<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blake Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000390</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cloughballymore House, Ballinderreen, Kilcolgan, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 796 188</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:aideen@blakemanor.ie">aideen@blakemanor.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Rushmore Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Aideen Scanlon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</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>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>12 October 2016 11:00</td>
<td>12 October 2016 19:30</td>
</tr>
<tr>
<td>13 October 2016 09:00</td>
<td>13 October 2016 16:30</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
The provider had applied to renew the registration of the designated centre. This report sets out the findings of the inspection. The inspector reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed
practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found that the provider demonstrated a willingness to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Blake Manor Nursing Home is located in a rural area outside the village of Ballinderreen in County Galway. The centre has capacity to accommodate 36 residents and the service provides long term and respite care to adults. There were four vacancies on the day of the inspection, one of which was filled that day.

Measures were in place to safeguard residents and staff had been appropriately vetted by An Garda Siochana. There were good recruitment arrangements in place, and staff had completed all mandatory training areas. The staff were familiar with the residents and knowledgeable of their health-care needs, with area of improvement identified in the review and documentation of care plans. The centre was maintained in good standard of hygiene and repair, with assistive equipment provided to support residents. It was nicely decorated and furnished in a homely style.

The provider works every day in the centre and there were suitable governance and management systems in place, with some improvements identified in relation to the developing an improvement plan from the annual review of the quality and safety of the service completed. Other areas of improvement required were in relation to the complaints procedure, recording of behaviours associated with dementia, risk management in relation to protective clothing, and notifications. The provider was also required to review night time staffing levels to ensure they meet residents needs. The actions required from this inspection are outlined in body of the report and the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector reviewed the statement of purpose which clearly outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services. It required minor revision to reflect revised governance arrangements.

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

Findings:
There was a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the safety and quality of care of residents living in the centre however, these required improvement. The action from the previous inspection regarding the annual review had
The centre is operated by Rushmore Nursing Home Limited which trades as Blake Manor nursing home. The provider nominee has worked in the centre for 21 years. She is present in the centre every day and lives onsite. This person has over 30 years experience and works full time.

The provider nominee and the person in charge work together to manage the centre. There were no formal governance meetings in place but the provider and person in charge work opposite each other and stated that they have ongoing discussions about the operation of the centre. There were systems in place to monitor the quality and safety of care provided to residents. The inspector reviewed the centres policy on quality assurance. The policy stated that a satisfaction survey would be completed with residents every 6 months. The inspector saw that a survey had been completed for the previous 6 months which indicated a high level of satisfaction.

There was an audit schedule in place which included two monthly audits of care plans, three monthly audits of complaints and accidents and incidents, residents care records and medication errors as well as environmental, evacuation procedures, health and safety systems and hygiene audits. Some improvements were undertaken as a result of learning from the audits and survey. For example care plan modifications had been completed and a new cleaning system introduced. An annual report on the review of the safety and quality of care provided to residents was completed for the previous year and information for this year was been collated. Some further work was required to refine the audits completed so that the information audited led to improvements for residents. For example the audit of falls completed did not examine if falls were occurring in any particular area or the time of day the fall occurred. The annual review did not include a quality improvement plan available to identify planned improvements.

Judgment:
Substantially 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 inspector found that each resident had an agreed written contract and a guide to the centre was provided on their admission and a copy was available in the reception area. It included a summary of the complaints procedures and the terms and conditions...
of residency.

A sample of residents' contracts of care was reviewed. Each contract was signed within one month of entering the centre. The contact included the services provided and the fees charged.

**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 demonstrated a good understanding of the regulations and was familiar with her responsibilities. She had kept her own continuous development up-to-date and by attending courses in various clinical areas such as restrictive practices, safeguarding, management of behaviours associated with dementia and pressure area care and various health care areas. She had completed a training course in nursing home management. It was evident during the inspection that she very familiar with the residents and their families. She is a registered nurse who worked full time. She had 30 years experience as a nurse, twenty of which were in care of older people.

**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 records required by Schedules 2, 3 and 4 of the regulations were completed as required with the exception of the directory of residents which was missing the addresses of residents' next of kin and their GPs. A planned and actual staffing roster was available.

All policies as required by Schedule 5 were available and were reflected in practice. The centre was insured against risk of injury to residents and others and loss or damage to residents' property. The inspector reviewed some records of nutritional intake and found they were poorly completed and quantities were not always recorded.

