

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blair's Hill Nursing Home
Centre ID:	OSV-0000201
Centre address:	Blair's Hill, Sunday's Well, Cork.
Telephone number:	021 430 4229
Email address:	patobrien09@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blair's Hill Nursing Home Limited
Provider Nominee:	Patrick O'Brien
Lead inspector:	John Greaney
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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:
20 June 2017 08:30	20 June 2017 17:10
21 June 2017 08:15	21 June 2017 17:10

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially 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	Non Compliant - Moderate

Summary of findings from this inspection

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. There is also a basement, which houses the main kitchen, staff facilities and other storage areas. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms.

This report sets out the findings of a two day inspection, the purpose of which was to monitor on-going compliance with the Care and Welfare Regulations and the National Standards in response to an application to renew the registration of the centre.

During the inspection, inspectors met with a number of residents, relatives and staff members, including the person in charge and the provider. Inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files. Residents to whom inspectors spoke stated that they were happy living in the centre and that they felt safe there.

Overall, the findings of this inspection indicated that residents received care to a good standard. Staff members spoken with were knowledgeable of residents' individual needs. Staff were seen to interact with residents in a caring and respectful manner. Residents were comprehensively assessed on admission and care plans were developed in accordance with the findings of the assessments. Residents had good access to medical, specialist and allied health services and there was evidence of regular review.

While improvements were noted in the governance structure since the last inspection, inspectors were not satisfied that these were adequately embedded in practice to support the effective monitoring and supervision of care. For example, management meetings had commenced in December and the agenda was sufficiently broad to support the effective and consistent running of the centre. However, there were only two subsequent meetings held and these were in response to a specific incident. Additionally, a deputy nurse manager had recently been appointed but roles and responsibilities had not yet been clearly defined. Inspectors were not satisfied that the management system was sufficient to ensure the effective and consistent running of the centre should the person in charge be absent for a prolonged period.

Improvements were also required in relation to risk management. The risk register contained incomplete risk assessments and were missing pieces of information, including dates, additional control measures and revised risk ratings. The risk assessment used to assess the risk of smoking was subjective in nature and was not adequately followed up with appropriate documentation in care plans.

Other required improvements included:

- the safety statement was dated 2010 and was not signed by the provider
- adequate records of fire safety checks were not maintained
- bathrooms in particular required deep cleaning
- quarterly notifications did not include false alarms in the fire detection system
- the statement of purpose did not include all of the requirements of the regulations
- not all staff had received training in safeguarding practices and in responsive behaviour
- some toilet doors did not have locking mechanisms.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A detailed Statement of Purpose was available to both staff and residents. It contained information on the governance and management of Blair's Hill Nursing Home and a mission statement outlining the designated centre's vision, values and ethos of care. The centre provided general nursing care, respite care, palliative care, convalescence, dementia care, intellectual, physical and nursing care and care for residents with acquired brain injury. The Statement of Purpose described the facilities and services available to residents, and the size and layout of the premises. The statement of purpose did not, however, contain the information set out in the Certificate of Registration as required by the regulations. Appendices listed in the index in relation to the complaints procedure and the contract of care were not included with the document.

Judgment:

Substantially 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):

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

implemented.

Findings:

There was a clearly defined management structure. The person in charge reported to the provider and was supported in her role by a recently appointed deputy nurse manager. Roles and responsibilities were not yet clearly defined for the current management structure. The deputy nurse manager was not on duty on the days of inspection and arrangements were made for inspectors to meet with her at a later date. Inspectors were informed that management meetings had commenced since the last inspection in September 2016. Minutes of these meetings were viewed by inspectors. The first meeting was held in December 2016 and issues discussed included the appointment of a deputy nurse manager, care planning, risk management, audits and medication management. Records indicated there were two subsequent meetings but these were held in response to a specific incident rather than to discuss the on-going management of the centre. While there was a documented management structure that identified lines of accountability, it was not evident that management practices had changed in any way from the previous inspection. While a deputy nurse manager had been appointed, records indicated that this person was not in any way involved in the running of the centre. Inspectors were not satisfied that the management system was sufficient to ensure the effective and consistent running of the centre should the person in charge be absent for a prolonged period.

