

Health Information and Quality Authority
Social Services Inspectorate



Registration Inspection report
Designated Centres under Health Act
2007

Centre name:	Blainroe Lodge Nursing Home
Centre ID:	0016
Centre address:	Coast Road
	Blainroe, Co. Wicklow
Telephone number:	0404 60030
Fax number:	0404 60031
Email address:	blainroe@firstcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Firstcare Ireland Ltd
Person authorised to act on behalf of the provider:	Mervyn Smith
Person in charge:	Rizalyn Silacan
Date of inspection:	31 May and 1 June 2011
Time inspection took place:	Day-1 Start: 08:30 hrs Completion: 16:30 hrs Day-2 Start: 09:00 hrs Completion: 19:30 hrs
Lead inspector:	Angela Ring
Support inspector:	Marian Delaney Hynes (day two)
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Blainroe Lodge Nursing Home is a four-storey building converted from a hotel. There is also a purpose built single story extension. It has capacity for 69 people, many of whom have dementia. There is a lift available to all levels. Bedrooms consist of 44 single en suite rooms, three single rooms, seven twin en suite rooms and one triple room. There are five assisted bathrooms, one on each of the upper floors and two on the ground floor. The building has seven communal lounge areas and all communal areas have easy access to toilet amenities. There are also three dining rooms, an oratory, hairdressing room, two activity rooms, a treatment room, visitors/overnight room, smoking room, multi-sensory room and hydrotherapy bathrooms. In addition, there are four enclosed decked or garden areas with garden furniture available for residents. There is ample car parking at the front of the building.

Blainroe Lodge Nursing Home is located on the coast road opposite Blainroe Golf Club, approximately 3km from Wicklow town.

Date centre was first established:		2004		
Number of residents on the date of inspection:		64		
Number of vacancies on the date of inspection:		5		
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	0	29	13	22
Gender of residents		Male (✓)	Female (✓)	
		17	47	

Management structure

Éilis Carroll is the Director of Operations for the six centres owned by Firstcare Ireland Ltd and she reports to the Provider. The Person in Charge reports to the Director of Operations and the Provider. The nurses and care assistants report to the Clinical Nurse Manager (CNM) who reports to the Person in Charge.

The cleaning and laundry staff report to the Housekeeping Manager who in turn reports to the Person in Charge. Catering is provided by an external catering company whose manager reports to the Provider. The maintenance personnel also report to the Provider.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation. The director of operations and CNM were also interviewed during the inspection. The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

Overall, inspectors found the centre was in substantial compliance with the Regulations and Standards. The majority of the residents and relatives gave inspectors positive feedback throughout the inspection on the care they received and the commitment of the staff to meet their individual needs.

Inspectors found that there were adequate procedures in place for the protection of residents and there was a high standard of evidence-based nursing care. The premises were finished to a high standard, it was suitable for its stated purpose and was homely, comfortable, clean and well maintained.

Risk was well managed and residents' safety was prioritised. There was evidence of quality assurance and monitoring systems in place. There were robust recruitment practices in place and staff files were well maintained.

There were some improvements required in relation to the directory of residents, medication management, contracts of care, risk management, the use of restraint, and residents' finances which are set out in the Action Plan at the end of the report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

Inspectors reviewed the statement of purpose and discussed it with the provider and director of operations. Inspectors found that it accurately described the services and facilities provided in the centre and it met with the requirements in the Regulations. The statement is kept under review by the provider and is made available to residents on admission, and following review.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There was evidence of a quality assurance and continuous improvement system in place. Inspectors reviewed several audits completed by the person in charge and CNM and found that issues such as falls, medication practices, care planning and complaints were audited and results analysed to determine patterns and areas for improvement and development. The results of the audits were discussed at the regular meetings with the provider, person in charge and director of operations and there was evidence of improvements being made as a result. These improvements included training for staff on medication management and care planning and putting additional falls prevention strategies in place. Inspectors reviewed a residents' satisfaction survey which had been completed about the catering service and the chef explained the changes that occurred as a result.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management practice.

Inspectors viewed the complaints log and found that it contained a small number of complaints, all of which were addressed in a timely and satisfactory manner by the person in charge who was the complaints officer. The complaints policy complied with the requirements in the Regulations and it was displayed in a prominent place. There was an independent appeals process in place and this was clearly stated in the centres policy. Several residents and their relatives told inspectors that they could always speak to the person in charge if they had a concern or complaint and they knew their concerns would be addressed. Other relatives told inspectors that they were satisfied that their concerns were addressed and responded to.

