

**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):	None
Type of inspection	Unannounced
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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 September 2016 09:30	28 September 2016 17:30
29 September 2016 08:30	29 September 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

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. The centre provides residential accommodation for 37 residents in 35 single bedrooms and one twin bedroom. Overall, on the days of the inspection the centre was bright, clean and in a good state of repair.

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, the risk of malnutrition and the risk of falling. Care plans were developed for issues identified on assessment and these were seen to be personalised to individual residents. Residents had good access to medical care and to the services of allied health services such as physiotherapy, dietetics, and speech and language therapy.

Staff were seen to interact with residents in a caring and respectful manner. It was

evident that staff were knowledgeable of residents, residents were relaxed in the presence of staff and residents and relatives spoken with were complimentary of staff.

Some improvements, however, were required. The person in charge was on annual leave and the assistant nurse manager was on extended leave. Overall, the inspector was not satisfied that effective management systems were in place on the days of inspection for the effective running of the centre in the absence of these staff. As a result of the absence of these staff, the inspector was unable to determine with certainty if certain records were in existence or were they just inaccessible. For example, the inspector was informed that audits had been completed, however, due to the absence of the nurse managers, they were not available on the days of inspection. Additionally, it was not known what audits had been completed. There was no annual review of the quality and safety of care available in the centre and it was not clear if one had been completed.

Improvements were also required in relation to safeguarding practices. There were inadequate records available to identify what actions were taken in response to allegations of abuse and information was not available detailing the nature of allegations. There was inadequate follow-up by the provider in relation to information contained in Schedule 2 documents. There were also inadequate records available in relation to the management of residents' finances. These were not available in the centre on the days of inspection.

Other required improvements included:

- the risk management policy did not include all items listed in the regulations
- there was no overall review of accidents and incidents
- shampoos and creams were not labelled for individual use
- not all staff had up-to-date training in manual handling and fire safety
- not all notifications were submitted as required
- some radiators were rusty and a bath required to be grouted
- there was no action plan with the latest environmental health report.

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

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:

There was a clearly defined management structure. The person in charge was supported by an assistant nurse manager. The person in charge reported to two directors, both of whom were present in the centre on a daily basis. The provider assured the inspector that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents.

During this inspection, the person in charge was on annual leave and the assistant nurse manager was on extended leave. As a result of the absence of these staff, the inspector was not satisfied that effective management systems were in place on the days of inspection. For example, it could not be confirmed to the inspector with certainty if certain records were in existence or were they just inaccessible. The inspector was informed that audits had been completed, however, due to the absence of the nurse managers, they were not available on the days of inspection. Additionally, it was not known what audits had been completed. There was no annual review of the quality and safety of care available in the centre and it was not clear if one had been completed. The provider informed the inspector that there were regular management meetings, however, minutes were not recorded for these meetings.

There were records of regular staff meetings that indicated that where areas for improvement were identified, these were discussed with staff at the meetings. There was evidence of consultation with residents through resident questionnaires. Based on a sample of questionnaires reviewed, residents were happy with the care provided and with life in the centre. Relatives spoken with by the inspector were complimentary of the care provided.

Judgment:

Non Compliant - Major

<p>Outcome 04: Suitable Person in Charge <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was unavailable on the days of inspection. Records viewed by the inspector indicated that the person in charge was a registered nurse and had the required experience in caring for the older person. Records also indicated that the person in charge had adequate managerial experience and was involved in the day to day operation of the centre.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Documentation to be kept at a designated centre <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: On the days of inspection, not all records were accessible and not all records were maintained in the centre. For example:</p> <ul style="list-style-type: none"> • there were inadequate records available in the centre on the days of the inspection in relation to residents' finances. The inspector was informed that records were maintained of transactions made on behalf of residents but these were not held in the centre. The provider was informed that these records should be available and accessible for the

purpose of inspection

- records of medication errors were not accessible
- based on a sample of staff files reviewed, not all staff members had a full and comprehensive curriculum vitae with a satisfactory explanation for any gaps.

Judgment:

Non Compliant - Major

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:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse.

Training records indicated that most, but not all, staff had received up-to-date training in recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including to whom any incidents should be reported. Residents spoken with by the inspector stated that they felt safe. Staff members were observed to be interacting with residents in a respectful manner and were responsive to their needs.

