one nurse for all nursing responsibilities over four floors. Staff, residents and relatives all identified this as an issue, and inspectors observed the medication rounds over the course of the inspection. Inspectors were concerned about the level of nursing cover available, and that this level of nursing cover had contributed to the issues around care plans as identified under Outcome 11.

Inspectors observed the response to call bells during the inspection, and found that the response times were slow. This had been identified in the last inspection report, but no formal audit of response times had taken place, and the same issue was identified during this inspection.

Inspectors were not satisfied that the staffing levels at night were sufficient to safeguard all residents. While a major area of concern was addressed immediately during the inspection, as outlined in Outcome 6, other residents also engaged in wandering behaviours, which could impact on other residents.

Staff training records were up to date, all staff spoken to by inspectors could verify their training and display appropriate knowledge of the content of training courses attended. Staff were knowledgeable about the policies in place in the centre, and about the individual care needs of residents. However, they were not sufficiently knowledgeable about the Regulations and there was no evidence of any education or discussion in this area.

Judgement:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Blainroe Lodge
Centre ID:	ORG-0000016
Date of inspection:	24/03/2014
Date of response:	29/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

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

Contracts of care included charges for additional services for residents who were not availing of these services

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Prior to admission there is a detailed, open and transparent discussion regarding the optional extra charges that a resident may or may not avail of and will be invoiced in

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

accordance with uptake only. There is also detailed discussion regarding the required Additional Service Charge (ASC) payment for services which will be available to all residents equally or in part as required or desired. All residents have equal and free access to the items covered by the ASC payment and if they wish may decide to opt in or out on a daily basis. Full details of the optional extra charges and the ASC are included in the Contract of Care.

Proposed Timescale: 18/06/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

Implementation of care provided was not always documented.

Action Required:

Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

Nursing and care staff are being actively supported and encouraged to contemporaneously record their care interventions. Staff are reminded to record their care intervention as soon as possible following delivery at the morning report and again at the team mid-day meeting. We have printed off examples of the recordings of care interventions from our electronic system to demonstrate to staff how it may appear care was delivered if the recordings are not inputted at the time of delivery. The Home Manager is conducting audits of this practice to evaluate compliance and address deficits with individual staff in a positive encouraging manner. The significant issues associated with resident re-positioning, food and fluid intake recording have been addressed but the coaching and training programme is ongoing and a key priority.

Proposed Timescale: 18/06/2014

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

Residents were not protected from all forms of abuse

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

Blainroe Lodge has comprehensive measures and training structures in place to ensure the safety of all residents. However, as residents travel through the full care trajectory, the behaviour of some can at times become a challenge and impact on both staff and other residents.

The situation referred to in the report, involving a particularly challenging situation was successfully managed and the resident received one to one care for a period of time while he was reviewed by the multidisciplinary team and appropriate alterations made to his treatment and care plan. The latter, in conjunction with careful mentoring and with the passage of time, resulted in the resident becoming fully settled into the homes environment and not entering any bedrooms of other residents during the night. The Policy relating to Behaviours that Challenge has been updated to ensure staff are encouraged to consider all risk related issues associated with reported incidences. This risk may pertain to all residents or more particularly to an individual resident(s). The policy now ensures clear direction of actions to be taken under such circumstances and the subsequent care planning required.

Proposed Timescale: 18/07/2014

Outcome 07: 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:

Not all aspects of the risk management policy were implemented,

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Blainroe Lodge has a comprehensive risk management policy in place which is reviewed regularly. We are currently transporting our hard copy policies to an electronic system and we are updating policies during this procedure. We are aware that this is creating a need to update staff on any change in policy and we are addressing this issue through training and communication. We will ensure that care plans refer to the risk identified and there is an obvious link between both the risk identified and the measures in place to protect the resident. We will ensure that all risk assessments continue to be reviewed monthly in line current policy and will ensure that all risk ratings and control measures are always included in this review.

