



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

## Issued by the Chief Inspector

|                            |                                      |
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| Name of designated centre: | Blainroe Lodge                       |
| Name of provider:          | Firstcare Ireland (Blainroe) Limited |
| Address of centre:         | Coast Road, Blainroe, Wicklow        |
| Type of inspection:        | Announced                            |
| Date of inspection:        | 14 January 2020                      |
| Centre ID:                 | OSV-0000016                          |
| Fieldwork ID:              | MON-0022695                          |

## About the designated centre

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

The Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 72 residents. Residential accommodation is across the four floors which are accessed by a lift and stairs. According to their statement of purpose, Blainroe Lodge is a community based setting committed to providing person-centred care that is evidence based. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 38 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. Many of the rooms have been personalised with family photos and memorabilia. Additional toilets and bathrooms were located around the building. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

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

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| Number of residents on the date of inspection: | 55 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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 |
|------------------------------|-------------------------|---------------|------|
| Tuesday 14<br>January 2020   | 09:10hrs to<br>18:00hrs | Margo O'Neill | Lead |
| Wednesday 15<br>January 2020 | 09:00hrs to<br>17:00hrs | Margo O'Neill | Lead |

## What residents told us and what inspectors observed

During the two day announced inspection many residents, relatives and visitors spoke with the inspector to provide their views on the service being provided. Prior to the inspection, 17 residents completed pre-inspection questionnaires. Their comments and feedback in addition to the inspector's observations are outlined in this section.

Overall residents were comfortable and happy living in the centre and with their bedrooms. The inspector observed many rooms that had been personalised by residents; a resident with a love for gardening and flowers had a room overlooking one of the centre's outdoor spaces and had potted plants and window boxes to enjoy and maintain. Residents were happy with the available storage in their bedrooms for their personal possessions. The inspector observed that residents' clothes were well cared for and residents reported they were satisfied with the laundry arrangements.

Residents were positive about staff reporting to the inspector that staff were 'supportive', 'understanding' and 'attentive' and that 'all I have to do is ask' when requiring assistance. Furthermore residents reported that they 'are all very nice and pleasant and easy to get on with'.

Residents who spoke to the inspector were supported to choose their daily routine saying that they could 'get up' and 'go to bed' when they liked and that choice was always offered to them. Residents reported that their preferences were respected regarding how they spend their time, for example one resident who spoke to the inspector preferred to spend their time in their bedroom. The inspector observed that this choice was respected by the staff.

Residents were positive regarding the food provided to them in the centre. The inspector observed the chef at mealtimes interacting with residents and offering choice of food and extra portions to residents. One resident stated that 'if I see anything I don't like I'll let them know but so far everything has been good'. Another resident reported to the inspector they had requested more choice of meals and increased frequency of a particular dish that they enjoyed; this had been organised by the chef. Another resident who completed the pre-inspection survey stated they felt neutral about access to drinks and snacks outside of meal times.

Residents and relatives who spoke with the inspector reported that they were happy with the arrangements in place for visiting. The inspector observed that there were a number of private spaces for residents to meet their relatives in private; one of these rooms contained tea and coffee making facilities.

Residents enjoyed activities like gardening, chair yoga, books, newspaper, weekly therapy dog visits, mass, daily walks inside and outside the centre, bowling,

baking, seasonal craft making and physiotherapy lead classes. Residents in particular reported that the extra Christmas activities and live music 'were lovely' and that 'its great to be able to get mass in the mornings'. Another resident reported that they 'enjoyed listening to their radio and reading the paper in the hall'. One-to-one activities included chatting with the staff, hand massage, one-to-one sessions in the snoozaleum (the centre's sensory room) and sonas sessions.

The inspector was informed of opportunities available for residents to participate and connect with the wider community. For example the inspector observed posters made by pre-school children who would visit residents weekly as part of an initiative in the previous 12 months. Furthermore Christmas concerts were preformed in the centre by local school children. One resident reported that they could participate in the wider community "as much as they wanted' while another reported that they enjoyed going to weekly mass in the local church. Other residents reported that they are supported to go on outings from the centre by family.