There was a comprehensive programme of audits, all of which were completed in June 2017. The programme of audits included, health and safety, epilepsy care, restraint, documentation, activities, manual handling, infection prevention and control, and medication management. There was an action plan in response to issues identified in the audits. Improvements were required in relation to the action plan as it did not clearly identify a date for when the actions should be completed or identify who was responsible for implementing the actions. There was an annual review of the quality and safety of care with an associated action plan for identified improvements.

Judgment:

Non Compliant - Moderate

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:

A resident's guide to the centre was available in all residents' rooms. However, the

version available was dated January 2014 and a number of items required updating including; registration details, the organisational structure of the centre and the complaints procedure.

Each resident was provided with a written contract on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. In this contract the registered provider undertook to provide a caring, diligent and dedicated service for the benefit and welfare of residents. The standard nursing home fee included; 24-hour nursing care, accommodation, heating, lighting, food, drink, cleaning, laundry, activities and access to communal daily newspapers. Fees for additional services such as prescriptions, chiropody, physiotherapy, special nursing care and hairdressing were outlined and an updated price list was posted in the nurses' station. Residents under the General Medical Services Scheme were also assisted to apply for chiropody and physiotherapy for free.

Judgment:

Substantially 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:

There was a person in charge who worked full-time, was suitably qualified and experienced in the area of health and social care, and had the required experience in the area of nursing older persons.

There was evidence that the person in charge was engaged in the governance and day-to-day operational management of the centre. Observations of the inspector indicated that the person in charge was knowledgeable of residents' individual needs and residents were aware that she was the person in charge.

Based on interactions with the person in charge throughout the inspection, inspectors were satisfied that the person in charge demonstrated sufficient clinical knowledge and an adequate knowledge of legislation and her statutory responsibilities.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors found that the designated centre had most of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. One policy, with regard to the 'Provision of Information to Residents' was not available. All other policies were comprehensive and centre specific. Staff had signed-off as having read these policies and this was reflected in staff practices.

A Directory of Residents was available as required by Regulation 19. However, details such as; gender, marital status, religion, date of admission and the address for next of kin, were sometimes omitted.

Inspectors saw that all records were securely stored and easily retrievable. Evidence was seen that the centre was adequately insured against injury to residents and loss or damage to residents' property.

Judgment:

Substantially 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:

There was no period when the person in charge was absent for a period in excess of 28 days since the last inspection and the registered provider was aware of the obligation to notify HIQA should this arise. A recently appointed deputy nurse manager was designated to be in charge of the centre in the absence of the person in charge. Concerns that the Inspectors had regarding the management system being sufficient to ensure the effective and consistent running of the centre should the person in charge be absent for a prolonged period are covered under Outcome 2, Governance and Management.

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):

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

Findings:

There was a policy in place for the prevention, detection and response to abuse. Not all staff members had received up-to-date training on recognising and responding to abuse, however, this training was booked and was scheduled to take place in the days following this inspection. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

There were adequate systems in place for the management of residents' finances. The centre held small sums of money for safekeeping on behalf of residents and adequate records were maintained of all transactions for and on behalf of residents. The provider was advised to consult with their bank in relation to the most appropriate method of managing the finances of residents for whom they were a pension agent, in order to be in compliance with department of social protection guidance.

There was a policy in place for managing responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). There were a number of residents in the centre on the days of inspection that presented with responsive behaviour. Based on discussions with members of staff, they had the knowledge and skills to appropriately respond to and manage incidents of responsive behaviour. Not all

staff, had up-to-date training in responsive behaviour.

A restraint free environment was promoted. The only form of restraint evident in the centre on the days of inspection was in the form of bedrails. Where bedrails were in place, there was a risk assessment completed prior to the use of restraint, and safety checks while restraint was in place.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

Certain infection control risks were identified during the previous inspection. These included the need for additional deep cleaning of shower trays and some wash hand basins. While the centre was generally clean, the need for additional deep cleaning (including grouted areas) of shower trays, wash hand basins, taps, toilets and bed trays was apparent. Hygiene and cleanliness was also an issue identified in the complaints log and information received by HIQA.

