



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Blarney Nursing and Retirement Home
Name of provider:	Blarney Nursing and Retirement Home Limited
Address of centre:	Killowen, Blarney, Cork
Type of inspection:	Unannounced
Date of inspection:	27 & 28 September 2018
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0024675

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 24 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a range of allied health services available to residents such as optical, dental, podiatry and physiotherapy. Dietary and speech and language therapy (SALT) are accessible through a specialist group. The general practitioner (GP) service is regular and dedicated. A nearby pharmacy supplies residents' medicines and supports staff with audit and training needs. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	24
--	----

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
27 September 2018	10:00hrs to 18:00hrs	Mary O'Mahony	Lead
28 September 2018	10:00hrs to 15:00hrs	Mary O'Mahony	Lead

## Views of people who use the service

Residents living in Blarney Nursing Home were happy with staff, their accommodation, the food and their involvement in the centre. They were forthcoming and confident in their assessment of their lives in the centre and were found to be aware of the role of HIQA in the sector. Minutes of resident meetings were reviewed which indicated that a range of issues were discussed and addressed where possible. Residents said that they enjoyed the activity sessions and some said that they were kept busy most days. The meals were nicely presented with a choice at each meal. Residents were happy that the kitchen was located near to the dining room as the chef was accessible to them if required. They said that their likes and dislikes were known to him and that their dietary needs were met. Residents informed the inspector that there was attentive and good medical care available and they said that they felt safe in the centre. Visitors were welcomed at all times and they facilitated residents to personalise the bedrooms and keep up to date with news from the community. Daily newspapers were available and staff were seen to read the headlines and generally discuss local and international events with residents. Residents said that the centre felt homely and they enjoyed the company of other residents in the sitting and dining rooms. They had choice in their daily routine in relation to getting up, mealtimes and bedtime. The gardens were accessible and on day one of the inspection ten of the residents were facilitated to avail of the autumn sun, much to their delight. They spoke with the inspector about the happy events which were held outdoors during the summer months.

## Capacity and capability

Overall there was an effective management system in this centre which ensured that good quality care was delivered. There were clear lines of accountability and authority in place with an appropriately qualified person in charge. She was responsible for the quality and supervision of care. She was supported by the provider representative, the deputy person in charge and a healthcare team. Management staff maintained records of staff training, policy updates and financial payments. Staffing levels were in line with those discussed with the person in charge and those seen to be rostered. An appropriate number and skill-mix of staff were on duty during the days of inspection to ensure that adequate care and support was available to residents. The centre had developed a plan to drive improvements through regular training, auditing and benchmarking against the regulations and standards. The inspector reviewed the roster for night duty also and found that the mix of staff was not always optimal. Measures were required to be put in place to promote and facilitate choice and optimise protection for residents'

requiring care at night-time in future rosters.

Staff meetings and detailed handover reports ensured that information on residents' needs was communicated in an effective manner. A training matrix record was available to indicate that staff had received training appropriate to their roles, for example, safeguarding of older adults, fire training, infection control and medication management. Training in managing behaviours due to the effects of dementia was being designed at the time of inspection, particularly for new staff and in order to provide refresher training for all staff. The inspector spoke with a number of staff members who were knowledgeable of the training they had received and relevant care plans and policies. Staff spoken with were found to be aware of their statutory duties in relation to the general welfare and protection of residents.

Other documentation which was seen to be in compliance with the regulations included:

- the statement of purpose
- the annual review of the quality and safety of care
- the directory of residents
- the residents' guide

The inspector found that complaints were managed appropriately and learning was discussed. Residents were provided with contracts on admission which reflected living and care arrangement.

Copies of the standards and regulations were readily available to staff who as a result were found to be up to date with the role of the regulator. Maintenance records were in place for equipment within the centre. Records required by Schedule 2, 3 and 4 of the Regulations were securely stored and easily retrievable. A sample of residents' records such as care plans and nursing records was seen. There were some discrepancies noted in the sample of care plans reviewed which was immediately corrected. The person in charge stated that this issue would further inform the existing audit system to ensure accuracy and safe care. This was addressed under the quality and safety dimension of this report.

Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge and the provider representative assured the inspector that Garda Síochána (GV) vetting clearance was in place for all staff prior to taking up their respective roles. A sample of these files was seen to be in compliance with regulations.

## Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations and had many years of experience in older adult nursing care.

She was approachable and supportive according to staff, residents and relatives.

Judgment: Compliant

### Regulation 15: Staffing

The roster for night duty required review as the staff mix was not always suitable to afford choice, preserve privacy and dignity and promote protection for all involved.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training in the management of residents with altered behaviour due to the effects of their dementia was due for a number of new staff

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The content of this register was compliant with regulations.

Judgment: Compliant

### Regulation 21: Records

Records were generally compliant, easily accessible and available to the inspector.