The inspector was informed about the centre's weekly knitting club that took place on Saturdays and observed that knitted bunting made by the residents was hanging in the centre. There was also a weekly afternoon 'Ladies of leisure' tea party; this included tea and homemade cakes presented on colourful delph for residents to enjoy while relaxing and chatting.

Residents were aware that there was a complaints procedure in place and reported that staff were very approachable and timely with their actions when issues were reported. Residents who spoke with the inspector and who completed pre-inspection questionnaires reported feeling safe in the centre.

## Capacity and capability

The inspection was an announced two day inspection to monitor ongoing compliance with the regulations and standards. The Inspector followed up on notifications received by the Chief Inspector since the last inspection in the centre in February 2019. The seven action plans from the last inspection to bring the centre into compliance with the regulations were followed up; six of these actions had been completed by the provider while one, regarding documenting of resident/relative consultation as part of care plan reviews, required further improvement and is repeated in the compliance plan.

There was a clearly defined management structures that identified lines of authority and accountability in the centre. The person in charge worked full time and was supported by two clinical nurse managers on a daily basis and the operations manager for the nursing home group attended the centre weekly.

Management systems were in place to monitor the quality, safety and effectiveness of the service and regular management meetings were held to review and provide oversight of the service. There was a schedule of audits completed in the centre and

incidents were reviewed and analysed for learning to inform quality improvement and safety.

There were appropriate numbers of staff in the centre and the provider ensured staff had the appropriate skills and knowledge to meet residents' needs in the centre. Staff were facilitated to attend mandatory and professional development training. There were appropriate measures in place to support and supervise staff. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

There was appropriate insurance cover in place and residents contracts had been updated following the last inspection. Records maintained in the centre were reviewed by the inspector, the fire drill records required improvements to ensure sufficient detail was included in the record. There was a complaints policy and procedure in place to inform the management of complaints received. Residents who spoke with the inspector were aware of how to raise a concern and reported that staff were approachable and prompt in taking corrective actions when issues did arise.

### Regulation 15: Staffing

There were sufficient numbers of staff working in the centre to meet the needs of the residents living there. Staff were knowledgeable regarding the individual and collective needs of residents. All residents were attended to in a timely way and said that staff 'couldn't be nicer or better'. At the time of the inspection there was a low number of staff vacancies. The person in charge outlined the ongoing recruitment to fill current vacancies. There were robust recruitment and induction processes in place for all new staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were facilitated and supported to attend mandatory training and continuous professional development training to meet the needs of the residents. There was a system in place to provide oversight of staff training to ensure that staff mandatory training requirements were met. At the time of the inspection staff were up-to-date with mandatory training that included fire safety training, safeguarding of vulnerable adults, manual handling and infection control.

Performance reviews were completed for staff members and staff were appropriately supervised in accordance to their role. The management team also outlined plans for future observational style audits that would focus on monitoring

and improving staff practices and skills such as person-centred care and positive interactions with residents and appropriate moving and handling techniques.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files were examined by the inspector; these contained information as set out in schedule 2 of the regulations.

There was a restraint register maintained in the centre. Daily records were maintained by night and day staff for each residents' condition and treatments received.

Overall fire evacuation drill records were recorded to an acceptable level.

Judgment: Compliant

### Regulation 22: Insurance

The inspector was provided with confirmation of up-to-date insurance cover. This policy included cover for injury to residents and loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures that identified lines of authority and accountability in the centre, this was reflected in the statement of purpose. The person in charge worked full time. She was supported by two clinical nurse managers on a daily basis and the operations manager attended the centre on a weekly basis.

There were regular management meetings held to review the service. The inspector reviewed records of these meetings that evidenced comprehensive agendas, development of action plans and designation of responsible persons for the completion of actions. There was also evidence that actions were followed up and completed.

Management systems were in place to monitor the quality, safety and effectiveness



of the service. Accidents, incidents and near misses were reviewed, analysed and learning identified, to inform ongoing quality improvement and safety. The management team audited areas of practice such as care plans, medication management, falls and other key clinical indicators. The results of audits were analysed and actions for improvements noted.