Improvements were required in relation to the management of allegations of abuse and safeguarding practices in general. For example, there were inadequate records available on the day of inspection to identify what actions were taken in response to allegations of abuse. Records were not available to detail the nature of the allegations, the type of investigation, if any, that was undertaken, or if the allegations were substantiated. Due to the absence of these records and the lack of detailed information in relation to these allegations, the inspector was unable to determine if the response by the provider was proportionate or if further action was required to safeguard residents. The provider informed the inspector that the staff appraisal system supported his assertion that performance of staff was adequate and all residents were safe. There was inadequate follow-up by the provider in relation to information contained in Schedule 2 documents. The provider undertook to immediately follow-up on Schedule 2 documents to ensure relevant records were updated.

There was a policy on, and procedures in place, for managing responsive behaviour.

Where there was evidence of responsive behaviour, care plans contained adequate detail in relation to the communication needs of residents and identified any antecedents to responsive behaviour and de-escalation techniques.

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. The risk assessment tool in use, however, was subjective in nature and did not provide an objective basis for forming a judgement on whether or not the use of bedrails was appropriate.

There were inadequate records available in the centre on the days of the inspection in relation to residents' finances. The inspector was informed that records were maintained of transactions made on behalf of residents but these were not held in the centre. The provider was informed that these records should be available and accessible for the purpose of inspection. Where sums of money were held for safekeeping, there were two staff signatures associated with these transactions and receipts were available.

Judgment:
Non Compliant - Major

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

Theme:
Safe care and support

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

Findings:
There was an up-to-date safety statement. There was a risk management policy and associated risk register that included clinical, operational and environmental risks. The policy, however, did not address the risks specified in the regulations or the measures in place to control those risks. There was an emergency plan that gave clear guidance to staff as to their responsibilities in the event of various emergencies, including the evacuation of the centre and the safe placement of residents in the event of a prolonged evacuation.

The inspector reviewed the accident and incident log that contained details of accidents and incidents and actions to be taken in response to each incident. There was, however, no overall review of accidents and incidents to identify trends as an opportunity for learning and minimise the risk of reoccurrence.

There were measures in place for the prevention and control of infection, such as hand gel dispensers located at suitable intervals throughout the centre. Some improvements, however, were required. For example, access to the sluice room was through the

laundry, which was a potential source of cross contamination. There were shampoos and creams located in a number of bathrooms that were not labelled for individual use and were also a potential source of cross contamination. The shower trays and some wash hand basins in bathrooms required a deep cleaning, especially the grouted areas.

The inspector reviewed the fire safety register. Fire equipment, fire alarm and emergency lighting preventive maintenance was up-to-date. There were records of weekly and monthly fire safety checks. Training records indicated that most, but not all, staff had attended annual fire safety training. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. Fire evacuation blankets were placed on a number of residents' beds and there were records available of the most appropriate means of evacuation of each resident. The fire alarm panel and the fire exit doors were checked regularly and these records were seen by the inspector. There were records of fire drills involving the simulation of evacuating residents in the event of a fire.

A number of residents smoked cigarettes. There was a designated smoking room that was ventilated to the external air by natural means, however, there was no extractor fan. There was a fire blanket and fire extinguisher located in close proximity to the room. There were smoking aprons located in the room, however, these were not seen to be used by residents. There was a risk assessment completed for each resident detailing the level of access to cigarettes and matches/lighters and the level of supervision while smoking.

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):

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing, disposal and administration of medicines in the centre. There were adequate procedures in place for the management of controlled drugs (drugs covered by the Misuse of Drugs Act). These drugs were stored appropriately and counted by two nurses at the end of each shift and when being administered. Medications were reviewed regularly by general practitioners (GPs) and records indicated that a pharmacist reviewed prescriptions approximately every six months. There were records of a review of the storage of medications to ensure it complied with relevant guidance, however, there were no records available of a comprehensive audit of medication management and administration practices. This action is addressed under Outcome 2. There were no

unused or out-of-date medicines for return to the pharmacy on the day on inspection. The process for managing these drugs was described to the inspector and appeared to be in compliance with recommended practice.

Prescriptions were routinely transcribed by nursing staff. Based on a sample of prescriptions viewed by the inspector, transcription practice complied with guidelines for best practice set by the relevant professional body. Prescriptions were signed by two nurses and by the prescribing GP. Records viewed indicated that nurses signed the administration record to indicate that medicines had been administered.

Following the most recent inspection of this centre, the person in charge undertook to record all medication errors and to put a system in place to indicate learning from these errors. However, staff were unable to locate these records on the days of the inspection. This action is addressed under Outcome 5.