Judgment: Compliant

### Regulation 22: Insurance

Judgment: Compliant

### Regulation 23: Governance and management

There was a good structure in place. Supportive staff meetings were held. The deputy person in charge was capable of deputising in the absence of the person in charge. An audit system was in place and audit was ongoing. Actions from audits had been completed. Residents' social, medical and spiritual care was attended to. The provider representative was present in the centre daily and led the activity programme. Previous action plans had been completed.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

All contracts specified the required regulatory details such as the identity of the room to be occupied by the resident and the number of other occupants in the room.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the required regulatory information.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were addressed, well managed and appropriately documented. Any open complaints were clearly identified as such and there was evidence of on-going investigation.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A small number of policies required regulatory review and this was attended to



immediately.

Judgment: Substantially compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The deputy person in charge was found to be knowledgeable of her role in supporting the person in charge. She was aware of her responsibilities and was found to be familiar with the residents and their diverse needs.

Judgment: Compliant

## Quality and safety

Overall, the quality and safety of care provided was of a high standard and residents reiterated this to the inspector.

The health of residents was promoted through ongoing medical review and assessment using a range of recognised tools. These assessments included communication, skin integrity, malnutrition, falls and pain assessments. Residents' care plans were developed with their input where possible. These were holistic plans and were found to be individualised. Throughout the two days of inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis reflecting residents' changing needs.

Residents' well being and social care was enhanced by the choice of appropriate and stimulating activities available to meet their preferences and choice. The provider representative co-ordinated the activity sessions. These were listed daily on the information board. Residents specifically liked the bingo sessions, music and interesting quizzes. Residents' meetings were held which provided opportunities for residents to voice their opinion. Residents' civil and religious rights were respected. Residents confirmed that they always had the opportunity to vote at election time either in the centre or in the polling station. Mass was said in the centre weekly and communion was available on Sundays.

Residents' rights were safeguarded by the robust systems which had been developed such as:

- fire safety procedures
- assessment for the use of bed-rails and the use of psychotropic drugs
- medication administration practices.
- staff training in mandatory areas such as the protection of residents and fire safety training

- access to advocacy and resident meetings
- access to outings and the outdoor areas
- choice in mealtimes and bedtimes

### Regulation 11: Visits

Visitors spoken with said that they were free to visit at any time and there was a private area to meet with their relative.

Judgment: Compliant

### Regulation 12: Personal possessions

There were adequate storage facilities, for example there were large wardrobes, lockers and space within the rooms for individual personal items.

Judgment: Compliant

### Regulation 13: End of life

End of life wishes were recorded where known and training was available in this area.

Judgment: Compliant

### Regulation 17: Premises

The premises was maintained, cleaned and decorated to a high standard. There were sufficient toilets and shower rooms as well as a number of en-suite facilities. The communal rooms were large and inviting. The kitchen was clean and well stocked. The outdoor space was frequently accessed and suitably furnished for residents.

Judgment: Compliant

## Regulation 18: Food and nutrition

Food was nutritious, well prepared and carefully served. A menu and choice was available to residents. The dietitian was available for consultation and supplements were prescribed which supported residents who required additional nutrition. Reports from other agencies were seen to have positive findings.

Judgment: Compliant

## Regulation 26: Risk management

There was a health and safety statement and risk assessment policy in place. There was a rough patch of ground outside the back door to the second garden area which posed a potential risk.

Judgment: Substantially compliant

## Regulation 27: Infection control

The centre was spotless and was cleaned daily. Staff were seen to engage in appropriate hand-washing and the level of infections was low. Kitchen staff had the required food safety training done.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety training was up to date, the staff were knowledgeable and all equipment was appropriately serviced. The quarterly service of emergency lighting was overdue, however this was completed on the day of inspection. Fire exits were unobstructed and oxygen was safely stored and appropriate signage was in place.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine audits were ongoing and supported by pharmacy input. Prescription charts were reviewed and where medicines were required to be crushed for a resident this was signed by the GP. The recording and documentation of controlled drugs was seen to be correct in the sample checked.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

In the sample of residents' care plans reviewed, two were noted to contain inaccurate information in the most recent update. This posed a potential risk to safe care.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' needs were met through regular GP attendance and access to a range of allied therapies and consultants. Group physiotherapy sessions were available free of charge to those who wished to avail of these.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A small number of new staff had yet to complete this training. Staff spoken with stated that they would like an update of this training.

Judgment: Substantially compliant

### Regulation 8: Protection

All staff were training in the protection of older adults from abuse and those spoken with were aware of what to do if they suspected or witnessed and potentially abuse action or interaction. Financial matters were managed and documented in a transparent manner.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were support through access to advocacy, the abuse policy, surveys, daily consultation and the complaints process. A life-story project was underway and this was being rolled out to all to enhance person-centred care.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0024675

Date of inspection: 27 & 28/09/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Roster changed and now allows for choice privacy and dignity for all residents	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff to be trained annually	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Policies have been updated	



Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Path to be made good.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lighting to be service quarterly	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plan reviewed	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Staff to be trained annually	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	04/10/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/03/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated	Substantially Compliant	Yellow	27/09/2018

	centre.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	27/09/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/09/2018
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	27/09/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour	Substantially Compliant	Yellow	30/03/2019

	that is challenging.			
--	----------------------	--	--	--