Regular resident committee meetings were held to receive feedback from residents on areas requiring improvement in the service. There was an annual review of the quality and safety of the service provided to residents living in the centre completed for 2019.

Judgment: Compliant

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

The inspector reviewed a sample of residents' contracts for the provision of services to follow up on action identified on the last inspection. This action had been completed and contracts now outlined terms related to the bedroom to be provided to the resident and the number of occupants in the bedroom.

Judgment: Compliant

### Regulation 3: Statement of purpose

An recently updated statement of purpose was submitted to the Authority; all necessary information outlined in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 was outlined.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified. A record of all accidents, incidents and near misses involving residents was maintained and available to the inspector on request.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector found an up-to-date policy and procedure in place for the management of complaints. All required designated persons, as outlined in Regulation 34 Complaints procedure, were identified. A complaints log of all complaints was maintained in the centre. Relevant documentation regarding each complaint was logged, investigated and satisfaction of the complainant was recorded.

There were arrangements in place for residents to access an independent advocate to support them if necessary. The complaints procedure was displayed in a number of areas in the centre for residents, relatives and visitors information. Residents and relatives who spoke with the inspector reported that they knew how to raise a complaint and that staff were approachable and prompt in their actions to address the issues raised.

Judgment: Compliant

## Quality and safety

While areas for improvement were identified by the inspector, there were also areas of good practice observed during the inspection. The inspector followed up on five actions identified under the dimension of quality and safety, from the last inspection in February 2019. All but one action had been completed.

Residents had individual comprehensive assessments of their needs completed with validated assessment tools. This informed the development of person-centred care plans for each resident. The inspector noted, however, ongoing gaps in some care plans regarding involvement of residents and their families when appropriate, in care plan reviews.

Residents had good access to GPs who visited the centre weekly and good access overall to health and social care professionals. Greater oversight by management in the centre was required however for residents at risk of malnutrition as dietitian referrals and review were not timely for all residents with gradual weight loss.

Residents reported that they were happy with their bedrooms and were encouraged to personalise their rooms as they wished. There was adequate storage for residents' possessions and arrangements in place for residents to secure their valuables safely. Overall the premises was comfortable and well maintained. There was, however, a lack of appropriate storage for equipment such as resident moving and handling equipment. Additional hand rails were required in most toilets in the

centre to provide support for residents.

There was a risk management policy and procedure in place to inform staff. There was a risk register maintained in the centre and this was reviewed and updated regularly. Some risks identified by the inspector during the inspection, required assessment by the management, controls implemented and addition to the risk register for monitoring.

There was a fire safety policy in place in the centre. Staff had received fire safety training and participated in evacuation drills regularly. There were a number of large fire compartments in the centre, the largest had capacity for 16 residents. Although fire drills were carried out regularly, records indicated that no fire drill had been completed to practice evacuation of this entire compartment with night-time staffing levels, when staffing was at its lowest. Further assurances were requested from the provider, regarding the arrangements for safe evacuation of residents from all compartments, and in particular compartments with capacity for 8, 10 and 16 residents in the event of an emergency.

Residents' right to choice was respected and supported by staff and there was a varied activity programme for residents of all abilities in the centre. Residents reported to the inspector that they enjoyed the choice of food provided to them in the centre and the inspector noted that there were sufficient numbers of staff to support residents during meal time.

There was a clear policy in place in relation to the detection of abuse and safeguarding of residents. Staff had received training and those who spoke to the inspector were clear about their responsibility to keep residents safe and report any concerns in relation to abuse. Residents reported they felt safe in the centre.

## Regulation 12: Personal possessions

There were arrangements in place in the centre for residents to secure their valuables safely and all bedrooms had a lockable space. The registered provider acted as a pension agent for four residents living in the centre and there were arrangements in place by the management team for the management of small amounts of residents' monies and valuable if required. Records of transactions were maintained and balances checked were correct.