Blair's Hill Nursing Home had updated the policy relating to risk management following the last inspection and it now included all of the items set out in regulation 26(1). Risks were rated by assigning a value to the likelihood of their occurrence, and a descriptive risk rating, which included the probability of occurrence and severity of occurrence. This method of rating risks could be unnecessarily complicated. The centre had identified smoking as a risk. However, the risk assessment was subjective, overly narrative and not followed up with appropriate documentation and care plans. The risk register was duplicated in two places. One dedicated risk register existed in addition to a more current detailed register in the safety statement folder. However, both risk registers contained incomplete risk assessments and were missing pieces of information including dates, additional control measures and revised risk ratings.

Arrangements were in place for recording, investigating and learning from serious incidents or adverse events involving residents. An accident and incident log recorded the details of such events, the investigation process, the outcome and any follow-up actions taken. The centre had recently begun annual audits of the centre's facilities and operations including accidents and incidents. This looked at trends and patterns in order to mitigate the likelihood of future reoccurrences. However, actions outlined did not

include a timescale for completion.

A safety statement was available for the centre which included the identification of hazards, elimination of waste, consultation with employees, personal protective equipment, safe working systems and health risks. However, this statement was dated December 2010 and had not been signed.

An emergency response plan contained instructions for how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property, and an alternate location to accommodate residents in the event of a full evacuation.

Policies and procedures on infection control were regularly reviewed and updated by management. The centre had responded to advice from an infection control nurse and installed additional hand sanitizers and awareness raising posters throughout the centre. Separate hand wash sinks were available in areas where infected material or clinical waste was handled.

Blair's Hill nursing home had contracted the services of a consultant engineer in recent years to upgrade fire safety features and procedures as required by regulations and the Cork City Fire Service to achieve a Fire Safety Certificate. A new fire panel had been installed along with a private phone line to report fire emergencies. Inspectors found suitable fire equipment was available throughout the centre. Fire evacuation procedures were prominently displayed. All staff had participated in mandatory annual fire training and regularly practiced drills. Staff spoken with were knowledgeable as to personal emergency evacuation plans for residents, the use of ski sheets, compartmentalisation and fire exits. A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms. A fire register was available which included records of completed in-house tests. However, the format of this fire register did not cover all in-house tests recommended by HIQA as best practice in, Fire Precautions in Designated Centres, 2016. Exits and fire doors were not checked daily and lighting and fire equipment was not checked weekly.

Assistive equipment, lifts and hoists were seen to be serviced regularly but slings shared between residents were not included in a regular servicing schedule. In-house maintenance checks were regularly carried out on call bells, bedrooms, toilets, bathrooms and any other maintenance requests were seen to be addressed promptly.

Judgment:

Non Compliant - Moderate

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:

There was a medication management policy for ordering, prescribing, storing and administration of medicines. Inspectors viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.

The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. There was an adequate system in place for stock control to ensure that all medicines were in date and that an excessive amount of drugs were not stored in the centre.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. Records were maintained of drug errors, which were reviewed by the person in charge with recommendations to prevent reoccurrence. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

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):

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

Findings:

A quarterly report was provided to the Authority to notify the Chief inspector of any incident which did not involve personal injury to a resident. However, this report did not include false alarms in the fire detection system as recorded in the fire register.

Judgment:

Substantially 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):

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

Findings:

Inspectors noted that residents appeared to be generally well cared for, which was supported by residents' comments that their daily personal care needs were met. Residents were supported to maintain their independence and many were seen to move freely around the corridors and in communal areas.

Residents had access to GP services and the majority of residents were under the care of one GP, however, choice of GP was available. The GP visited the centre regularly and there was evidence of on-going review. There was also access to out-of-hours GP services.

