

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | Blake Manor Nursing Home |
| Centre ID: | OSV-0000390 |
| Centre address: | Cloughballymore House, Ballinderreen, Kilcolgan, Galway. |
| Telephone number: | 091 796 188 |
| Email address: | aideen@blakemanor.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Rushmore Nursing Home Limited |
| Provider Nominee: | Aideen Scanlon |
| Lead inspector: | Marie Matthews |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 35 |
| Number of vacancies on the date of inspection: | 1 |

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 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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 October 2017 11:00 To: 18 October 2017 15:30

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Moderate |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

Blake Manor Nursing Home is a historic three storey building which was refurbished by the provider in 2008. A lift allows residents to move between floors. It is located in a rural area outside the village of Ballinderreen in County Galway. The centre is currently registered to provide care to 36 residents. This report sets out the findings of an unannounced inspection which took place following an application by the provider to vary one of the conditions of registration to increasing bed numbers. The provider has applied to register two additional two bedded rooms. The inspector also followed up on the providers' compliance with the action plan from the last inspection. Eight of the nine actions were addressed. One action to ensure all residents had access to an independent advocate had not been addressed.

The provider works every day in the centre and there were suitable governance and management systems in place. The inspector observed care practices and reviewed documentation such as care plans and medical records and found that residents' health care needs were well supported with good access to General Practitioners (GPs) and to allied health professionals. Staff knew the residents and provided care to meet their needs. Some care plans required review to ensure they contained the

relevant information to guide care.

There were sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. Staffing levels had been increased in response to an on-going review of staffing levels by the person in charge and provider. 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 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 had been reviewed to reflect the revised governance arrangements. It clearly outlined the aims, mission and ethos of the service and provided an accurate reflection of facilities and services.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection, work was required to refine the audits completed so that findings from audits led to improvements for residents. The inspector saw that this was addressed. An annual report on the review of the safety and quality of care provided to residents was completed for 2016 and work was in progress on a review of the current year. The report included a list of identify planned improvements. Satisfaction surveys were completed with residents every 6 months and the actions arising from these were addressed. The inspector reviewed the most recent survey which indicated a high level of satisfaction. Some improvements in the range of questions were discussed with the

provider to ensure that it prompted residents to provide more specific information where improvements to the service were identified.

A review of a sample of audits completed confirmed that the range of factors considered as part of the audit had been developed so that the audit provided more meaningful information. For example falls audit looked at the time the incident occurred, the location and considered other relevant factors.

Staffing levels had also been reviewed in response to the action plan from the last inspection and an additional care assistant deployed to assist residents each morning.

Judgment:

Compliant

*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):

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

Findings:

On the previous inspection some records of nutritional intake reviewed were not completed in sufficient detail to be of therapeutic value. The inspector reviewed nutritional records for one resident identified as having weight loss associated with her diagnosis. The records listed the meals eaten and included the portion size and the quantities of fluids taken.

Records were securely stored and those reviewed were generally completed in good detail. However, in two care plans reviewed, the inspector found that records were not accurate as some information to help guide care was omitted. A behavioural support plan for a resident with responsive behaviour omitted guidance on what to do in the event of an escalation in behaviour and a care plan on maintaining a safe environment for a resident who sustained a fall did not reference the assistance the resident required to complete the activities of daily living. An action is included under outcomes 7 and 8

Judgment:

Substantially 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):

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

Findings:

During the last inspection the inspector found that some resident's property list did not give an accurate account of their property. This was addressed. The inspector reviewed a sample of property lists and each one contained an extensive list of the residents' clothing and personal possessions. Each item was described in sufficient detail so they could be identified if mislaid.

Two residents were identified as having responsive behaviours. On the last inspection the care plans to assist staff to appropriately manage responsive behaviours required review as the triggers that might prompt an escalation were not identified. The inspector saw that ABC (Antecedent-Behaviour-Consequence Charts) were completed for both residents which identified potential triggers for the behaviour and the actions taken by the staff in response to each incident was recorded. This information had not been updated into the residents care plan and the inspector found that the care plan in place did not contain sufficient information to guide the staff as to what was likely to cause the resident anxiety and how they should respond.

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:

During the last inspection the inspector found that reviews of the accident and incident completed by the person in charge didn't consider relevant information to help identify trends or patterns in the incidents that occurred. As discussed under outcome 5, this action was addressed and the format of audits completed was more comprehensive and included a range of relevant factors such as the location, the time of day, and the

staffing levels at the time.

There were appropriate arrangements in place for recording and investigating all incidents and accidents that occurred. Each resident was assessed for their susceptibility to falls on admission and appropriate interventions were put in place to reduce the likelihood of a fall. Clinical risk assessments were evident on the files of the residents reviewed for risks such as the risk of a fall, skin breakdown, weight loss, mobility and restraints.