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:
Based on records viewed by the inspector, most, but not all, notifications were submitted to HIQA within the required timeframe. For example, a notification in relation to an allegation of abuse had not been submitted.

Judgment:
Non Compliant - Major

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):

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

Findings:

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.

The inspector viewed a sample of care plans which detailed the residents' medical, nursing and social needs. Residents received a comprehensive assessment on admission and at regular intervals thereafter. Evidence based assessment tools were used for issues such as the the risk of developing pressure sores, the risk of malnutrition and the risk of falling. Care plans were developed for issues identified on assessment. These were regularly reviewed and were personalised to individual residents. Some improvements, however, were required in relation to the level of detail contained in the care plans. For example, the care plan for one resident that had diabetes stated that the residents blood sugar level should be checked regularly but it did not specify the frequency. There were adequate records in relation to the management of wounds. There were detailed assessment and care plans in place to guide dressing changes.

The centre had access to the services of a physiotherapist that visited the centre regularly. The physiotherapist was seen to support resident to maximise their independence in relation to mobility. Residents also had access to the services of an optician, a dentist and an occupational therapist, when required. Dietetic and speech and language therapy (SALT) services were provided by a nutritional supply company.

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):

The action(s) required from the previous inspection were 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. 35

of the bedrooms are single rooms and there is one twin bedroom. 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, clean and in a good state of repair. At the front of the building there was a veranda for the residents' use and this was decorated with flower pots and window boxes. This could only be used by residents while being supervised by staff as it was not enclosed. There was adequate car parking at the front of the building.

In addition to the residents' private accommodation there was a large, bright, conservatory style sitting room and two small dining rooms. The sitting room had a colourful fish tank, a large flat screen TV and music centre. Each resident had the use of a large reclining armchair. Bedrooms were suitably spacious and they had been personalised with residents' personal property and possessions. There was adequate storage in the bedrooms for residents' clothes.

There was appropriate equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. The lift, hoists, beds and other equipment were all maintained and service records were viewed by the inspector. There were adequate procedures in place for the management of waste, including clinical waste.

There were adequate laundry facilities, however, as discussed under Outcome 8, access to the sluice room was through the laundry. There was a colour coded cleaning system in use for the mops and cleaning cloths.

There were adequate sanitary facilities and there were bathrooms conveniently located for residents that did not have en suite facilities. There was a large kitchen with adequate cooking facilities and equipment.

Some improvements were required in relation to the premises. A tile in one of the bathroom floors was damaged and required repair. The inspector noticed areas of rust on the top of radiators in two of the small toilets and the area around one of the baths required re-grouting.

Judgment:
Substantially 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:

The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place in the centre. The residents were aware of how to make a complaint and knew that the person in charge was the complaints officer. The policy outlined an independent appeals process. The policy did not, however, detail who was responsible for ensuring that all complaints were responded to and that appropriate records were maintained.

Residents spoken with by the inspector stated that they could raise any issue or concern with the person in charge or a staff member. Relatives with whom the inspector spoke said that they would know who to go to with any concerns.

The inspector reviewed the complaints log. The record included the details of the complaint, however, it did not always detail the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:

Non Compliant - Moderate

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:

There were policies and procedures in place for monitoring and documenting residents' nutritional status. Residents nutritional status was monitored through regular weighing and the use of a standardised tool for assessing risk of malnutrition. Residents had access to the services of speech and language therapy and dietetics through a nutritional supply company and there was evidence of referral and review.

Most residents had their meals in the dining rooms, however, some residents had their meals in the sitting room. Residents had a choice of food at mealtimes, including residents on modified diets. Food appeared to be nutritious and was available in sufficient quantities. Residents requiring assistance were assisted in an appropriate and discreet manner. There was an adequate system in place for communicating the prescribed diet for residents to all staff, including catering staff.

The inspector reviewed the most recent environmental health inspection report which identified some required improvements in relation to the handling of food. There was no associated action plan to detail what action, if any, had been taken in response to the report.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

On the morning of inspection, there was one nurse and seven care staff on duty. In the afternoon this reduced to one nurse and four care staff and at night time there was one nurse and three care staff on duty. There was also a chef, two catering staff, an administrator, maintenance, and laundry staff members. The two directors were also present in the centre on a daily basis.

Staff were seen to interact with residents in a caring and respectful manner. It was evident that staff were knowledgeable of residents, residents were relaxed in the presence of staff and residents and relatives spoken with were complimentary of staff.