Judgment:
Substantially Compliant

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:
The provider was aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days. She stated that she and the person in charge worked opposite each other and ensured that they took holidays and different times. She informed the inspector that a new nurse manager had been appointed and was due to take up her post at the end of November. This person will be part of the management structure and will deputise for the person in charge in her absence. The provider has informed the Authority of this change.

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 inspector spoke to residents who said that they felt safe living in the centre and attributed this to the staff and the secure entrance to the centre. A visitors' book was provided and those visiting the centre were observed to sign it.

The provider ensured there were systems in place to protect residents from being harmed or suffering abuse. There was a policy on the protection of vulnerable adults. The policy required minor review to reflect the principles and guidance in the Health Service Executive’s (HSE’s) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. The policy included information on the types of abuse, the reporting arrangements and the procedures to investigate an allegation of abuse.

The person in charge and provider confirmed that there were no ongoing investigations into allegations of abuse. All staff had up-to-date training in the safeguarding of vulnerable adults. Staff spoken to could describe the different types of abuse and the reporting arrangements in place.

The centre promoted and facilitated the residents to be financially independent and there were systems in place to safeguard all residents' monies. The provider was a pension agent for one resident. Arrangements were in place to collect the resident's pension and a petty cash system was in place to manage small amounts of personal money for any residents who chose to avail of this service. A record of each transaction was kept and two staff signatures were present for all transactions. An up to date list of personal possessions was also maintained, but in some of those reviewed there was not a sufficient description of each item to ensure it could be found if mislaid.

A positive approach to the management behaviours and psychological symptoms of dementia (BPSD) was promoted in the centre. The inspector saw that where required psychiatric or psychological services referrals were made and there were records on file of their visits. Most staff had completed training in the management of BPSD and in dementia care to assist them to respond to the needs of residents. There was a policy and procedures in place to assist staff to care for residents with of the BPSD.

Evidenced based tools were used to record any incidents -Antecedent-Behaviour-Consequence (ABC) Charts. In some ABC charts reviewed by the inspector the antecedent (events leading up to the incident) was not recorded which might have helped to identify a potential trigger for the behaviour and help inform staff as to what caused the residents anxiety and reduce further incidents.

There was a policy on the use of restraint and a restraint register was maintained. Four of the 32 residents had bedrails in place at night. Two of these were used as enablers. The inspector saw that the enabling function was recorded. There was evidence that
restraints were routinely risk assessed and alternative options considered before the restraint was put in place. There were no residents prescribed an "as required" (PRN) medicine at the time of the inspection.

Judgment:
Substantially Compliant

**Outcome 08: 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(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found there were systems in place to protect and promote the health and safety of residents, visitors and staff. There was safe floor covering and handrails throughout the centre. A Health and Safety policy was available which had been reviewed in January 2016. There was a risk management policy that met the requirements of the regulations. An up to date risk register was available which contained risk assessments and control measures for a range of hazards from an upstairs balcony to a disused swimming pool.

There was also a range of clinical assessments risk assessments completed for residents which included the risk of a fall, skin breakdown, mobility and nutritional risk. There were systems in place to minimise the risk of falls which included detailed mobility care plans which referenced the appropriate sling size for the hoist used by the residents, assistive equipment and low entry beds. The inspector saw that there were arrangements in place for the investigation of adverse events involving residents.

A centre specific falls prevention policy was available to guide staff. The inspector reviewed the accident and incident log. Neurological observations were completed for unwitnessed falls or where the resident had a head injury to monitor for a possible head injury. The person in charge reviewed all accident forms and did a three monthly review of all accidents and incidents. The inspector saw that the review examined the number of falls and the injuries sustained however it did not look at other relevant factors such as the location, the time of day, the staffing levels at the time. A physiotherapist visited the centre once a week and reviewed all residents who had sustained a fall. There was evidence that all staff had up-to-date training in manual handling and staff were observed following best practice moving and handling techniques.

There were suitable measures and policies in place to control and prevent infection. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.
There were appropriate fire precautions in place. Evacuation procedures were prominently displayed throughout the centre to guide staff in the event of a fire. The inspector saw that the emergency lighting and the fire alarm system was serviced every quarter and fire fighting equipment was serviced annually. Staff were knowledgeable of the procedure to follow in the event of a fire and described going to the fire panel to determine the location of the fire. All fire exits were observed to be unobstructed.

Training records reviewed confirmed all staff had attended annual fire safety training and there was evidence that regular fire drill simulations were conducted using staff to simulate a real life drill. The provider stated that three staff members conducted the drills which is the lowest possible number on duty. The basement and first floor had direct external access. Evacuation sheets were provided on all beds on the first floor to allow for the evacuation of immobile residents.