Residents had access to the services of a physiotherapist that visited the centre every two weeks to support resident to maximise their independence in relation to mobility. Dietetic and speech and language therapy (SALT) services were provided by a nutritional supply company and were available on a referral basis. All residents were offered a review by a visiting dental service and also by a visiting optician service, a number of months prior to this inspection.

Residents received a comprehensive assessment on admission and at regular intervals thereafter. Evidence based assessment tools were used for issues such as the risk of developing pressure sores, dependency level, and the risk of falling. However, some improvements were required as, even though residents were weighed regularly and were monitored for weight loss, an evidence-based tool was not used to assess residents for the risk of malnutrition. Care plans were developed for issues identified on assessment and many of these were personalised. However, some improvements were also required in relation to care planning. For example, some changes had been made to the type of care plan used and new care plans primarily consisted of a narrative note, which identified the current status of the resident and identified relevant care requirements. It did not, however, provide adequate guidance on the care to be delivered for the issues identified. For example, while staff outlined the care needs of residents with responsive behaviour to inspectors, this information was not detailed in care plans.

Residents had a vital signs sheets that monitored their blood pressure, temperature and pulse on a regular basis. Blood sugar levels were monitored for residents with diabetes and coagulation times were measured for residents prescribed warfarin. Nurses recorded the care provided to each resident on a daily basis in their nurses notes. Inspectors reviewed the care plan on one resident that had a wound and found that it was appropriately managed. There was documented evidence that residents and/or their relatives were involved in the development of care plans and this was supported by discussions with residents and relatives.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. There is also a basement, which houses the main kitchen, staff facilities and other storage areas. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor.

Overall, on the days of the inspection the centre was bright and generally in a good state of repair. The entrance porch lead to a conservatory style sitting room which was comfortably laid out with leather chairs, pillows, blankets and side tables. Large fish tanks occupied by exotic fish provided a focal point. The nursing home itself was set high against a stone cliff face. One side of the dayroom was fitted with large panels of glass, looking out onto a veranda and taking advantage of the views of the city below. The veranda could only be used by residents while being supervised by staff as it was not enclosed.

There were two small dining rooms located on either side of the nurses' office. Bedrooms were suitably spacious and most had been personalised with residents' personal property and possessions. There was adequate storage in the bedrooms for residents' clothes. There was adequate car parking at the front of the building.

There was a smoking room which was octagon shaped, and fitted with electrical sensors with automated extractor fans. The room itself contained a television but was otherwise sparsely furnished. There were appropriate bins, ashtrays, fire blankets, smoking aprons and ashtrays. However, the doors to this area were continuously left open which allowed smoke to permeate out of the room into the surrounding corridors. Additional required improvements included open access to the bottom of the stairwell on the ground and first floors through unsecured swing gates. Coded locks had been applied to the gates at the top of the stairwell but not at the base.

There was appropriate equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames and records indicated an adequate programme of maintenance. Records, however, did not indicate that hoist slings were included in the maintenance programme. There were adequate procedures in place for the management of waste, including clinical waste.

There were adequate sanitary facilities and there were bathrooms conveniently located for residents whose bedrooms were not en suite. Some toilets, however, were not fitted with locks to support residents to maintain their privacy. There was a large kitchen in the basement with adequate cooking facilities and equipment.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The most recent version of the complaints procedure was displayed in a prominent position in the centre and copies were provided in all residents' bedrooms. The policy and procedure highlighted; the complaints officer responsible for dealing with all complaints, a second nominated person to ensure that complaints were appropriately responded to, and details of an independent advocate to deal with the appeals process.

Inspectors reviewed the complaints log and saw that all complaints were being

recorded, along with the results of any investigation, action taken and whether or not the complainant was satisfied with the outcome.

Resident and relative feedback questionnaires also confirmed complaints were responded to promptly, with sensitivity and respect. However, no annual audit of the complaints process had taken place and complaints were not always documented in the relevant resident's care plan.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were written policies and procedures in place for end-of-life care. Staff were supported in the provision of end of life care by the residents' GPs and the community palliative care team.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes. Practices respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. Most residents were accommodated in single rooms.