2. Safeguarding and safety**Outcome 4**

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors found that staff had good knowledge about the types of elder abuse and the procedures to follow in the case of suspected elder abuse. There were records to indicate they had all attended training and there was a comprehensive policy in place with staff signatures to show that they had read and understood the policy. Residents stated that they felt safe in the centre and there were adequate measures in place to protect them from harm.

Although residents' finances were not managed by the person in charge, small sums of money were kept for safekeeping for residents. Inspectors found that there were policies and procedures in place for managing residents' money. Inspectors did a random review of residents' finances and found that the record of the balance for one resident did not correspond with the cash in the safe, there was a small amount of money missing. Inspectors found that even though the person in charge had recently carried out spot checks to ensure that the balances were correct with the

money in the safe, this error had been undetected. Therefore the records of all money deposited by residents were inaccurate.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

There were adequate systems in place for the health and safety of residents and the management of risk to ensure the safety of residents, staff and visitors. Inspectors reviewed the minutes of the health and safety committee and the risk management committee. These were multi-disciplinary groups that met regularly to discuss specific issues around risk and safety and they identified the necessary measures to be taken and the person responsible. There were regular health and safety audits completed to ensure that the centre was free from avoidable hazards.

The environment was kept clean and well maintained and there were measures in place to control and prevent the spread of infection. There were arrangements in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

There were adequate measures in place to prevent accidents and facilitate residents' mobility, including handrails, which were provided on both sides of the corridor to promote independence. All of the staff who were involved in the care of residents were trained in the moving and handling of residents and inspectors observed them using good manual handling techniques.

Inspectors reviewed the risk management policy and health and safety statement and found that they identified the employers' and employees' responsibilities and the role of the person in charge. Inspectors found that it had been recently reviewed and there was evidence of clinical and non clinical risk assessments, the identification of potential hazards and the control measures in place. However, there were a small number of residents who smoked and there were no risks assessments completed on their ability to smoke safely, independently or with assistance.

There was an emergency plan in place which gave clear direction to staff on the procedures to follow if the centre had to be evacuated.

Inspectors found that there were adequate procedures in place for fire prevention. The fire alarm sounded during the inspection and staff were seen to respond promptly and in accordance with the centres procedures. A review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. Fire safety and evacuation training took place regularly and there was training booked in June 2011 for the staff who had been recently recruited. However, there was no written confirmation from a competent person that all requirements of the statutory fire authority have been complied with.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There were adequate procedures in place for safe medication management. Inspectors reviewed the medication policy and found that it was comprehensive and provided guidance to staff. The inspector observed nurses during their medication rounds and found that medication was administered in accordance with An Bord Altranais guidelines. The nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. However, inspectors noted that all medication prescribed did not have an individual prescribing signature which could lead to potential errors.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. These medications were counted at the time of administration and at the change of each shift. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balances of some controlled drugs and found them to be correct.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Inspectors also noted that there was regular input from the pharmacy, regular reviews of medication prescriptions and administration records. There was evidence of staff nurses competency at medication management being assessed and further education being provided where necessary. Medication errors and near misses were recorded and there was evidence of measures being taken to prevent reoccurrence.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a high standard of evidence-based nursing care and appropriate medical and allied healthcare. The arrangements to meet residents' assessed needs were set out in individual care plans, which were drawn up with the involvement of residents and their relatives and were subject to review. Three-monthly reviews were completed, dated, and signed by staff. Some of the residents and relatives spoken to confirmed that they had been involved in the development and review of care plans. Inspectors noted that a number of residents had been transferred from Wicklow District Hospital due to its closure, inspectors found that these residents were carefully assessed prior to admission. Inspectors met with some of these residents and found that they were satisfied with the care they received. Inspectors reviewed the care given to the one resident under 65 years and met with this resident and found that this resident's health and social care needs were being adequately met.

The centre had sufficient general practitioner (GP) cover, and the GPs provided out-of-hours services. Residents were encouraged to retain their own GP, but where this was not possible the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly. Residents told inspectors that they had access to their GP when necessary and they felt their health needs were well monitored. Residents had access to a range of other health services, including dietetic, chiropody, ophthalmology, speech and language therapy and physiotherapy.