An emergency plan was in place which included alternative accommodation should an evacuation be required.

**Judgment:**
Substantially Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
Medication management practices were safe and processes were in place to guide and support practice. The inspector viewed a sample of residents’ medical notes and read that residents’ health needs were being monitored. Residents were protected by the centre’s policies and procedures for medicine management. The inspector saw that there were operational policies relating to the ordering, prescribing, storage and administration of medicines and handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. All medicines were stored securely within the centre.

A copy of each prescription was maintained and the prescription record was transcribed by the pharmacist and signed and dated by the relevant general practitioner (GP). Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication.
The time of administration for medications was specified on medication administration sheets and the signature of the nurse administering the medication, the name of the medications, the dosage prescribe and the route of administration. There was space to record comments on withholding or refusing medications. The maximum dosage of medications administered was stated for all PRN (as required) medication. There was evidence that each resident’s medication was reviewed every three months by the GP. There was a system in place for the recording and management of medication errors.

Medicines that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of the MDAs. A procedure was in place for return of unused or out of date medications to the pharmacy and a written record was maintained.

**Judgment:**
Compliant

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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 was satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to HIQA.

The inspector reviewed the records of accident and incidents. The person in charge was familiar with the different incidents that were notifiable to HIQA within three working days. The person in charge also submitted a quarterly report outlining other incidents to HIQA.

**Judgment:**
Compliant

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

Findings:
Residents care was maintained through a high standard of evidence based nursing care and appropriate referrals to medical and allied health professionals. The inspector viewed a sample of residents’ medical notes and care plans and saw that residents’ health needs were being monitored. Residents were comprehensively assessed on admission to the centre. Relatives who completed questionnaires confirmed that they were involved in preadmission assessments. Recognised assessment tools used to assess clinical and health-care needs and these were reviewed on a four monthly basis. There was clear information documented on each resident on a daily basis in their nursing notes and vital signs were monitored on a monthly basis for example, body-mass-index (BMI), weight, blood pressure, temperature.

Residents’ health care needs were supported by good access to GP services and an out-of-hours GP service was available. If preferred, residents could retain the services of their own GP.
There was good access to allied health professionals including dietician, speech and language therapist and psychiatric services. The action from the previous inspection was addressed and the recommendations of the specialists such as the physiotherapist and occupational therapist were incorporated into residents’ care plans. A physiotherapist provided a weekly group exercise class which was valued by residents. Copies of letters of referrals and appointments to these services were seen on residents’ files.

The inspector found there were systems in place to ensure the social care needs of residents. This by feedback in the questionnaires completed by both residents and relatives. There were social care assessments completed for each resident. A care plan was developed outlined the residents level of ability and what activities they would like to take part in. A range of activities was undertaken including pet therapy, music, art, bingo, quizzes and group exercise programmes. The inspector spoke with residents who said that they enjoyed these activities.

Judgment:
Compliant

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 centre was clean, warm and well maintained and the design and layout of the centre was suitable for its stated purpose and it met the needs of the residents. The building is arranged over of three floors and provided suitable and homely accommodation for 36 residents. There was a passenger lift to provide access to each floor. Rooms were furnished with antique and traditional furniture, in keeping with the age and style of the building. There are large windows overlooking the grounds at the front of the building.

Residents’ accommodation was also provided over the three floors. 26 single bedrooms were available which ranged in size from 9.8m² to 15.5m² all with ensuite bathroom facilities. There are 5 shared bedrooms. Bedrooms were appropriately furnished to a high standard with a specialised bed, wardrobe, locker and chair and had coordinating curtains and bed clothes. The bedroom accommodation met residents' needs for privacy, leisure and comfort and each had call bell facilities. Some residents had personalised their rooms, with furniture, paintings, and personal items. Additional assisted toilets and bathrooms were provided on each floor.

The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided in all corridor areas to promote independence. There are a variety of communal areas available for residents including two sitting rooms on the lower ground floor and a sitting room, library and large dining rooms on the ground floor. The day and dining rooms were bright with large windows. The centre is set in extensive grounds and a safe enclosed garden area was available to residents. There was also an external balcony area used by residents and their families when the weather permitted. This was in use on the day of the inspection.

There were appropriate facilities provided for cleaning including a sluice room with suitable ventilation and a separate suitably equipped laundry. There was adequate storage space provided to ensure that equipment and assistive devices were stored in a safe and discreet manner.

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

### Findings:
The complaints procedure was displayed at the main entrance to the centre and it described how to make a complaint. The complaint's policy listed details of a nominated complaints officer to respond to complaints within the centre and included an independent appeals process. Contact details for the ombudsman were omitted but were added by the person in charge during the inspection.