Considerable efforts had been made to document residents' wishes in relation to end of life care. The resuscitation status of each resident was clearly documented and a clinical rationale for the decision was recorded.

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):

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

Findings:

There were policies and procedures to support the management of nutrition. There were adequate systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter.

Most residents had breakfasts in the dining room and residents were seen to be coming to the dining room throughout the morning following the provision of personal care.

Residents were offered a choice of food at mealtimes, including residents that were prescribed modified diets. Alternatives to what was on the menu were also provided to residents that requested this. The inspector noted that residents prescribed specific diets received the correct diet. Food appeared to be nutritious, was attractively presented and available in sufficient quantities. Fluids were available throughout the day and tea/coffee and snacks were served between meals.

On the day of the inspection there were adequate numbers of staff on duty to support residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff.

Residents had access to speech and language therapy (SALT) and dietetic services from a nutritional supply company and there was evidence of referral and review.

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:

Feedback from questionnaires distributed prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives were generally happy with facilities and staff in the centre. Residents and relatives described Blair's Hill Nursing Home as, "very friendly and homely", "peaceful and calm", "a lovely place to live", and staff as being "kind and supportive" and "pleasant and helpful at all times".

Resident and relative consultation and feedback was sought regularly by the Person In Charge using meetings and surveys. Issues raised were analysed and followed up. Feedback forms were also available next to the visitors' book at the entrance to the building, and a suggestion box was located near the nurses' station.

Residents were facilitated to exercise their civil, political and religious rights. Inspectors viewed a register of voters for the nursing home. Mass and the rosary were said frequently and well attended. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Inspectors spoke with one resident who had run his own business and was very good with technology. Management had installed Wi-Fi for this resident such that he could access the internet through his laptop computer from his bedroom.

Visitors were seen to come and go throughout the inspection, but were asked to respect residents' privacy and dignity during morning routines, bedtime and mealtimes. Separate facilities were available to receive visitors besides the day room and bedrooms. Residents also had access to a portable private phone to make and receive phone calls. Entrance to the nursing home was restricted during the night when visitors were required to use an intercom system to open entrance gates. CCTV was in place in a number of locations taking account of security risks. Residents had the option of locking their bedroom doors but management had access to a master key in the event of an emergency. However, inspectors noted that locks had been removed from toilet doors which potentially compromised the privacy and dignity of residents. This action is addressed under Outcome 12.

The centre organised an activities programme to entertain and stimulate residents. No extra cost was incurred by residents for reflexology, chair aerobics, arts and crafts, music and sing-along. Staff were also seen to engage residents with activities such as hoops and Lego. Most residents seemed to really enjoy the music sessions and staff were seen to also contribute to the singing. However, requests were made in HIQA questionnaires and in-house surveys for more activities, especially activities that included residents with dementia. No one person had responsibility for coordinating activities and the task seemed to be shared between staff, based on availability on the day.

While staff were aware of the communication challenges of some residents and knew how to cater for visually impaired residents, this was not clearly highlighted in care plans. These lacked adequate detail with respect to the level of vision or support required.

The centre displayed a poster for advocacy services, including contact details, in the day room. However, the centre had no official contact with the advocacy service. A volunteer had assumed the role of advocate for residents and had a written contract outlining roles and responsibilities. The provider was advised to make contact with the advocacy service in order to support the current advocate, should the need arise.

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

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

No actions were required from the previous inspection.

Findings:

The centre had a policy on residents' personal property and possessions. Residents appeared well groomed and had adequate storage space for personal belongings in their rooms, including access to a lockable drawer. All clothes, bedding and linen was laundered on site. Colour coded bins were used to separate laundry and red alginate bags were used to identify contaminated infectious material. All clothes were clearly labelled and residents and relatives seemed happy with the service.

Judgment:

Compliant

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:

Based on inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night. However, the provider was requested to review staffing in relation to the length of time it took to administer medications in the morning, when there was only one staff nurse on duty.

Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. New staff underwent three stages of probation after the first, third and sixth month and annually thereafter. The centre also had in place a bank nurse system which was a flexible nursing resource to maintain quality service delivery. These were not contracted employees and there was no obligation to offer work or for nurses to accept work.

