

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Blarney Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000202
<b>Centre address:</b>	Killowen, Blarney, Cork.
<b>Telephone number:</b>	021 438 1631
<b>Email address:</b>	brianblarney@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Blarney Nursing and Retirement Home Limited
<b>Provider Nominee:</b>	Brian O'Connor
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
22 June 2017 10:30	22 June 2017 17:45
23 June 2017 10:30	23 June 2017 16:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

**Summary of findings from this inspection**

This inspection of Blarney Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia in the centre from admission to the days of inspection. The inspector observed care practices and interactions between staff and residents who had dementia using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars arranged by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the thematic inspection process. HIQA's provider guidance and the self-assessment tool had been developed to help providers to review aspects of their service that related particularly to care of

residents with dementia. The person in charge had completed the provider self-assessment tool on dementia care. This was used by the provider and person in charge to highlight areas of good practice and to identify areas of improvement.

On the day of the inspection there were 25 residents in the centre and one vacancy. The person in charge had stated that there were nine residents who had been diagnosed with dementia and another two residents had cognitive impairment. Throughout the inspection the inspector observed that staff had created an environment for residents which promoted wellbeing, inclusiveness and autonomy. Staff stated that they were committed to providing a high quality service for all residents with dementia who resided in the centre.

As part of the dementia thematic inspection process the inspector met with residents, visitors, the person in charge, the provider, staff nurses, care staff, activity personnel and catering staff. The inspector observed practices and reviewed documentation such as care plans, staff files, medical records, policies and the activity programme. The inspector found that the premises, fittings and equipment were of a very high standard and the centre was very clean and well maintained.

The centre and was found to be easily accessible to residents, relatives and staff. It was situated in a scenic, rural area. The garden was furnished with suitable outdoor seating, a grotto within the secure garden area and colourful gardens to the front and rear of the building.

The standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 formed the basis for the judgments made by the inspector. Any actions required to be completed by the provider were set out in the action plan at the end of this 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 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The wellbeing of each resident with dementia was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Arrangements to meet each resident's assessed needs were set out in an individual care plan that reflected their needs, interests and capacity. Care plans had been developed with the involvement of residents or their representatives and generally reflected their changing needs and circumstances. Each resident's assessment included: physical ability, psychological wellbeing, social care needs, emotional wellbeing, spiritual needs and medication usage. Residents had clinical assessments carried out on an on-going basis in the following areas: continence, tissue viability, sensory deficits, nutrition and hydration, risk of falls and pain. In addition, residents with dementia had supports in place for the behavioural and psychological symptoms and signs of dementia (BPSD), orientation to surroundings and communication strategies. Information about residents' daily routine, their families and significant life events were recorded in life story documentation. Each resident with dementia and his/her family, if appropriate, had been given the opportunity to discuss his/her future healthcare and end of life needs and wishes. Where decisions had been reached these were clearly recorded in each resident's medical notes and care planning documentation.

Residents had access to the following services where required: a group of general practitioners (GPs), geriatrician services, mental health of later life, occupational therapy, physiotherapy, dietetics, speech and language therapy, specialist palliative care, podiatry/chiropractic and dentistry. Measures to promote health and support residents to function to their full potential were in place, for example, weekly physiotherapy sessions and daily social care activities. Care plans, seen by the inspector, clearly set out the care interventions for staff. Systems were in place to monitor that care was being delivered in line with the care plan. The person in charge explained the reporting systems, staff and residents' meetings, the audit of care plans as well as resident and family survey results. This documentation was viewed by the inspector. The person in charge informed the inspector that medications for residents were reviewed by GPs. The inspector noted that medication was reduced or changed if a resident experienced an adverse or unexpected reaction.

However, a small number of care plans required updating. For example, a number of plans in relation to wound-care and infections were no longer relevant due to the issues being resolved. In addition, in a small number of care plans updated information was not clearly identifiable to staff. The person in charge stated that an audit of care plans was underway and new documentation would be introduced as a result of the audit.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with support that promoted a positive approach to the behaviour and psychological symptoms of dementia (BPSD) and a restraint-free environment was promoted. The person in charge outlined to the inspector the process that was followed for the care of residents with dementia who experienced BPSD. For example, residents were offered a timely and detailed assessment by the GP and staff in order to determine any underlying causes or triggers, such as pain or adverse effects of medication.

Measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to allegations, disclosures or suspected abuse. There was an updated policy in the centre on the prevention, detection and response to abuse. Staff were trained in this mandatory training and those spoken with were found to be knowledgeable of what to do in the event of an allegation of abuse. The provider and person in charge monitored the systems in place to protect residents by attending handover reports, listening to staff and speaking with residents and their relatives.

Where restraint such as bedrails was applied it was used in line with guidelines in the national policy on restraint published by the Department of Health (Towards a Restraint Free Environment in Nursing Homes). Residents' financial records were carefully documented and were accessible to the inspector.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and actively participated in the life of the centre. Each resident's privacy and dignity was respected, including providing space to receive visitors in private. All residents were facilitated to communicate, enabled to exercise choice and to maximise their independence. For example, residents who were not able to communicate verbally had access to a file of appropriate pictures representing needs and expressions. Each resident with dementia had opportunities to participate in meaningful activities appropriate to their interests and preferences. For example, residents were seen to enjoy a quiz guessing game, a sing along, ball games, readings from books and bingo sessions which were very popular. There was access to an independent advocacy service for residents including residents with dementia/cognitive impairment. Residents were enabled to bring in items of interest from their homes which staff said helped them to feel comfortable and more orientated to their surroundings. Staff were found to be knowledgeable and respectful of the background and history of each resident. The right of residents with dementia to decline treatment or care was respected by staff and seen to be documented. For example, one resident no longer wished to take certain medication and this was discontinued by the GP.

The person in charge informed the inspector that residents with dementia were facilitated to vote in accordance with their abilities. In addition, residents with dementia were supported to observe or abstain from religious practice if they wished. Mass was seen to be said in the sitting room on day one of the inspection and a resident who was ill was blessed by the visiting priest, according to her known religious preferences. Each resident's privacy and dignity was seen to be respected in relation to the following, receiving visitors, medical consultations, the provision of intimate care and access to bedrooms, toilets and bathrooms. Feedback was sought from residents with dementia and their families on how care should be delivered and improved.

Resident with dementia could access safe and appropriate outdoor space independently or with support, if necessary. Residents were seen by the inspector sitting outside with their visitors in the secure patio garden area. Staff stated that residents were encouraged to maintain contact with family, friends and others through video call technology, such as Skype. Residents with dementia were supported to develop new friendships and maintain relationships with family and others. Staff explained that one resident had been assisted to settle into the community of residents by sitting near to one particular resident on a daily basis. This gave the resident a sense of security and orientation to the surroundings. This resident was seen to demonstrate a sense of wellbeing by smiling and engaging in conversation with others. According to the person in charge, residents were enabled to access the external enclosed garden areas. There were photographs on display which had been taken at events and birthday parties both inside and outside the centre.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). Three observations took place in the lounge areas and in the dining room. Each observation lasted a period of 30 minutes and during this time the inspector evaluated the quality of interactions between carers and residents with dementia. In one lounge area the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was good eye contact between residents and the staff involved. Staff engaged in social conversation and encouraged residents to participate in the quiz game. The staff member leading the activity session engaged positively and attentively with residents. Residents were seen to be enjoying the fun and learning, The staff member was seen to help residents with dementia to engage fully and he was kind and thoughtful of the needs of the group. He intervened with patience and tact when the need arose and deflected any distress or upset. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

The second observation took place in the dining room. Staff members were seen to offer all residents choice and spoke with residents to ascertain their meal and dessert choices. Residents who had dementia were seen to be very independent when eating their meals. Residents were treated equally and support was sensitively offered. There were sufficient staff on duty in the dining room. Portions were seen to be generous and the food smelled appetising. Residents were heard commenting on this. One resident was offered a "lovely dessert and a nice glass of juice" by the carer. The meal was unhurried and staff stayed with residents throughout the period of observation. Traditional music was playing softly in the background with added to the calm atmosphere. Residents were neatly and appropriately dressed according to their personal taste, indicating a sense of respect for their dignity. Staff members engaged residents in conversation about the choices available and social matters. Some residents mobilised independently to the dining room and staff provided assistance to residents who were using walking aids and wheelchairs. The interactions during each 30 minutes observation period were observed to be personal, kind and involved positive, connective care.

