

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blarney Nursing and Retirement Home
Centre ID:	OSV-0000202
Centre address:	Killowen, Blarney, Cork.
Telephone number:	021 438 1631
Email address:	brianblarney@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blarney Nursing and Retirement Home Limited
Provider Nominee:	Brian O'Connor
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	2

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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 June 2016 09:30	15 June 2016 18:00
16 June 2016 09:00	16 June 2016 14:00

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 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was the ninth inspection of Blarney Nursing and Retirement Home by the Health Information and Quality Authority (HIQA). The providers had applied to renew registration of the centre. The inspection was announced and took place over two days. As part of the monitoring inspection, the inspector met with residents, relatives, the provider, the person in charge and staff members. Inspectors observed

practices and reviewed documentation for example, care plans, incident records, training records, policies and staff files. The provider and person in charge were proactive in responding to the actions required from previous inspections. There were 24 residents in the centre during the inspection and there were two vacant beds.

The inspector found that the premises, furniture and fittings were of a high standard and the centre was very clean and well maintained. There was a nice, fresh standard of décor throughout. Feedback from residents and relatives was one of satisfaction with the service and care provided. The results of the pre inspection questionnaires sent by out by HIQA prior to the inspection, were reviewed by the inspector. These were found to include positive comments in regards to the staff and the provision of care. Residents and relatives were complimentary of the variety, quality and choice of activities in the centre.

Family and community involvement were encouraged in the centre. Relatives and friends of residents were seen to visit throughout the inspection. Those who were spoken with by the inspector stated that they were always welcomed by staff. The inspector formed the view that care was person-centred and individualised and appropriate staff training was provided. This will be discussed further in this report.

The centre was found to be in substantial compliance with the requirements of Regulations. However, some improvement was required to comply 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. The improvements were required in the area of updating care plans following a hospital admission.

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 Quality 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):

No actions were required from the previous inspection.

Findings:

The inspector viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis.

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):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The inspector viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff meetings reviewed. There was evidence of

consultation with residents and their representatives. There was a quality improvement initiative being undertaken in the centre. For example, the inspector saw evidence which indicated that 'osteoporosis' was being discussed during the week of inspection. Minutes of staff meetings were viewed and staff supervision and appraisals were ongoing.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a Resident's Guide available to residents. It contained all the required information and a copy was seen in each resident's bedroom. In a sample of residents' files reviewed the inspector found that there was a written contract signed and agreed on admission. Each resident's contract outlined the care and services available in the centre. The contracts specified the fees to be charged and outlined the services which were to be paid for by residents, for example, hairdressing fees and bus outings.

The centre paid for a physiotherapist to attend the centre each weekend to facilitate chair based exercises for residents. Private physiotherapy sessions were also available to residents and the fees for this were set out in the contracts.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had been in this position for three years. She worked full time in the centre and was a nurse with experience in the care of the older person. The person in charge demonstrated clinical knowledge in ensuring suitable and safe care. She

demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met daily with the provider and also stated that she met with her deputy on a twice weekly basis. Minutes were maintained of these meetings. The person in charge organised audits and analysed the outcomes to improve care. She explained to inspectors that she was engaged in continuous professional development and promoted continuous improvement in residents' care and best evidence based practice. She had qualifications in gerontological nursing and was trained to deliver in house training, for example end of life care.

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):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible to the inspector. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector. The policies required under Schedule 5 of the Health Act 2007 were in place and were seen to be reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice, for example the policy on person centred care and the policy on advocacy and consent. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the

management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the centre during her absence. There was a suitably qualified person in place to deputise in the absence of the person in charge.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. This had been updated and referenced the Health Service Executive policy (HSE) 2014. The provider explained that he had read this policy and had synopsised it for the staff. The inspector found that all staff had read and signed this new document. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Training records were reviewed and these indicated that all staff had received updated training. Residents stated they felt safe and attributed this to the attentiveness and kindness of staff.

Systems were in place to safeguard residents' money and this system was monitored by the provider and person in charge. This system included two staff signing for any money lodged or withdrawn. A sample of financial records checked were seen to be in order. Each resident had a personal plastic wallet for their money to facilitate safe storage. These were securely stored in a safe. The inspector viewed receipts and invoices for residents' fees which correlated with electronic records. The provider stated that there

was a transparent approach adopted to financial matters. The inspector viewed copies of letters sent to residents and their representatives which outlined any fee change.

The use of bedrails was notified to the Authority as required by the Regulations and these were checked regularly when in use. Consent for their use had been signed and the inspector viewed the risk assessments which had been undertaken prior to their use.