Inspectors also reviewed files in relation to volunteers and were not satisfied that all volunteers had their role and responsibilities described or had Garda vetting in place.

Mandatory training was provided for staff relevant to the area in which they worked. All staff had successfully completed evacuation and fire drill training within the last year, and were familiar with what to do in the event of a fire. Manual handling training was also up to date. All kitchen staff had received food hygiene training. Ten staff had not had safeguarding training but this was scheduled to take place in-house the following week. There were also gaps in infection control and responsive behaviour training (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). Other training available to staff included; end of life, medication management, dysphasia and nutrition. Inspectors saw evidence that staff requests for specific further education during appraisal meetings had been facilitated.

Staff meetings were organised on a monthly basis. Minutes of these meetings indicated issues raised included hand hygiene, resident's welfare, smoking supervision, pressure sores, falls risks, dietary changes and waste management. Meetings between nursing staff were also held but these were more focused on medication management and pharmacy issues.

Judgment:

Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Blair's Hill Nursing Home
Centre ID:	OSV-0000201
Date of inspection:	20 and 21 June 2017
Date of response:	01 August 2017

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain the information set out in the Certificate of Registration as required by the regulations.

Appendices listed in the index in relation to the complaints procedure and the contract of care were not included with the document.

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Required information has now been implemented into the Statement of Purpose and Function.

Proposed Timescale: 27/06/2017

Outcome 02: Governance and Management**Theme:**

Governance, Leadership and Management

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

Improvements were required in relation to audit action plans, as they did not clearly identify a date for when the actions should be completed or identify who was responsible for implementing the actions.

2. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Audits have been improved upon as requested. We have applied dates from when the actions to be completed and persons responsible for the implementation of these actions are now specified.

Proposed Timescale: 12/07/2017

Theme:

Governance, Leadership and Management

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

While there was a documented management structure that identified lines of accountability, it was not evident that management practices had changed in any way from the previous inspection. While a deputy nurse manager had been appointed, records indicated that this person was not in any way involved in the running of the centre. Inspectors were not satisfied that the management system was sufficient to ensure the effective and consistent running of the centre should the person in charge be absent for a prolonged period.

3. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A training agenda has now been set up to ensure that the deputy nurse manager is able to take over the running of the Nursing Home if nurse manager is off for prolonged period. She has been given job specification and a job description and a written document outlining her duties and role as an assistant nurse manager. We have assessed her training needs and have arranged a 12 weeks "Nursing Healthcare Regulation Course" in Cork College of Commerce. The content of the course includes: "Healthcare regulation & the Health Act 2007 and understanding the HIQA inspection process and standards and best practice in health and social care and risk management. She will be responsible for audits and reviews. She has been booked to do the training day in Montenotte Care Centre on 9/09/17 on flu management. She has had a good amount of in house training already with hands on management. She has been made aware of what her responsibilities are and is expected to fully partake in the running of the Nursing Home. We will also check out other management training courses.

Proposed Timescale: 18/12/2017

Theme:

Governance, Leadership and Management

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

The person in charge reported to the provider and was supported in her role by a recently appointed deputy nurse manager. Roles and responsibilities in the current management structure were not yet clearly defined.

4. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Roles and responsibilities for the deputy nurse manager have now been clearly defined in writing.

Proposed Timescale: 19/07/2017

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

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

The resident's guide was dated January 2014 and a number of items required updating including; registration details, the organisational structure of the centre and the complaints procedure.

5. Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

Residents Information Guide has been reviewed and updated. Required information has now been implemented into the guide.

Proposed Timescale: 21/08/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy, with regard to the 'Provision of Information to Residents' was not available.

6. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Provision of Information Policy has now been developed and implemented. Awareness staff meeting was held with this regard. Staff received copy of the above policy.

Proposed Timescale: 19/07/2017

Theme:

Governance, Leadership and Management

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

Details such as; gender, marital status, religion, date of admission and the address for next of kin, were sometimes omitted from the Directory of Residents.

7. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

Action has now been taken, staff were made aware of these omissions and of the requirements of the Directory of Residents as per paragraph (3), Schedule 3, and all have now been rectified as much as is possible.

Proposed Timescale: 21/07/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The provider was advised to consult with their bank in relation to the most appropriate method of managing the finances of residents for whom they were a pension agent, in order to be in compliance with department of social protection guidance.

8. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The pension fund we held for one of our residents has now been officially handed over to the next of kin, his son on 21/07/17

Proposed Timescale: 21/07/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The centre had identified smoking as a risk. However, the risk assessment was subjective, overly narrative and not followed up with appropriate documentation and care plans.

The safety statement was dated December 2010 and had not been signed.

9. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Re: safety statement

Our Health and Safety Officer will update the 1st two sections of the safety statement that were out of date when he returns from his holidays mid August. The statement itself was renewed earlier this year.

Smoking risk

A new smoking assessment is now place and an everyday working plan of action is now up and running for residents at risk. All staff made aware about this.

Proposed Timescale: 30/08/2017

Theme:

Safe care and support

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

Both of the centre's risk registers contained incomplete risk assessments and were missing pieces of information including dates, additional control measures and revised risk ratings.

10. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A new risk register has been completed as much as was required but since we are not fully satisfied with this ourselves, a tutor from an external organisation will come on 11/08/17 to do a training day with management and staff. She will review what we have in place and evaluate what we need to do to have it in compliance with regulation. She may need to do additional day when she sees what we have in place. This will be also a part of risk management training for the deputy nurse manager.

Proposed Timescale: 11/08/2017

Theme:

Safe care and support

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

The centre had recently begun an annual audit of accidents and incidents. However, actions outlined did not include a timescale for completion.

11. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The required timescale for completion of accident/ incidents has been implemented and how we are learning from incidents has been added to Incident/Accident policy

Proposed Timescale: 12/07/2017

Theme:

Safe care and support

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

The risk register was duplicated in two places. One dedicated risk register existed in addition to a more current detailed register in the safety statement folder. However, both risk registers contained incomplete risk assessments and were missing pieces of information including dates, additional control measures and revised risk ratings.

12. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The duplicate risk register has now been removed, missing pieces of information have been put in place. A new risk rating has been drawn up and will be put in place once the training session on 11/08/17 has taken place.

Proposed Timescale: 11/08/2017

Theme:

Safe care and support

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

Improvements were required in relation to infection prevention and control, including:

- there was a need for additional deep cleaning (including grouted areas) of shower trays, wash hand basins, taps, toilets and bed trays
- there was an inadequate system in place to prevent cross contamination due to the sharing of hoist slings between residents.

13. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Re: Deep cleaning needs

All the above requirements for deep cleaning have been discussed with the cleaning staff and they are made fully aware of the importance of this kind of cleaning. We are also trying to organise training for the cleaning staff, hopefully by mid September or before. A schedule for deep cleaning of shower trays, wash hand basins, taps, toilets and bed trays implemented.

Re sharing of hoists slings between residents

We will put label on hoist slings for whom we are using this sling. We have 4 slings and four residents for whom we use the hoist, so while they are in Nursing Home that sling will be used for them only, no one else. We will have one spare sling to use in emergency.

All slings and hoists are included in washing schedule.

Staff is aware of risk of cross contamination due to sharing slings and hoist.

Proposed Timescale: 15/09/2017

Theme:

Safe care and support

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

The format of this fire register did not cover all in-house tests recommended by HIQA as best practice in, Fire Precautions in Designated Centres, 2016. Exits and fire doors were not checked daily and lighting and fire equipment was not checked weekly.

14. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

New formats for daily checks of exits and fire doors, and the weekly checks for lighting and fire equipment have been developed. The required checks will be carried out from 08/08/17

Proposed Timescale: 08/08/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Quarterly reports did not include false alarms in the fire detection system as recorded in the fire register.

15. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Written notifications for false alarms will now be included in quarterly report to HIQA.