The inspector read a sample of complaints records for 2016. The details of each complaint were recorded and the inspector saw that there was a response to each complaint. The complaints recording form included a prompt to staff to record if the resident was satisfied with the outcome of the complaint.

The inspector reviewed the questionnaires submitted by residents in advance of the inspection which indicated a high level of satisfaction with the service and a positive response to any areas of concern raised.

### Judgment:
Substantially 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):
No actions were required from the previous inspection.

### Findings:
There was a policy on end-of-life care to guide staff and the local palliative care team provided support and advice when required. Each resident had an end of life care plan. Most care plans reviewed by the inspector contained good detail regarding the residents’ personal and spiritual wishes.

The inspector reviewed the end of life care plan and care notes of a recently deceased resident. The resident's end of life wishes were clearly recorded. There was evidence in the daily medical notes that the residents’ spiritual needs were attended to and that the residents’ family were present to support the resident.

### Judgment:
**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):**
No actions were required from the previous inspection.

**Findings:**
A nutrition policy was available to guide staff and processes were in place to ensure residents did not experience poor nutrition and hydration. Each resident was screened for nutritional risk on admission using a recognised assessment tool. The policy stated that this must be completed with 48 hours of admission. In the sample of care plans reviewed this was the case. Where a resident was identified as been at risk nutritionally they were referred to a dietician and those with difficulty swallowing were reviewed by a speech and language therapist. The inspector saw that the advice of specialists was incorporated into the residents nutritional care plan. Residents on a modified consistency diet received their prescribed diet and systems were in place to communicate their needs with the catering staff and healthcare staff.

Each residents' weights were checked monthly and more frequently where indicated by a dietician. Where residents required monitoring due to weight loss the person in charge described the systems in place to record their food and fluid intake. There was one resident being monitored at the time of the inspection. Records of nutritional intake were reviewed for this resident. Some were poorly completed and quantities were not always recorded. An action has been added under outcome 5 to address this.

The inspector met with the catering manager in the kitchen which was located in the basement of the building. A lift was used to transfer food to the dining room on the ground floor. The catering manager had a list with names of each resident who required a modified diet and those on special weight reducing or diabetic diets. There was plenty of food in stock to ensure residents received meals and snacks in quantities and at a regularity that met their assessed needs. There was a good variety of home baking provided daily for residents including scones, buns and brown bread. Nutritional supplements were given as prescribed between meals so as the resident did not regard them as an alternative to their meal.

The inspector observed residents during the lunchtime meal. The meals looked wholesome and were nicely presented. The menu was displayed and tables were nicely presented. There was a variety of choice available at each mealtime. In discussion with the person in charge the inspector confirmed that a dietician had not yet reviewed the
menu for nutritional content.

There were appropriate staff available to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals. This was also confirmed by the residents who spoke to the inspector.

**Judgment:**
Substantially 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:**
From discussions with residents and relatives and a review of the questionnaires submitted in advance of the inspection it was evident that residents were consulted with and participate in the organisation of the centre. There was an established residents forum but the meetings had become less frequent. The inspector was informed that there had been no meeting held in over 6 months. The person in charge said this was because the previous meeting scheduled for the end of the summer had not taken place. A meeting was scheduled for the following week and posters were seen advertising this and inviting relatives to attend. As discussed under outcome 2, there were satisfaction surveys completed every 6 months with residents and the inspector saw that improvements were carried out as a result.

Life histories were collated by staff and included a good level of detail about the residents and the information collected in the life stories was used to plan a meaningful activity programme which reflected the residents’ specific interests. There was a schedule of daily events displayed and each resident had an opportunity to participate in meaningful activities, in line with his or her interests and preferences. Residents interviewed confirmed that they were always given the choice to attend and some said that from time to time they chose to spend quiet time alone which was respected.

Newspapers, televisions, radios and internet access were available. A phone was available for residents to make or receive phone calls in private. Residents were facilitated to vote in the centre or in the local village voting centre. Mass and prayer services were held on a monthly basis. Residents’ who had specific communication
needs had a care plans in place to support staff to assist them.

The inspector observed that residents’ privacy and dignity were respected and staff were observed to knock on doors before entering and request consent before completing personal care.

There was currently no independent advocate available to residents. The provider outlined plans to provide this service through a local community initiative.