All internal fire exits were clear and unobstructed during the inspection and the inspector saw that an individual fire evacuation plan was in place for each resident. The centre is laid out over three floors. There were two fire exits off the first floor. The inspector saw that each resident had an individual personal evacuation plan which set out the assistance they required.

There was evidence that regular fire drill records took place and the inspector saw that night time staffing levels were used to test the procedure and ensure all residents could be evacuated safely using the minimum staffing levels on duty. The records maintained recorded the location of the drill, the staff involved and the duration of the drill.

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 comfortable, bright and spacious and well maintained with a variety of communal day areas available to residents. It overlooks the extensive grounds at the front of the building. There were an adequate number of toilet and shower/bath facilities provided on each floor. Residents' accommodation was provided over the three floors. The centre is currently registered for 36 residents - 26 residents are currently accommodated in single occupancy bedrooms and 10 residents are in two bedded rooms. All rooms have ensuite toilet and shower facilities.

The provider has applied to register two additional two bedded rooms. The inspector reviewed both proposed bedrooms which were fully furnished to a good standard and had accessible ensuite bathroom facilities and both rooms had call bell facilities. One

room was too small to accommodate two residents and provide adequate privacy and dignity with the wardrobes provided not adequate for two residents. The National Standards for Residential Care Settings for Older People requires that, in new builds or extensions, 80% of residents are accommodated in single bedrooms. The providers application to register two additional shared rooms in the proposed additional rooms does not meet the Standards.

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):

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

Findings:

During the last inspection, the inspector found that the centres complaints procedure required review. The inspector saw that the complaints policy and procedure was clearly displayed in the centre and it included a third part to provide an independent appeals process in the event that the resident was not satisfied with the outcome of the complaint. Residents spoken with said they would have no hesitation speaking to any of the staff if they had a concern.

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):

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

Findings:

During the last inspection the inspector found that there was no independent advocate available to residents. The inspector found that this was still the case. The provider

stated that she had experienced difficulties sourcing advocacy services for the residents. This was discussed with the provider who stated that this would be addressed by the 30/11/17. This action is repeated in the action plan that accompanies this report.

Judgment:

Non Compliant - Moderate

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:

Following the last inspection, the provider was required to complete a review of staffing levels to ensure that the number and skill mix of staff was appropriate to the needs of the residents and the size and layout of the designated centre which is laid out over three floors. The inspector reviewed the roster available for the day of the inspection and for the previous week. The staff numbers on the day correlated with the roster. The person in charge and the provider had completed a review of day time and night time staffing levels. The provider stated that she had completed two night shifts as part of this review. As a result of the review, staffing levels had been increased from 08.00 until 14.00 every day. Staffing levels at night remain unchanged and the inspector spoke with residents who expressed satisfaction with night time levels. A review of the accident and incident log did not indicate high levels of accidents or incidents occurring at night. Staff members interviewed did not express any concerns. There was a nurse and three care assistants on duty at night until 10pm and this reduced to a nurse and two care assistants from 10pm until 8am. Systems were in place to allow staff to contact each other for assistance where necessary. The provider stated that she and the person in charge keep this under review and increase staffing levels according to the assessed needs of residents.

The provider confirmed that all staff had been vetted by An Garda Siochana prior to commencing work. Staff were kept informed of any changes to residents' health status at handover meetings at the start of each shift.

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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|--------------------------|
| Centre name: | Blake Manor Nursing Home |
| Centre ID: | OSV-0000390 |
| Date of inspection: | 18/10/2017 |
| Date of response: | 20/11/2017 |

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

One behavioural support plan for a resident with responsive behaviour omitted guidance on what to do in the event of an escalation in behaviour and a care plan on maintaining a safe environment for a resident who sustained a fall did not reference the assistance the resident required to complete the activities of daily living.

1. Action Required:

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

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:

The care plan for the resident with responsive behaviour has been reviewed and updated to include information & guidance for staff on how to respond to the resident in specific behavioural situations.

The care plan for the resident who sustained a fall has been reviewed and contains information regarding her current needs.

Proposed Timescale: 17/11/2017

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:

Care plans for residents with responsive behaviours did not contain sufficient information to guide staff as to what was likely to cause the resident anxiety and how they should respond.

2. 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:

Care plans for residents with responsive behaviours are currently under review to ensure the information is current and provides guidance for staff as to the interventions/actions they need to take dependent upon the individual situation.

Proposed Timescale: 04/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents did not have access to an independent advocacy service.

3. 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:

An Independent Advocate has now been sourced. Meeting to confirm details planned for W/C 20/11/17.

It is planned that she will be available during regular visits to the Nursing Home and contactable if required.

She will also participate in resident/relative meetings.

Proposed Timescale: 30/11/2017