Proposed Timescale: 30/06/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Prescriptions did not include times for administration.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

On the days of the HIQA Inspection Blainroe Lodge was experiencing a deficit in the listing of administration times on some of the prescriptions. However, the issue has been resolved and we can confirm that the time for administration is now included on all of the nursing home prescriptions

Proposed Timescale: 18/06/2014

Theme:

Safe Care and Support

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

Prescriptions of 'as required' medications were not detailed enough to guide staff.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The electronic medication management system allows for exact indications for the administration of PRN medication to be detailed on the nursing home prescription. We will ensure going forward that there is a supporting person centered care plan in situ to guide staff on the use of PRN medications for each resident.

Proposed Timescale: 30/06/2014

Theme:

Safe Care and Support

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

Prolonged medications rounds did not ensure the safety of medication administration.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Blainroe Lodge are deep in the process of transition to electronic management of medications and it is anticipated that this system will result in a reduction of nursing time being required to complete the medication round. The routine will take time to perfect and become more efficient and as an interim measure we have allocated care staff to support the nurses conducting the medication round by responding and attending to the needs of the residents that arise during the medication round. This has impacted positively on the overall time required to complete the round and has freed up additional nursing time. This situation will be kept under review.

Proposed Timescale: 31/08/2014

Outcome 10: Reviewing and improving the quality and safety of care**Theme:**

Effective Care and Support

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

There were no actions plans generated from audits to guide the improvement of the quality of care provided.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Blainroe Lodge has a long standing and comprehensive audit system in place to ensure best practice and compliance. However as part of the continuous improvement process we will put in place a system to ensure that all audits conducted include a section to document an action plan following the audit so that the auditing system is connected to learning lessons and overall improvements in the quality of care provision for residents.

Proposed Timescale: 30/06/2014

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:

Care plans were often either missing, incomplete or inconsistent.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Linked to ensuring the quality and consistency of care plans and the successful implementation of planned care in Blainroe Lodge, we have embarked on the difficult move to an electronic care planning system. In conjunction with Epic, we have increased the staff training on care planning to ensure that we achieve consistency of standards across care plans with no duplication or absence of care plans tolerated. To further assist achieve this action we have employed the services of a senior nurse consultant to work with Firstcare.

In addition, following the process of a full comprehensive assessment we are ensuring that all identified needs are planned for and we are simultaneously conducting an audit, and acting on the outcome's of same, to ensure the appropriate care plans are the only ones in place and driving care with no confusion.

In recent weeks there has been two further full days of care plan training provided for nursing staff, with more planned, in conjunction with the new senior nurse consultant appointment.

Proposed Timescale: 30/11/2014

Theme:

Effective Care and Support

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

Assessed health care needs of residents were not always implemented

Action Required:

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

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

Blainroe Lodge strives to deliver excellent and consistent person centred care to all our residents. Linked to ``continuous improvement`` we are transferring the care planning paper records to the new electronic system and it has proved challenging. The key action with regard to ensuring the consistent implementation of the new electronic care plans that we have taken is based on increased training and communication for and with our staff. Firstcare have engaged the services of a senior nurse consultant to assist us effect improvement with this action.

The importance of communicating the action plans to all staff involved in caring for residents has been re-iterated with the teams and we will ensure that all care planned is fully implemented. The importance of sharing information from updated assessments, doctors rounds, hospital visits or changes of condition or care plans are shared with staff at the morning report and again at the mid-day staff meeting so that all needs identified are addressed as required by the various team members.

Proposed Timescale: 18/06/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans do not direct the care to be delivered at end of life.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

The revised End of Life policy is guiding staff more explicitly on how exactly to gather information and plan for advanced end of life preferences and care plan for palliative and comfort measures.

Our policy will include guidance on how to initiate the conversation and assist the residents to consider all of their choices.