There was adequate storage for residents' clothes and possessions and residents who spoke with the inspector expressed their satisfaction with the storage available to them in their bedrooms. Residents' clothes were laundered in the centre's laundry and there were effective procedures for labelling and for the safe return of residents' clothes. Residents and residents' relatives were satisfied with these arrangements. The inspector observed that residents clothes were clean and well cared for.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. Overall the premises was well decorated and maintained providing a comfortable environment for residents to live in. However, there were some issues identified by the inspector as outlined here:

- the majority of toilets in the centre did not have a second handrail to provide support residents when using facilities.
- there was limited storage in the centre for the storage of moving and handling equipment such as full body hoists, standing aids, laundry containers and so on. This resulted in hoists being stored inappropriately in communal toilet and shower facilities.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector followed up on the action identified on the last inspection and found that this had been addressed. The inspector observed that there were sufficient numbers of staff to offer discreet support to residents who required this at meal times and that residents were in appropriate and safe positions. The inspector observed that residents were offered choice and extra portions at meal times by staff. Overall residents and relatives who spoke to the inspector reported that they enjoyed their meals in the centre.

Judgment: Compliant

### Regulation 26: Risk management

There was an up-to-date risk policy and procedure to inform management of risks in the centre. This supported the provider and management team to identify where risks were occurring. Actions were put in place to control risks where they were identified. Potential and actual risks were recorded in the centre's risk register and monitored until actions were completed. The risk register was reviewed and updated every three months.

Some potential hazards had not been identified or assessed however. For

example, the inspector observed unsecured cleaning solutions on cleaning trolleys which were unsupervised in a corridor. This posed a risk of ingestion by vulnerable residents of these unsecured solutions. Also the inspector noted that slings used to move dependent residents were stored in communal toilet and shower rooms in which open laundry containers were also stored. This posed a risk of risk to infection prevention and control in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was good oversight of staff fire safety training. All staff were up-to-date with their mandatory fire training and had partaken in evacuation drills. Staff that spoke to the inspector were knowledgeable regarding the evacuation procedure. There were personal emergency evacuation plans developed for all residents in the centre to inform staff of residents' individual evacuation needs.

There was documentary evidence of daily and weekly fire safety checks. Fire fighting equipment was dispersed throughout the centre and annual assessment and servicing of this equipment had been completed. There was, however, one gap noted in the quarterly servicing of emergency lights for 2019.

The inspector noted a number of large fire compartments in the centre; the largest having capacity to accommodate up to 16 residents. There was no record detailing a fire evacuation drill for this compartment. The inspector was not assured that this 16 bedded compartment or the other larger compartments in the centre could be safely evacuated when staffing levels were at their lowest, at night time when six persons were on duty. An immediate request for assurances was requested from the provider. This was submitted to the chief inspector following the inspection with an action plan developed to ensure measures are in place to safely evacuate residents from all compartments in the event of an emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Admissions processes included a pre-assessment of prospective new residents to ensure that the centre could meet their needs. There was evidence of comprehensive assessment of residents' individual needs using validated assessment tools on admission to the centre. Based on these assessments, individual care plans were development to direct staff when providing care and support to residents.

Overall, the care plans viewed by the inspector were person-centred and described residents' care needs, abilities and preferences. The care plans were reviewed and updated at three month intervals. The inspector noted from the sample of care plans viewed that there continued to be some gaps in documentation to evidence that residents or their families were consulted during these reviews.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to General Practitioner (GP) including out-of-hours medical care. There were arrangements in place for access to tissue viability nursing and speech and language therapy on a referral basis as required. A physiotherapist and occupational therapist were employed to visit the centre on a weekly basis. The inspector noted a significant number of specialist pieces of equipment being used by residents in the centre, evidencing the benefits for residents from the arrangement put in place by the provider to access occupational therapy input.

The inspector was informed by the provider representative of an ongoing concern regarding one resident's prolonged wait for reassessment by Health Service Executive (HSE) occupational therapy (OT) services. The resident, who was known to the community services, had been waiting over four months at the time of the inspection, for assessment for a bespoke highly specialist chair. As a result the resident spent most of their time in bed in their bedroom due to lack of comfortable seating, posing a significant risk of pressure sore development, risk of malnutrition and social isolation. The provider had arranged the referral and followed up with the HSE to prioritise a seating assessment for the resident. The provider had also put arrangements in place to support residents to access the specialist assessments and services privately. Therefore the inspector was satisfied that the provider had met their regulatory requirements.