The inspector found that there was a good level of appropriate training provided to staff and they were supported to deliver care that reflected contemporary evidence based practice. Training programmes attended by staff included end of life care, dementia, food hygiene, nutrition and dysphagia, and infection prevention and control. Mandatory training in relation to fire safety and elder abuse is discussed under the relevant outcomes. Most, but not all, staff had up-to-date training on manual handling.

Registration details with An Bord Altranais agus Cnaimhseachais na hEireann for all nursing staff were seen by the inspector and were found to be up to date.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. Staff records showed that staff were recruited and inducted in accordance with best practice. However, based on a sample of files reviewed, not all staff members

had a full and comprehensive curriculum vitae with a satisfactory explanation for any gaps. This action is addressed under Outcome 5.

Judgment:
Substantially 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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Blair's Hill Nursing Home
Centre ID:	OSV-0000201
Date of inspection:	28/09/2016
Date of response:	30/11/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Overall the inspector was not satisfied that effective management systems were in place. During this inspection, the person in charge was on annual leave and the assistant nurse manager was on extended leave. As a result of the absence of these staff:

- the inspector was unable to either determine if certain records were in existence or were they just inaccessible on the day

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

- the inspector was informed that audits had been completed, however, due to the absence of the nurse managers, they were not available on the days of inspection. Additionally, it was not known what audits had been completed
- there were records of a review of the storage of medications to ensure it complied with relevant guidance, however, there were no records available of a comprehensive audit of medication management and administration practices.

1. 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:

We have a management system in place but due to the Nurse Manager being on annual leave and the PPIM on sick leave there was no person officially nominated to take charge in their absence. Since then we have notified our current PPIM that due to her extended sick leave we have to nominate another Nurse

This position has now being agreed and the application is being currently filled in

The drug management audit is in place but we are currently looking at another more comprehensive system of doing this

The drug error book is still missing, a few years hard work had gone into that book, especially the last two years

We have our system so much improved with regard a drug management. This drug error book was viewed at last inspection

A new hard back drug error book has been devised with strict regulations not to be removed from Blair's Hill

Proposed Timescale: 30/11/2016

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care available in the centre and it was not clear if one had been completed.

2. 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:

An annual review was in progress at time of inspection and was highlighted to be completed by end of November

Proposed Timescale: 30/11/2016

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:

On the days of inspection, not all records were accessible and not all records were maintained in the centre. For example:

- there were inadequate records available in the centre on the days of the inspection in relation to residents' finances. The inspector was informed that records were maintained of transactions made on behalf of residents but these were not held in the centre. The provider was informed that these records should be available and accessible for the purpose of inspection
- records of medication errors were not accessible
- based on a sample of staff files reviewed, not all staff members had a full and comprehensive curriculum vitae with a satisfactory explanation for any gaps.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

From now on all records of Resident's finances will be kept in the centre, when they can be reviewed by The Chief Inspector and Residents

The gap in the CV of the staff identified has been filled. All staff files will be checked to ensure they comply with regulations as per Schedule 2,3 and 4

Proposed Timescale: 30/11/2016

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:

Due to the absence of records and the lack of detailed information in relation to allegations of abuse, the inspector was unable to determine if the response by the provider was proportionate or if further action was required to safeguard residents. Additionally, there was inadequate follow-up by the provider in relation to information contained in Schedule 2 documents.

4. 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:

A new record system has been compiled that will ensure the Residents are protected from abuse

The new register will allow for more accurate and detailed record of investigation of allegations of abuse in future to ensure that all reasonable steps have been taken

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

There were inadequate records available on the day of inspection to identify what actions were taken in response to allegations of abuse. Records were not available to detail the nature of the allegations, the type of investigation, if any, that was undertaken, or if the allegations were substantiated.

5. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

A new system for recording allegation of abuse has been compiled which will allow for a more accurate and clearer record.

The new register will include the nature of the allegation, the type of investigation, outcome and follow-up.

This will ensure a satisfactory and robust report and response to allegation of abuse

This will be up and running as soon as new book has been printed

Proposed Timescale: 30/11/2016

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:

There was no overall review of accidents and incidents to identify trends as an opportunity for learning and minimise the risk of reoccurrence.

6. 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:

We did have review of specified risks but the overall review of accidents and incidents will be compiled as per Regulation 26(1)(d)

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

The risk management policy did not address the risks specified in the regulations or the measures in place to control those risks.

7. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Risk Management policy will be reviewed and amended to address the risks specified in the Regulation 23(1). We have separate policies for some risk specified in the above regulation but they will now be included in the Risk Management Policy

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

Some improvements were required in relation to infection prevention and control, for example:

- access to the sluice room was through the laundry, which was a potential source of cross contamination
- there were shampoos and creams located in a number of bathrooms that were not labelled for individual use and were also a potential source of cross contamination
- the shower trays and some wash hand basins in bathrooms required a deep cleaning, especially the grouted areas.

8. 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:

1. A refresher course for Infection Control is being arranged for November and December
2. A new, labelled unit has been made up to transport bedpans/urinals, kidney dishes to the sluice room. It is an enclosed system that will reduce risk of infection and cross contamination
3. All toiletries will be labelled for individual use and kept in Resident' rooms. They will be taken with Resident to shower room and put back into his/her room afterwards
4. Deep cleaning of shower trays and hand wash basins will be included in the cleaning schedule and record kept

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

Records indicated that most, but not all, staff had attended annual fire safety training.

9. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff has attended compulsory Fire Drill training but training days were not followed up with individual certificates

All staff attending the training had to sign a Fire Training Register

All training will be supported with an individual certificate for each staff member in the future. Also a Training Matrix is now being created

Proposed Timescale: 30/11/2016

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:

Based on records viewed by the inspector, most, but not all, notifications were submitted to HIQA within the required timeframe. For example, a notification in relation to an allegation of abuse had not been submitted.

10. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

A notification of the incident has been submitted to HIQA

In the future the chief inspector will be notified within the required time frame of the occurrence of any incident as per Schedule 4, paragraph 7

Proposed Timescale:**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:

Some improvements, however, were required in relation to the level of detail contained in the care plans. For example, the care plan for one resident that had diabetes stated that the residents blood sugar level should be checked regularly but it did not specify the frequency.

11. 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:

We have made big improvement in our care plans but we will endeavour to improve further. The care planning system will be reviewed to ensure that all details of specific care needs of each residents are met and clearly recorded

Proposed Timescale: 30/11/2016**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:

Some improvements were required in relation to the premises. A tile in one of the bathroom floors was damaged and required repair. The inspector noticed areas of rust on the top of radiators in two of the small toilets and the area around one of the baths required re-grouting.

12. 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:

All faults listed above will be repaired by November

Proposed Timescale: 30/11/2016

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:

The complaints record included the details of the complaint, however, it did not always detail the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

13. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A new complaints register has been created which will allow for a more accurate and clearer record of complaints including details of investigation, the outcome and the satisfactory of the complaint outcome

This will be up and running as soon as new book has been printed

Proposed Timescale: 30/11/2016

Theme:

Person-centred care and support

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

The policy did not, however, detail who was responsible for ensuring that all complaints were responded to and that appropriate records were maintained.

14. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under

Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A new person has been nominated to maintain records of complaints and to ensure that all complaints are appropriately responded to and recorded
We also have a nominated Independent Complaint Advocate
The Complaints policy will be reviewed and contact details of the above persons added to the policy

Proposed Timescale: 30/11/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The inspector reviewed the most recent environmental health inspection report which identified some required improvements in relation to the handling of food. There was no associated action plan to detail what action, if any, had been taken in response to the report.

15. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

A Food Hygiene Refresher Training day has taken place in Blair's Hill on Wednesday 16/11/2016. All staff involved with handling and preparation of food attended, certificates also received

The Food Health and Safety Officer, Michael Fleming did an inspection of the HACCP System in the kitchen, went through all hazards areas and what extra precautions need to be taken.

Possible hazard could have been caused by frequent open and closing of fridge door, to be aware that this can be a risk factor, another improvement we are making as a result of this is to keep eye on fridge door seals and take the fridge temperature twice a day instead of once a day and keep record.

It was also suggested maybe we could take a random sample and send it for analysis. This has yet to be decided on

A format for stock rotation is also being devised, will be done weekly and record kept. Pre cooked foods will be cut up into smaller joints that will lesson the likelihood of further contamination. A new fridge has been bought specifically for pre-cooked foods

Proposed Timescale: 30/11/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Most, but not all, staff had up-to-date training on manual handling.

16. 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:

All staff are aware that Manual Handling training is compulsory

All training will be supported with an individual certificate for each staff member

Also a Training Matrix is now being created to ensure that all staff have access to appropriate training and attend training days

A Manual Handling training for all staff is being organised. This will be done as soon as dates agreed

Proposed Timescale: 30/11/2016