# Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blainroe Lodge</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000016</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Coast Road, Blainroe, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0404 60030</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:blainroe@firstcare.ie">blainroe@firstcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Firstcare Ireland (Blainroe) Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>John O'Donnell</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ann Wallace</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>67</td>
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<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).
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**

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<tr>
<td>22 March 2017 09:30</td>
<td>22 March 2017 17:00</td>
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<tr>
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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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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried out in response to the provider’s application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service and high levels of compliance were identified with the regulations inspected from the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended].

During the inspection inspectors met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Inspectors found that residents received a personal approach from a staff team that respected their privacy and dignity. Residents were seen to be afforded choice in
how they went about their day and were spending time in different areas of the centre including the garden areas and nearby walks. During the inspection there were adequate staffing levels and an appropriate skill mix to meet the resident's assessed needs. Staff were responsive to resident's needs answering call bells and requests for care and support promptly. Resident's had good access to medical care services and a range of allied health and social care professionals.

The inspectors found an open and supportive culture within the centre. The person in charge was available to residents and to staff. Staff worked well together demonstrating cooperation and respect in their dealings with each other and with residents and visitors to the home.

There were effective governance and management arrangements in place to ensure the quality and safety of the service provided in the centre. Regular reviews and audits were carried out and there was clear evidence of changes being made in response to audit findings and other feedback.

One area linked to health and social care was identified that required improvement which is detailed in the report and the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

**Findings:**
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

The service provided in the centre was seen to be in line with the statement of purpose. There was sufficient resourcing in place to ensure that the premises were fit for purpose and that improvements required from the last inspection had been completed. During the inspection inspectors observed sufficient staffing levels in place to meet the needs of residents.

There was a clearly defined management structure in place. The organizational structure made communications and reporting arrangements clear to all those working in the centre. Residents and staff reported that the person in charge was easily accessible to them and that they could approach her if any issues arose. The person in charge was well supported by two clinical nurse managers who had been appointed since the last inspection. Throughout the inspection the clinical nurse managers were observed to be working closely with staff and residents to oversee care and staff practices on each of the four floors.

Heads of activities, catering and housekeeping services worked closely with the person in charge to ensure that all departments were managed effectively and safely and to ensure that resident’s needs and preferences for care were met. Staff spoken with said they were clear about who to raise any issues with and that the managers in the centre were focused on the residents and were approachable.

There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. These included staff supervision and appraisals, carrying out a regular set of audits and seeking feedback from residents and relatives. Audit information included action plans with completion dates and responsible
The inspectors found clear evidence of changes having been made in response to audits and feedback information. For example a booster system for the wifi had been purchased in response to resident feedback.

Monthly management meetings were held with heads of all departments and action minutes taken. A review of the minutes of the meetings showed that topics such as staffing, training, resident's needs, policies and procedures were discussed. Action plans with appropriate timescales and responsible individuals were agreed during the meetings. The inspectors noted that proposed actions had been completed in key areas such as responding to feedback from residents on meals and activities.

An annual report had been produced that included the feedback from people using the service. It set out the centre's performance for the previous year and plan for the following year.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge had suitable skills and experience to carry out their role and throughout the inspection showed that they had a good knowledge of the regulations and standards.

There were arrangements in place to cover their role if they were absent, as they were supported by two clinical nurse managers.

**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 documentation requested by inspectors was available in the centre.

All of the documents required in schedule 2, 3 and 4 of the regulations were available for review and met the requirement of the regulations. For example records of any complaints made, information regarding the care and support provided to residents and recruitment records for staff.

There was a policy on document retention, and records were seen to be stored safely but remained accessible when necessary.

All of the policies required by the regulations were in place, and inspectors observed they were being put in to practice by the staff in the centre.

There was insurance in place for the centre that included cover for residents. This cover was explained in the residents guide.

**Judgment:**
Compliant

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**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:**
Inspectors were satisfied that measures were in place to safeguard and protect residents from abuse, that there were systems in place to promote a positive approach
to behaviours that challenge, and the management of restrictive practices were in line with the national policy.

Inspectors reviewed the 'Policy on Elder Abuse' and the procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice. The person in charge and clinical nurse managers were familiar with the procedures and were able to describe the steps they would take if an allegation was reported to them. This included knowing how to progress an initial screening and a more detailed investigation where required. Other staff spoken with were clear on how to report any allegations of abuse, they confirmed the approach in the guidance of zero tolerance. All staff had received training in the protection of vulnerable adults, or were due to complete the course in the weeks following the inspection.