While there were arrangements to refer residents at risk of malnutrition and weight loss to a dietitian, the inspector noted that systems in place to monitor residents with gradual weight loss required strengthening to ensure timely referral for dietitian assessment and input.

Judgment: Substantially compliant

## Regulation 8: Protection

There was an up-to-date policy in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Staff were clear on

the steps to take if they witnessed, suspected or received allegations of abuse. Staff were trained annually on safeguarding in the centre and at the time of the inspection this was up-to-date.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a varied activity programme providing occupational and recreational opportunities for residents of all abilities. Group activities ongoing on a weekly basis in the centre included chair yoga, knitting club, sonas, and so on. The inspector observed that staff supported residents to participate in meaningful activities by informing and inviting residents to group activities. Residents with one-to-one activation needs were being met in the centre. The inspector observed that residents with one-to-one activity needs attended the centre's snoozaleum room for sensory therapy, relaxation, hand massage and aromatherapy. The inspector observed activity staff who knew residents well visited residents in their rooms to carry out gentle exercise programmes, to reminisce and have conversations with residents. An opportunity to improve residents' activities records was noted by the inspector through the addition of information on residents' level of enjoyment and engagement. This detail could be used to inform ongoing quality improvement and refinement of the activity schedule.

Residents' right to exercise their civil, political and religious preferences were supported by the staff in the centre. There was an oratory in the centre, residents enjoyed spending reflective time there. Daily mass celebrated in the local church was video linked into the centre and residents were supported to say rosary regularly. Residents were consulted regarding the planning and organisation of the centre.

Residents' right to choice was respected in the centre. Residents who spoke with the inspector reported they chose their daily routine and daily activities to participate in. Those who preferred to spend quiet time in their bedrooms reading, watching television or resting were respected and supported by staff to do so. The inspector observed respectful and kind interactions between residents and staff and residents were offered choice regarding food, activities and so on. The inspector observed, however, that in one twin bedroom there was only one television set, this did not support choice of television viewing for both residents occupying this room.

Residents' privacy and dignity were respected by staff, the inspector observed staff knocking on doors before entering and provided care in a discreet manner. Privacy curtains were insufficient to provide privacy in one of the centre's twin bedrooms however, the inspector raised this with the management who undertook to address the issue immediately.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Residents living in the centre who experienced episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort, with their social or physical environment) were provided with appropriate positive behavioural supports to meet their needs.

On the day of the inspection the use of restrictive practices remained relatively high with 18 of the 55 residents using one or more bedrails. There was, however, evidence of ongoing work to reduce the level of restrictive practices in the centre through education and provision of less restrictive alternatives for residents. The inspector followed up on the action identified during the last inspection and found that care plans related to the use of bed rails and other restrictive practices contained person-centred and sufficient detail to direct staff when using and carrying out safety checks on restrictive equipment. There was a restraint register maintained in the centre.

The inspector observed that there was restricted access to outdoor space in the centre despite having a number of secure outdoor spaces, such as an inner courtyard, for residents. This was discussed with the provider representative and person in charge who informed the inspector this was due to the inclement weather conditions and that during better weather conditions there was free access to the secure outdoor spaces for residents when staff were available to supervise. The inspector requested for this to be reviewed to ensure residents who were assessed as safe to do so, could freely access outdoor space at all times of the year.

Judgment: Substantially compliant



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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | 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 31: Notification of incidents              | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 12: Personal possessions                   | Compliant               |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 18: Food and nutrition                     | Compliant               |
| Regulation 26: Risk management                        | Substantially compliant |
| Regulation 28: Fire precautions                       | Not compliant           |
| Regulation 5: Individual assessment and care plan     | Substantially compliant |
| Regulation 6: Health care                             | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging  | Substantially compliant |