A policy on managing behaviour that challenged, which was related to the psychological and behavioural symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place which indicated that distraction and de-escalation techniques were employed as a first response, if required. Staff spoken with were aware of this policy and had received training to update their knowledge and skills.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
A health and safety statement was in place and it was updated every three years. The risk management policy was reviewed and risk assessments carried out were specific to the centre and to residents' safety. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets, the floor covering was safe and an audit of health and safety was undertaken monthly. An external health and safety audit had also been undertaken on 26 May 2016 by a suitably qualified person and the results of this were available to the inspector. Risk assessments were updated following incidents. For example, bedrails were removed following a fall. In addition, the resident was supplied with a low-low bed and a 'falls mat' was placed by the bed. In addition, a magnetic 'fall alarm' was also put in place to alert staff if the resident required assistance.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures were located near hand washing facilities and a contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits, ensuring the alarm panel was working and weekly testing of the fire alarm. The fire alarm panel and

emergency lighting were serviced regularly and all fire equipment was serviced on an annual basis. These records were viewed by the inspector. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety. Fire drills took place on a three-monthly basis. Records of the previous fire drill were reviewed by the inspector. This took place on 16 May 2016 and all residents were evacuated in four minutes.

Staff were trained in moving and handling of residents. Training records viewed by the inspector confirmed this. Documentation was available which indicated that equipment was serviced regularly. There was no closed circuit TV (CCTV) in the centre and the provider stated that the centre was a no smoking environment.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Each resident was protected by the designated centre's policies and procedures for medication management. The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The general practitioner (GP) reviewed medications on a three monthly basis. For example, psychotropic drugs were reviewed for one resident. The inspector found that these were withheld when the resident became drowsy. Medicines which were required to be crushed had been prescribed for residents where appropriate. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medication management practices and medications were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. Safe medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the person in charge checked the medication stock and residents' prescriptions on a monthly basis. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and GP, where possible. Advice provided by pharmacist was accessed for staff and residents. The person in charge stated that the pharmacist facilitated staff training and was available to speak with residents.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to the Authority as required. The person in charge was found to be aware of the Regulations related to notifications.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy (OT) and dietician were available when required. The provider informed the inspector that the centre paid for a number of OT referrals for residents. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments to consultants or allied health services. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were carried out among others. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place prior to admission. The person in charge carried out these pre admission assessments and a

sample of the completed forms were reviewed by the inspector. Appropriate care plans were seen to be in place which were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. However, the inspector found that a resident who had sustained a non displaced fracture of her lower leg did not have an updated pain chart in place. The person in charge stated that the resident had no pain. However, this was not documented on the evidence based pain tool which was available in her file. The person in charge stated she was currently reviewing all the care plans with the staff and residents.

There was a comprehensive file of residents' life stories in place. These were developed over a period time and were supported by family involvement. Information from these was used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and capacities. There was an emphasis on promoting health and residents' general well being. Residents were encouraged to partake in crosswords, conversation, card games and puzzles in order to promote and maintain cognitive capabilities. Opportunities to enhance residents' mental well being were provided by showing old films and reminiscing afterwards on the residents' experiences. Throughout the inspection there were a number of activities planned. The inspector was present for a music session, a quiz, a game of skittles. A number of staff as well as the provider facilitated these. There was a happy atmosphere created by the interactions between residents and staff. The provider stated that his background in social care influenced the formulation of a challenging and stimulating activity programme for residents.

Judgment:

Substantially 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 design and layout of the centre promoted residents' independence and wellbeing. There was a functioning call bell system in place and there was adequate storage available for residents' belongings. The provider maintained a safe environment for residents' mobility with handrails in circulation areas and suitable floor covering. The decoration throughout was of a good standard and an ongoing redecoration programme

was in place. Adequate space was available to support residents' privacy. There was a variety of communal space available. At the time of inspection the centre appeared warm and bright. Personal items were displayed around the home as well as in residents' bedrooms.

The premises and grounds were well-maintained. The size and layout of bedrooms was suitable to meet the needs of residents. Most of the bedrooms in the newer section of the building had en suite facilities. The provider stated that the insulation had been improved in the older section of the building to improve heat retention and comfort for residents. There were also a number of double bedrooms which had toilet and shower facilities adjacent to the rooms. However, a small number of double rooms did not have a TV installed. This was addressed under Outcome 16: Residents' rights, dignity and consultation. The bedrooms however, were modern and spacious and residents were seen to have large comfortable armchairs next to their beds. There were two sitting rooms, a dining room, a separate kitchen and two visitors' rooms in the centre. The dining room was large enough to seat all residents and was located next to the kitchen. Equipment was well maintained and service records were available to the inspector. Residents were positive in their comments in relation to the laundry arrangements and the linen cupboards were seen to be well stocked. There was a well equipped laundry and appropriate sluicing facilities in the centre.

The inspector noted that residents were facilitated to enjoy garden parties during the summer and autumn of the previous year. In addition, the gardens were easily observed through the large windows and residents spoken with expressed that they enjoyed the view. They spoke with the inspector about the recent garden party. There was a secure outdoor patio area which was accessible to residents. This area was furnished with patio furniture, flower pots and a 'grotto'. The person in charge stated that this area was popular with residents. Residents spoken with confirmed that they enjoyed the peaceful outdoor setting.

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and

stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. There was a transparent open approach to listening and dealing with complaints. The level of complaints was low due to robust management of concerns expressed.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

Care plans and care practices were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room and access to specialist palliative care services if required. The inspector reviewed the end of life policy. The policy focussed on the holistic needs of residents and their relatives. Relatives were encouraged to stay overnight in the event that a resident's condition deteriorated.