There was a comprehensive policy in place for management of responsive behaviour [challenging behaviour]. Staff were aware of the policy and staff practices in managing responsive behaviours were observed to be in line with the policy. Staff had received training in managing responsive behaviours.

A review of care plans showed that there were care plans in place which identified triggers for responsive behaviours and set out a plan of care to meet the individual resident's needs. Records showed care plans were reviewed regularly by nursing and medical staff and with the community health care team when needed. Staff spoken with were clear of the plans in place for individual residents who needed support in relation to responsive behaviours. Staff were observed to respond with genuine respect and empathy in their dealings with residents who presented with responsive behaviours.

There was also a 'Policy on restraint management', and supporting policies covering the use of bedrails, specialist chairs. They included definitions of restraint (physical, chemical, environmental) the legal framework, and the procedure to follow in the centre to agree the use of restrictive practice including risk assessments. The policy also included information from the national guidance document 'working towards a restraint free environment' and there had been a reduction of restrictions used in the centre. Inspectors reviewed records of residents where restrictions had been agreed, for example bed rails for safety, and the procedures set out in the policy were seen to have been followed including trialling the least restrictive alternatives ahead of implementing the bed rails. There was also a regular review of any restrictions in use to confirm if they were still required to support positive outcomes for the resident.

Inspectors reviewed the process used in the centre for managing resident's finances. The only monies held for residents were small amounts of cash held in the safe, with clear records for deposits and withdrawals that were signed by two people. The provider did not act as pension agent for any residents.

**Judgment:**

Compliant

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and*
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 health and safety of residents, visitors and staff was promoted by the health and safety systems in place in the centre.

Since the previous inspection significant work had been undertaken to address areas of non compliance in relation to fire safety. The provider had made the following improvements:

- The laundry area was reviewed and shelving was relocated away from fire exit, and ducting improved
- Oxygen storage had been relocated outside
- The fire detection system had been upgrade to L1 grade and 48 additional smoke detector heads fitted
- Works undertaken to enclose areas to ensure fire would be contained
- Maps of building on display had been updated with fire escapes clearly marked
- Fire exits were clearly marked
- Exits made safer with ramps replacing steps
- Improvements to stairs providing fire escape from the lower ground floor
- Curtains removed from fire exits
- Staff training had been completed for all
- Regular onsite fire drills were taking place, including a simulated event
- Daily, weekly, monthly check documentation had been reviewed and updated, and was being completed by staff
- Review and replacement of fire doors was ongoing, with a schedule in place to complete the installations by summer of 2017
- No doors were found to be wedged open during the inspection.

Staff spoken with during the inspection were clear on the steps to take if the fire alarm went off, and records showed that drills were carried out at different times to ensure all staff had the opportunity to take part in drills. There was suitable fire equipment in the centre, and all fire exits were seen to be free from obstruction.

Inspectors also reviewed the policies and documentation in the centre to ensure a safe service continued to be provided. There was an up to date safety statement that had been signed by the provider and a risk management policy. The inspectors reviewed the risk register for the centre. It showed that the policy was being followed in practice and that where risks were identified they were described, rated and there was controlling measures put in place to mitigate the level of risk. There was also a detailed and comprehensive emergency plan in place for the response to major incidents.
Inspectors observed staff following infection control procedures, and personal protective clothing and hand sanitizers were available through the centre if required. Practice seen in the centre was seen to be in line with the infection control policy.

**Judgment:**
Compliant

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

**Findings:**
There were appropriate management systems in place for medication management.

There was a comprehensive series of medication management policies in place which reflected professional guidelines and gave clear guidance to nursing staff on areas such as individual responsibilities, the ‘ten rights’, ordering, administration including that of 'as required' (PRN) medication, crushing medication and stock management of medications within the centre including the disposal of un-used and out of date medications. The centre had reviewed and improved its medication prescription document in light of findings from the last inspection.

The inspectors observed staff following the policies and procedures for medication management. Nursing staff were able to clearly explain the procedures for different medications including administration, recording and how the medication trolleys were organized to reduce the risk of errors. For example organizing the medications for administration at different times of the day.

A sample of resident’s records were reviewed. They provided clear information on the prescribed medications and the administration of same. They were signed by the nurse and showed that the medication had been administered within the prescribed timeframes. Each medication being crushed was prescribed by the GP. Resident’s medication was reviewed every four months by their general practitioner or sooner if there was a change in the resident’s condition.