Proposed Timescale: 30/09/2014

Theme:

Person-centred care and support

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

The policy on end of life care was not sufficiently detailed.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Blainroe Lodge has been co-ordinating with the Irish Hospice Foundation and other Nursing Homes across the Firstcare Group to revise the End of Life Policy. In recent weeks a large number of our management and staff have attended end of life training sessions provided by various expert clinicians with specialist backgrounds. We have been exposed to new ideas and thinking about how best to approach preference gathering, advanced planning and end of life care with residents. We have reviewed and revised our policy in line with this new learning and every resident will have an advance end of life plan initiated within no later than three months of admission or sooner if their condition warrants it. A discussion document has been developed to assist staff to facilitate conversation about advance planning and to help direct the conversation to cover the most important aspects of the plan. All of the Home Managers within the company have taken part in a debriefing of the revised policy to ensure understanding of the policy and congruency of action across the company

Proposed Timescale: 30/09/2014

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The policy for the monitoring of nutritional intake is not always implemented.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

As noted by the inspectors the policy on nutrition was detailed enough to guide staff but was not consistently adhered to. The policy has been reviewed and revised and arising from consultation with staff it was decided that it was not always possible or acceptable to residents to weigh them and assess their MUST score within 24hrs of admission. Therefore we revised this policy direction to within 72hrs unless the condition of the residents requires more immediate assessment. We believe this change

of policy will ensure all policy directions are achievable and the policy remains good practice.

Proposed Timescale: 18/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents were not participating in the organisation of the designated centre.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

For many years, Blainroe Lodge has a meaningful resident committee meeting system in operation. In addition, we encourage open and continuous communication on a daily and weekly basis between all the relevant stakeholders involved with Blainroe Lodge. We acknowledge that the residents meetings were held infrequently over the previous calendar year due to the change of Home Manager but the residents committee meeting had met on 26th Feb 2014 and these minutes were made available to the inspectors during the inspection. A subsequent meeting took place on Friday 16th May 2014 and the usual meeting routine has been re-established. In addition, the new home manager held introductory ``one to one`` meetings with many family members and residents.

Proposed Timescale: 18/06/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There is evidence of negative outcomes for residents due to the staffing levels and nursing staff cover.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

The key action we are taking relates to the key policy that has always occurred in Blainroe Lodge of the PIC and the senior management constantly assessing the staffing needs of the nursing home while taking into consideration the number of residents, their evolving care requirements and the layout of the nursing home. Blainroe Lodge has a very experienced and committed staff team who strive to deliver excellent and consistent person centred care to all of our residents. The PIC, as an action, will execute this key policy on an even more regular basis and will take the necessary and immediate action where required.

FirstCare consider the medication round to be a very important duty and opportunity for Nurses to communicate meaningfully with residents. We have strived through our person centered training to make a point in Blainroe Lodge of ensuring that that the interaction and communication between the nurse and the resident is not limited to the task of administering the medication alone but allows for a more holistic care discussion between the resident and the nurse.

We identified what action is required with regard to this outcome and have already effected improvement with regard to this action. Blainroe Lodge are deep in the process of transition to electronic management of medications and it has already resulted in a reduction of nursing time being required to complete the medication round. The new routine will take time to perfect and for staff to become more efficient. While this is happening and as an interim measure we have trialled the allocated care staff to support the nurses conducting the medication round by attending to the needs of the residents that arise during the medication round. So far, this appears to be impacting positively on the overall time required to complete the round and has freed up additional nursing time. In addition, Firstcare have employed the services of a experienced senior nurse consultant to assist Blainroe Lodge effect the required improvement under this outcome. This situation will be kept under review. (31st August 2014)

Call bell response times were discussed with staff and the importance of prompt response discussed and reiterated. The Home Manager has informally and formally audited response times and we are satisfied that attendance to call bells is within acceptable time frames. This issue will be kept under review and responded to appropriately where necessary.

The PIC is constantly assessing the staffing needs of the nursing home during the day and night. As outlined previously in this action plan, at the time of the inspection we had one new resident who was unfamiliar with his new environment particularly during the night and another resident who was experiencing health issues which resulted in him having restless nights and wandering. At the time of the inspection, there were two residents who had the potential to walk around areas of the home at night. We have referred to one of these situations and how it was resolved earlier in the report. The other resident was transferred to a nursing home closer to his residence and is no longer living with us. At this time we do not have any residents who are inclined to interrupt or enter the rooms of other residents. However, this can be part and parcel of settling residents who live with a dementia into a new environment and we will review and assess our practices and staffing arrangements when a new situation arises and if

necessary, additional staffing arrangements were put in place to ensure the wandering behaviours did not impact negatively on other residents in the home.

Proposed Timescale: 18/06/2014