# Compliance Plan for Blainroe Lodge OSV-0000016

Inspection ID: MON-0022695

Date of inspection: 15/01/2020

## 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 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>(i) All bathrooms have the handrails. In addition, all residents are risk assessed on admission for their falls risk using the Cannard tool. Any resident identified as requiring a second handrail in their ensuite will have same supplied and fitted as required.</p> <p>(ii) All communal bathrooms that do not have a second rail will be assessed and an additional rail fitted as necessary, to support residents when using the facilities.</p> <p>(iii) Additional storage space has been identified for hoists. This will ensure that hoists are not stored in communal toilet and shower facilities.</p> <p>(iv) A review of the laundry hampers has taken place and are no longer stored in communal toilets.</p> |                         |
| Regulation 26: Risk management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>(i) Further reviews of hazards were completed and an additional cleaning solution storage box for mobile cleaning trolleys is currently being trialled. Once a successful storage option is agreed same will be implemented across the nursing home</p> <p>(ii) Additionally, house -keeping staff have been advised not to leave cleaning trolleys unsupervised at any time</p> <p>(iii) Laundry hampers are stored in designated areas and not in communal toilets/ shower rooms.</p>  |                         |

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| Regulation 28: Fire precautions  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/> There is an ongoing service agreement in place for regular testing and servicing of emergency lights, this is managed and overseen by the Facilities Manager. An additional monitoring step by the Home Manager has now been put in place to ensure that fire safety equipment is serviced as per requirements.</p> <p>While fire drills were in place as per the requirements, the HM will ensure that going forward a schedule for fire drills is rotated throughout the home over a twelve-month period and will include simulated evacuations of all compartments sizes.</p> <p>While assured of safe fire evacuations, additional measures have been taken including actioning a plan to reduce the largest compartment; and from the simulated fire drills that were conducted this action provides further assurance of timely and safe evacuation.</p> |                         |
| Regulation 5: Individual assessment and care plan  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:<br/> The person in charge will continue to audit the care plan reviews on a monthly basis and any gaps identified will be actioned and discussions held with families and resident re the reviews will be recorded.</p>   |                         |
| Regulation 6: Health care  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:<br/> A comprehensive system is in place, which includes ensuring that all residents are weighed at a minimum of monthly. The Person-in-Charge reviews all residents weights monthly with senior Nursing staff; followed by a review and update of any changes to food plans and/or care plans with the appropriate staff. Following review with the GP referrals as appropriate are made to MDT members. Residents who are known to, and</p>  |                         |

have seen by, dietetic services and have treatment plans in place are monitored for the effectiveness of the treatment plans. Should they show no improvement or continue to deteriorate referrals are made to the appropriate MDT members. Where there are individual residents who do not respond as might be expected to interventions, despite being administered prescribed treatments & action plans being implemented, the Person-in-Charge / Senior Nurse discusses with the resident's GP to determine what additional interventions may be required.

|  |                         |
|--|-------------------------|
| Regulation 9: Residents' rights  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> A new privacy curtain in the shared room has been ordered that fits better to size with a temporary curtain in place while awaiting delivery.</p> <p>A second TV has been placed in the room.</p>  |                         |
| Regulation 7: Managing behaviour that is challenging   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:<br/> As outlined on inspection access at the time was limited due to a storm warning and particularly bad weather. The door to the courtyard is open otherwise.</p> <p>In addition to current access to the external courtyard and outdoor space on further review the door codes for access to the courtyard area will be being displayed so that it is available to all residents in the centre should the door be closed.</p> |                         |

## 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 17(2)         | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.  | Substantially Compliant | Yellow      | 31/03/2020               |
| 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 centre. | Substantially Compliant | Yellow      | 21/02/2020               |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment.  | Substantially Compliant | Yellow      | 21/02/2020               |
| Regulation 28(2)(iv)     | The registered provider shall make adequate   | Not Compliant           | Orange      | 20/03/2020               |

|                    |   |                         |        |            |
|--------------------|---|-------------------------|--------|------------|
|                    | arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.   |                         |        |            |
| 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 | 21/02/2020 |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.             | Substantially Compliant | Yellow | 21/02/2020 |
| Regulation 7(3)    | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on   | Substantially Compliant | Yellow | 20/02/2020 |

|                    |   |                         |        |            |
|--------------------|---|-------------------------|--------|------------|
|                    | the website of the Department of Health from time to time.  |                         |        |            |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 21/02/2020 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.   | Substantially Compliant | Yellow | 21/02/2020 |