Inspectors found that the nursing staff kept a register of controlled drugs which was checked against the stock balance by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct. Storage of medication in the centre was seen to be secure. There was an effective system in place to manage the return of out of date and unused medication. There were systems in place within the centre for reviewing and monitoring medication practices.
These included monthly audits of the prescribing, administration records and storage of medicines within the centre and a three monthly pharmacy audit.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

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

**Findings:**
Each resident had an assessment of their needs. There were care plans that described how their needs were met but some improvement was required to ensure that changes to care implemented by members of the multidisciplinary team were incorporated into the care plan.

Inspectors reviewed a selection of resident's records and spoke with the nursing and care staff who developed and used them. Prior to admission the person in charge carried out an assessment to ensure that the needs of the resident could be met at the centre. Once the resident was admitted a more detailed assessment was carried out by nursing staff in the centre and a care plan was developed.

A range of recognized nursing risk assessment tools were being used in the centre to support nursing staff to assess resident's nursing and health care needs. These included pressure sore risk assessment, risk of falls and nutritional risk assessments. Risk assessments were reviewed three monthly or more frequently if needed.

The care plans reviewed by the inspectors did provide information about individual resident's needs however improvement was needed to ensure that the care plan incorporated changes implemented by allied health professionals and the community mental health team. The examples seen were shown to the staff during the inspection. The person in charge advised they were auditing care plans and that there was a plan in place to ensure that care plans are updated to incorporate changes made by the multidisciplinary team.

Inspectors found that there was good access to relevant medical professionals and the wider health and social care team. General Practitioners (GP) visited the centre regularly.
and there was an out of hours GP service where required. A range of allied health care professionals attended the centre. These included physiotherapy, dietician, speech and language therapist and psychiatric services. Inspectors saw examples where their recommendations were put into place for example with physiotherapy exercises and specialized diets.

There were clear records of resident and family involvement in care plans and reviews if they chose to be involved.

**Judgment:**
Substantially Compliant

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**Outcome 15: Food and Nutrition**

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

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

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

**Findings:**
Inspectors found that residents were provided with meals that were freshly prepared in quantities in accordance with their assessed needs and dietary requirements. There was a range of choice and variety available to residents. Following the last inspection the centre had made improvements to ensure that communications between nursing and care staff and the catering team effectively communicated the nutritional status and dietary requirements for each resident. For example information was available for residents with diabetes and those who required textured diets and fortified meals.

A nutritional risk assessment was completed for each resident on admission. These were reviewed three monthly or more frequently if the residents needs changed. Residents were weighed monthly and had their body mass index (BMI) completed on a monthly basis. Residents with specific nutritional needs had a care plan in place. Those identified as having nutritional risks were referred to the dietetic services. Inspectors saw that residents’ likes and dislikes were recorded and acted upon when developing menus and meal choices.

Menu choices were available to residents throughout the centre. Pictorial menus were in place for residents with cognitive impairment. Residents chose their meals on the day. A range of options were available for those residents who did not want the choices on offer on the menu. Food was prepared and cooked on the premises. Fresh fruit and vegetables were available each day. Snacks were available for residents between meals. Residents reported that they enjoyed the food provided in the centre.
Meals were served in the dining areas on each floor or in the resident's room if they preferred. Staff were available to offer assistance throughout meal times. The inspectors observed staff offering discreet assistance during meal times and promoting independent eating with appropriate use of specialist cutlery and other equipment.

There was fresh water, juices and milk available to residents at meal times. Residents were offered hot and cold drinks throughout the day. Hot and cold drinks and snacks were available throughout the night for residents.

**Judgment:**
Compliant

### 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:**
Inspectors found that residents were consulted with and participated in the organization of the centre through attendance at residents’ meetings, and providing ongoing feedback to the management team. Residents meetings had been held regularly and covered topics such as activities provided in the centre and food. Action was seen to be taken in relation to the feedback provided by residents, for example menu changes and program of events in the centre.

There was access to advocacy services where residents wanted to use the service. Residents were also supported to vote where they chose to, with the option of voting in the centre when the voting officer attended, or going home to vote.

Throughout the inspection inspectors observed that residents were treated with dignity and respect by the staff. There was a positive environment where staff clearly knew residents well, and were engaged in speaking about subject they were interested in and current events read out from local papers. There was also access to TV, radio and wifi in the centre, with a commitment to try to improve the signal strength. There was also access to a telephone.