Relatives interviewed told the inspector that there was an open visiting policy and said they were invited to celebrate significant events and were always made feel welcome and offered a cup of tea when they visited. A room was available if residents wished to meet loved ones in private.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that there were adequate arrangements in place to protect residents' possessions and they had control over their own possessions. There was suitable storage space for residents' clothing in each bedroom and a lockable drawer was provided for their personal possessions. A list of personal possessions was drawn up for each resident on admission and the inspector saw that this was reviewed every four months. In some of the lists reviewed, there was not a sufficient description of each item to ensure it could be found if mislaid. An action is included under outcome 7 to address this.

There were suitable laundry facilities available in the centre. A member of staff spoke to the inspector, and outlined the laundry arrangements that were in place. Each piece of clothing was labelled by the staff if requested. After clothing was laundered it was then returned to each resident.

**Judgment:**
Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector observed interactions between residents and staff on duty during the inspection. There was evidence of positive interactions observed between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions.

There was an actual planned roster seen by the inspector. There was a nurse on duty from 8am to 8pm and from 8pm to 8am. Five care assistants were on duty from 8am to 2pm. This reduced to three from 2pm to 4pm and increased again to 4 from 4pm until 8pm. There were three care assistants on duty at night until 10pm and this reduced to 2 from 10pm until 8am. Given that the centre is arranged over 3 floors and 15 residents were assessed as been high dependency, many who required two staff to assist them to the toilet, the inspector found that 3 staff may not be sufficient at times to meet the needs of residents at night time.

A sample of staff files reviewed contained the information required by regulations. The sample of files reviewed confirmed staff had An Garda Siochana vetting and all nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

There was a training programme in place for all staff. Records read by inspectors confirmed all staff had up-to-date mandatory training and received education and training to meet the needs of residents. Records confirmed staff had attended a range of training in areas such as dementia care, dysphasia and nutrition.

**Judgment:**

Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
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>Blake Manor Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000390</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12/10/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/11/2016</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.

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required minor revision to reflect revised governance arrangements.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of...
Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose now outlines our current deputising arrangement. The Statement of Purpose will be revised to reflect additional deputising arrangements when confirmed.

**Proposed Timescale:** 28/02/2017

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no quality improvement plan developed as part of the annual review of the safety and quality of care provided to residents.
The annual review was not shared with residents.

2. **Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
The Annual Review for 2015 was circulated within the home and placed on notice board for information in February 2016.
The Annual Review document is currently undergoing development to include a plan for improvements as appropriate for 2017.

Proposed Timescale: Completion and circulation by 31/1/2017

**Proposed Timescale:** 31/01/2017

### 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:**
Some records of nutritional intake were poorly completed and quantities were not always recorded.

3. **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:
Nutritional Intake charts have been revised to include clear recording of quantities.

Proposed Timescale: 17/10/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In some ABC charts reviewed, the antecedent or events leading up to the incident was not recorded which might have helped to identify a potential trigger for the behaviour.

4. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
Discussion held with nursing staff, reinforced with written guidance, regarding the importance of recording antecedent events. Person in Charge will monitor ABC charts to ensure practice is carried out going forward.

Proposed Timescale: Completed 21/11/2016

Proposed Timescale: 21/11/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In some property list reviewed, there was not a sufficient description of each item to ensure it could be found if mislaid.

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

Please state the actions you have taken or are planning to take:
Property list has now been revised to include more detailed description of items.

Proposed Timescale: Completed 17/10/2016
**Proposed Timescale:** 17/10/2016

**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:
Accident and incident reviews completed did not consider all relevant factors such as the location, the time of day, the staffing levels at the time.

6. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The accident & incident audit has been revised to include:
time, location and staffing numbers to enable monitoring, learning and planning as appropriate.

Proposed Timescale: Completed  17/10/2016

**Proposed Timescale:** 17/10/2016

**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:
There was currently no independent advocate available to residents.

7. **Action Required:**
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
We have met with great difficulty in sourcing advocacy services for our residents. We do however have an “adopt a granny” community initiative commencing, following successful Garda Vetting of its members. We plan to discuss the possibility of one or more members of this group acting as independent advocates for our residents.

**Proposed Timescale:** 01/02/2017
 Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Given that the centre is arranged over 3 floors and 15 residents were assessed as been high dependency, staffing levels at night time may not be sufficient to ensure they met the needs of residents.

8. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Provider has recently worked the night shift, as a member of staff, to monitor whether current staffing levels are meeting the needs of our residents. The findings were that the needs of our residents are currently being met in a satisfactory and timely manner. We do however plan to continue our practice of monitoring and reviewing staffing levels on a regular basis.

Proposed Timescale: Completed 16/11/2016

Proposed Timescale: 16/11/2016