The person in charge discussed the training which had been provided to staff. She stated that some residents had discussed their advanced care wishes. These were seen to be documented in the relevant care plans. Property inventories were maintained for residents who were encouraged to bring in favourite items from home. These inventories were updated when necessary. There was an end of life box available in the centre. This contained items for spiritual care such as prayer leaflets and candles. In addition, an end of life symbol shown to the inspector was which was displayed if a resident was dying.

Residents were facilitated to participate in spiritual events. For example, one resident informed the inspector that her relatives had brought in a 'statue' from her old home to be used during the May religious ceremonies. Mass was celebrated regularly and prayers were said daily as part of a group activity.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy for the monitoring and documentation of nutritional intake was in place. Residents had a nutritional assessment on admission and this was repeated on a three-monthly basis. Residents' weights were checked and recorded monthly. The food provided was nutritious and available in sufficient quantities. It was varied and took account of dietary requirements. Meals were available at flexible times and at times suitable to residents. Residents had access to fresh drinking water at all times and the inspector observed staff offering drinks to residents throughout the day. A choice of food and a menu was provided at each mealtime.

The kitchen was seen to be well stocked and very clean. Residents requiring support were assisted to eat and drink in a sensitive and appropriate manner. Residents dined together in the dining room where the tables were seen to be suitably set up with nice cutlery and tableware. The inspector sat with a group of residents at evening tea time and observed that mealtimes were seen to be unhurried social occasions. Residents were seen to engage, communicate and interact with each other and staff. Residents spoke about their meals with the inspector and stated that these were served at times which suited them. Residents also expressed that the food was very good and that choice was available at each meal.

The chef had been in the centre for 20 years and had a good rapport with residents. He was found to be familiar with the dietary needs of residents. For example, low sugar products and desserts were available for those with diabetes. He had updated, appropriate training and communicated with the person in charge on a daily basis. Charges to dietary requirements made by the dietician and the speech and language therapist were brought to his attention. He maintained a file of these instructions which was reviewed by the inspector. The chef informed the inspector that the location of the kitchen next to the dining room meant that he could see if residents required second helpings. The majority of residents were enabled to maintain independence when eating their meals and assistive devices were used where necessary. Staff provided discreet support when necessary. Residents were supplied with serviettes where required.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted daily in an informal way for their input into the operating of the centre. The person in charge met with residents each morning and sought feedback with regards to care. Residents attended the residents' forum meetings also. Minutes of the most recent residents' meeting indicated that residents had been informed of how to access an advocate. Information on this external service was displayed and was readily available to residents. Families and representatives were asked to complete an annual survey. The person in charge stated that she got a good response to this and changes would be implemented if requested. Residents were facilitated to exercise their political rights, and voting was accommodated in the centre. The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this; for example, screening curtains were drawn in twin rooms when personal care was being attended to. Residents could access telephone facilities in private. Two rooms were available for residents to receive visitors, if required. These were seen to be utilised during the inspection. There were no restrictions on visits except when requested by the resident or when the visit posed a risk, for example if an infection was present.

Staff were aware of the different communication needs of residents and systems were in place to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour. During the inspection residents were seen to sit and chat together in the dining and sitting rooms. Other activities such as outings were discussed further under Outcome 11: Health and social care needs.

Judgment:

Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents maintained control over their personal property and possessions. The inspector viewed the policy on personal possessions and clothing. There were adequate laundry facilities with systems in place to ensure that residents' personal clothing was marked and safely returned to them. Bed linen was laundered internally and adequate clean supplies were stored in the linen cupboard. Personal clothing was washed at home by residents' representatives in the case of a number of residents.</p> <p>There was adequate space for each resident to store and maintain their own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom for personal items.</p>
<p>Judgment: Compliant</p>

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:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents on duty in the centre. Staffing levels were seen to reflect the roster viewed by the inspector. Staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example training in dementia care issues, manual handling, health and safety, infection control, osteoporosis, incontinence and food hygiene. For example, a number of staff were undergoing in-house training in food hygiene and safety. Staff with whom the inspector spoke confirmed their knowledge of this training. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted in accordance with the centre's policy. The person in

charge explained the induction programme in place for new staff and informed the inspector that probationary meetings were held at three monthly intervals.

A sample of staff files viewed by the inspector were seen to be in compliance with the requirements of Schedule 2 of the Regulations. Relevant staff had undertaken Fetac level 5 training in care of the older adult.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary O'Mahony
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Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Blarney Nursing and Retirement Home
Centre ID:	OSV-0000202
Date of inspection:	15/06/2016
Date of response:	18/07/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A resident did not have a pain assessment recorded, where necessary, following return from hospital.

1. Action Required:

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

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

Please state the actions you have taken or are planning to take:

Pain assessment recorded June 17th 2106

Proposed Timescale: 17/06/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Not all residents had access to a TV in their bedroom.

2. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

Please state the actions you have taken or are planning to take:

All residents have access to TV in communal areas. Plan to provide TV in all bedrooms.

Proposed Timescale: 30/10/2016