The centre had been decorated to support a dementia friendly environment. There was
freedom of movement in each of the units. Each unit had been designed to be homely and where possible domestic in scale, with rooms set out with seating areas, dining areas, a kitchen (referred to as a homestead in the centre) and a fireplace. Signage and bold colours helped to orientate residents to the different areas of the centre, including bedroom doors and toilets/ bathrooms. There was a range of objects displayed in the centres to offer stimulation and engagement to residents, such as old cleaning equipment, bags, hats and jewellery. Staff were observed using the objects to support residents to reduce anxiety, for example using the theories of doll therapy, with dolls, baby clothing, crib and pram available. There was access to a range of gardens through the ground floor level, some with raised beds to support residents to engage in gardening activities if they were interested.

Staff were seen to know residents communication styles well, and care plans were completed where residents had specific needs.

There was a range of activities provided in the centre over seven days, including one to one support with individuals, and group activities in different areas of the centre. The activities coordinator each day focused on individual support often with people in their rooms, and other activities were run by the care staff. People who came in to the centre included singers, guitarist, knitting instructor and choirs. Activities held in the different units included quizzes and memory games, bingo, sonas, yoga and fit for life.

Residents who spoke with inspectors said they were well supported in the centre, and supported by staff who knew them well and in a comfortable environment. Some residents enjoyed the activities, however some felt there could be more going on during the day. This was fed back to the management team.

Relatives were seen visiting throughout the inspection, and there were arrange of areas where they could meet in private, or join in conversations in more public areas. Residents were seen to enjoy this flexibility to keep in touch with family and friends.

Judgment:
Compliant

**Outcome 18: Suitable Staffing**

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

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

Findings:
Inspectors reviewed the staffing levels and found there were sufficient staff, with the required skills to meet the needs of the residents who were in the designated centre.

The number of nursing staff on duty during the day had been increased since the previous inspection, and the assessment carried out to identify the appropriate number of staff per shift did now include the layout of the building and needs of residents. Ongoing recruitment had ensured there were now sufficient numbers of staff employed in the centre to reduce the need for using agency staff.

The planned and actual roster showed that staffing levels changed in the units through the day to meet the different demands, for example providing personal care in the morning, and supporting residents with meals at lunch time. A review of the roles of support staff had resulted in more hours being released for direct care to residents.

Through the inspection residents were seen to be receiving care and support in a timely way, call bells were answered promptly and there were times during the day when staff were able to engage in conversation and complete activities with residents. Residents with higher support needs were seen to receive appropriate supervision with a system in place for staff to be allocated to particular areas of the centre, for example lounges.

All staff spoken with during the inspection were found to be person centred in their approach, and keen to achieve the best outcomes for residents, and provide care and support in line with the ethos of the centre. The positive relationship between the staff and residents was evident through the joking and upbeat conversations that were taking place.

Staffing records showed that staff received regular training in fire safety, and safeguarding residents from abuse. The system in place identified where updates to training was required, and evidence was seen that courses were booked to ensure all staff kept up to date. Other courses were made available for staff such as managing challenging behaviour, manual handling, infection control, and dementia training. Staff confirmed that they spoke about training as part of their annual appraisals and were encouraged to identify training needs and consider other areas where training would support them in their role.

There was an annual appraisal system in place, and records showed they had been carried out for all staff. There was ongoing supervision of staff practice by the person in charge and clinical nurse managers. There was also a detailed induction program that covered areas of practice for each member of staff as they commenced their role in the centre.

Staff recruitment files were seen to be in place, and each member of staff had Garda Vetting clearance in place prior to commencing their role. This included volunteers, who also had a statement of their role in the centre.
Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
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<td>OSV-0000016</td>
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<tr>
<td>Date of inspection:</td>
<td>22/03/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08/05/2017</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 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:
Examples were seen where care plans did not contain enough detail to fully guide and inform staff implementing care.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Please state the actions you have taken or are planning to take:**
Following feedback from the inspection the Home Manager and Clinical Nurse Managers in liaison with the Nursing Staff embarked on an audit of all resident’s care plans to ensure all MDT involvement was clearly documented and followed up on. Care plans were also audited to ensure the information pertaining to each resident was individualised, specific to their care needs and indicative of their current health status.

All residents have care plans commenced immediately upon admission and same are reviewed and audited by the CNM and/or Home Manager monthly. This is reflected in monthly audits to Senior Management.

**Proposed Timescale:** 30/04/2017