A third observation period took place on the second day of inspection. Interactions involved positive connective care. Residents were facilitated to lead the activity in turns and to come up with new ideas. The activity was tailored to meet residents' different abilities and the staff member used great skill to ensure that each resident experienced a successful outcome. Tea, juice and savouries were served throughout the observation period. Staff were heard to be aware of residents' likes and dislikes. Following the observation period residents spoken with told the inspector that staff were kind and helpful and that staff always interacted with them in a positive and attentive way.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed in the hallway of the centre. The name and contact details of an independent appeals person was available and contact details for the ombudsman were displayed.

The inspector viewed the complaints log. Details of investigations into any complaints were documented. There was evidence that the satisfaction or not of each complainant was recorded. Access to an independent advocate was facilitated. The complaints of residents with dementia or their representatives, where appropriate, were listened to and acted upon.

Complaints were monitored and according to the person in charge they were discussed at staff meetings to provide an opportunity for learning and improvement.

**Judgment:**

Compliant

#### ***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was informed by the staff and the provider that appropriate staff numbers and skill mix were available to meet the needs of residents. Staff retention was very good in the centre and staff stated that they enjoyed working there. The roster viewed by the inspector confirmed the staff number on duty, which the person in charge had discussed with the inspector. Staff had up-to-date mandatory training and in addition, training in dementia care, manual handling, infection control and nutrition. Staff with whom the inspector spoke confirmed their knowledge of training. Staff and volunteers were supervised and had annual appraisals completed. Staff were recruited, selected and vetted in accordance with the centre's policy. The person in charge explained the

induction programme for staff and informed the inspector that probationary meetings were held to assess their on-going suitability. Documentation confirming this was reviewed by the inspector.

A sample of staff files viewed by the inspector were seen to be in compliance with the requirements of Schedule 2 of the regulations. The provider confirmed that all staff and volunteers had the required regulatory Garda Siochana Vetting (GV) clearance in place, prior to employment in the centre.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was seen to be suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conformed 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, as regards the requirements for premises in a designated centre.

Residents were enabled to see out the windows while seated. Stimuli such as noise levels and glare were monitored appropriately. For example, one group of residents with dementia was seen to be sitting in a quieter room at their request. Signage was displayed for key areas such as bedrooms, toilet areas and sitting rooms. Most residents had single, en-suite accommodation and a number of residents shared rooms. Residents liked the bedroom arrangements and were satisfied with the privacy and space afforded to them. Floor coverings were safe, non slip and consistent in colour which supported residents with dementia who wanted to walk around independently. Since the previous inspection, each resident had been provided with an individual TV and remote control in their bedroom area. They spoke with the inspector about the independence this provided and how they could choose a favourite programme without interfering with other residents' choice of programme. Call bells were easily accessible in the bedrooms and communal areas.

Active residents were observed walking around independently while staff discreetly supervised them. The premises was adapted to assist residents with mobility difficulties (e.g. wheelchair ramps, grab rails, handrails, seating areas). Suitable equipment, aids and appliances were in place to support and promote the full capabilities of residents.

Assistive devices such as hearing aids were available to residents with dementia.

Gardens were well planted with shrubs and flowing plants. Residents were amused to watch the provider watering the outdoor plants during the sunny days of the inspection. Adding to the homely atmosphere, clothes were hung outside on the clothes line when the weather was suitable.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Blarney Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000202
<b>Date of inspection:</b>	22/06/2017 and 23/06/2017
<b>Date of response:</b>	03/09/2017

### 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: Health and Social Care Needs

#### Theme:

Safe care and support

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

Ensure that all care plans are clearly set out and updated according to the changing needs of residents.

#### 1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

<sup>1</sup> 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:**

Care Plans to be updated according to changing needs of residents

**Proposed Timescale:** 31/10/2017