Proposed Timescale: 31/07/2017

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:

Evidence based assessment tools were used for issues such as the the risk of developing pressure sores, dependency level, and the risk of falling. However, some improvements were required as, even though residents were weighed regularly and were monitored for weight loss, an evidence-based tool was not used to assess residents for the risk of malnutrition.

16. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The MUST tool is now in place and new assessment and planning system for malnutrition is now up and running.

Proposed Timescale: 14/07/2017

Theme:

Effective care and support

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

Some improvements were also required in relation to care planning. For example, some changes had been made to the type of care plan used and new care plans primarily consisted of a narrative note, which identified the current status of the resident and identified relevant care requirements. It did not, however, provide adequate guidance on the care to be delivered for the issues identified. For example, while staff outlined the care needs of residents with responsive behaviour to inspectors, this information

was not detailed in care plans.

17. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

New plan of care has now been drawn up and implemented which provides a better plan for resident requirements. Staff have been made aware of the importance of outlining the current needs of the resident in each care plan. It must be documented in an easy identifiable manner. We will review this again in end of October.

Proposed Timescale: 14/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Required improvements in relation to the premises included:

- the doors to the smoking room were continuously left open which allowed smoke to permeate out of the room into the surrounding corridors
- there was open access to the bottom of the stairwell on the ground and first floors through unsecured swing gates. Coded locks had been applied to the gates at the top of the stairwell but not at the base
- some toilets, however, were not fitted with locks to support residents to maintain their privacy
- hoist slings were not included in the maintenance programme.

18. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Smoking room doors to be kept closed, residents who are at risk are accompanied to smoking room, where staff member put on fire prof apron on residents and will remain with them. Sign has been displayed on the door.

Swings gates and locks in the toilets will be installed by 31/08/17

Slings will be serviced every 6 months by an external organisation, it will be recorded in equipment service log. Firs service will take place on 27/07/17

Proposed Timescale: 31/08/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

No annual audit of the complaints process had taken place and complaints were not always documented in the relevant resident's care plan.

19. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All complaints that residents make are now been recorded in residents files. Staff have been made aware of this necessary compliance. Completed – 24/07/17
Annual audit of the complaints will be completed by end of August.

Proposed Timescale: 31/08/2017

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:

The provider was advised to make contact with the advocacy service in order to support the current advocate, should the need arise.

20. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

We have contacted SAGE about training for advocacy. They only do training for their own staff. We have contacted St Lukes and they will provide training for us but our independent advocate will not be available to do this training for a few weeks. He hopes to do so before end of September.

Proposed Timescale: 13/09/2017

Theme:

Person-centred care and support

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

While staff were aware of the communication challenges of some residents and knew how to cater for visually impaired residents, this was not clearly highlighted in care plans. These lacked adequate detail with respect to the level of vision or support required.

21. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

A new communication assessment is now in place. A meeting has taken place with nursing staff, a clear documentation has now been implemented into the care plan.

Proposed Timescale: 20/07/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The provider was requested to review staffing in the morning in relation to the length of time it took to administer medications in the morning when there was only one staff nurse on duty.

22. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The register provider has now allocated a nurse to work extra shifts in the morning: 10 am to 4 pm or 10am to 2pm

Proposed Timescale: 04/07/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Ten staff had not had safeguarding training but this was scheduled to take place in-house the following week. There were also gaps in infection control and responsive behaviour training.

23. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

The training matrix was reviewed and improved upon. All staff have the scheduled abuse training completed. There will be an extra infection control training before end of September. Also behaviours that challenge, there will be one class in August.

Proposed Timescale: 30/09/2017

Theme:

Workforce

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

A volunteer did not have their role and responsibilities described or Garda vetting in place.

24. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

The volunteer's role and Garda Vetting has now been completed. A training schedule is being put in place: infection control, cleaning and abuse. She will work under the supervision of our cleaner. A training schedule is being put in place. She will do all mandatory training inclusive of infection control, elderly abuse and housekeeping .All necessary documentation has been completed and in her files.

Proposed Timescale: 20/09/2017