Inspectors examined a sample of care plans and found that clinical risk assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls and appropriate measures were put in place to manage and prevent the risks identified. There was some evidence of residents' social care needs being addressed with residents life stories and dietary preferences being recorded to assist staff to provide more holistic person-centred care.

Inspectors reviewed the number of falls that occurred within the centre in the previous months and noted that a small number resulted in fractures. The person in charge had collected and analysed the number of falls, the timing of falls and the actual number of residents who fell. Strategies were put in place for those residents who were at high risk of falling. Inspectors read the care plan of two residents who had fallen and noted that the strategies had been implemented, including medication review, moving the resident's bed for more careful observation, the use of mobility aids and ensuring that beds were kept at a low level.

Inspectors reviewed the procedures in place for responding to behaviours that challenge. Training had been provided to a number of staff and further training was planned on person-centred care. There was a policy which provided guidance to staff. Inspectors reviewed residents' files and noted that appropriate intervention strategies were in place and the practice was in accordance with the centres policy. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies to use and they spoke about understanding the behaviour as oppose to managing the behaviour.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A schedule of activities was available on the notice boards. Several of the residents spoken to commented on the various activities available to them, including music, crafts, reminiscence, organised trips, exercise classes and gardening. There was a wide range of activities available to residents with higher dependency needs such as Sonas (a therapeutic communication activity which focuses on sensory stimulation), hand massage, rummage boxes, reminiscence and flower arranging. Inspectors met with the activity staff and found that they were highly skilled in meeting the needs of residents with varying degrees of dementia. As identified in the previous report, there were several opportunities and facilities for residents to experience sensory, visual and tactile stimulation with the use of colour and imaginative household items. Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

Inspector read care plans of residents who had a leg ulcer and a resident with a feeding tube and noted that there were adequate records of assessment and the plans in place to manage these.

Practice in relation to the use of restraint required improvement as there was a high use of bedrails. The person in charge explained that she was in the process of completing a train the trainer's course to assist the implementation of the new national HSE policy on restraint and would be reviewing the use of restraint in the centre over the coming months and educating staff. There was evidence that the use of restraint was subject to assessment, and there was evidence of discussion with family members and the GP prior to the decision to use restraint. The centres' policy on the use of restraint included a direction to consider all other alternative interventions. Inspectors reviewed the care plans of some of the residents who had bed rails in place and found that other options had not been explored before implementing this practice in some cases and there was no record of the duration of the use of restraint.

Outcome 8

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

Although there were no residents receiving end-of-life care on the days of inspection, inspectors reviewed the procedures and facilities in place to provide this care. There was a comprehensive policy on end-of-life care which staff were aware of and some of the staff received training in palliative care. The person in charge stated that they availed of the local palliative care team in Wicklow when necessary and had access to religious ministers for spiritual guidance.

Inspectors met with family members of a resident who had recently passed away. These family members came into the centre on the day of inspection specifically to meet with inspectors as they wished to express their immense satisfaction with the end-of-life care that their relative received over the previous weeks. They told inspectors about the high standard of care that their relative received and the care and attention given to them by the staff. They described how the staff cared for them by facilitating them to stay overnight for long periods and the constant offer of refreshments and the genuine affection that the staff had for their relative.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Inspectors observed the dining experience for residents in the large central dining room and a smaller dining room. Residents chose where they would prefer to dine. Inspectors noted that meals were well presented and attractive looking.

Staff were observed to assist residents discreetly and respectfully. Residents confirmed that they enjoyed the food. The main course was served plated, and residents were offered a choice of sauces separately. The results of the resident satisfaction audit described earlier under Outcome 2 were also used to plan the menu.

Inspectors saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Residents' dietary requirements were met to a high standard. The chef discussed with inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents.

Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Contracts were agreed with and provided to residents, they set out the overall care and services provided to the residents. However, improvements were required in clarifying the additional fees to be charged to ensure that residents and their families were fully aware of the charges to be paid.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity were respected by staff. Inspectors observed staff knocking on toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and they told inspectors they could choose their own clothes. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name. Inspectors also heard the staff and residents chatting comfortably and sharing a joke.

Residents' civil and religious rights were respected. The person in charge confirmed that residents had been offered the opportunity to vote at the recent election. Mass took place each week and a small oratory was available. The Church of Ireland minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' council had been established, inspectors read the minutes of some of these meetings and noted that where suggestions were made by residents these had been addressed by the person in charge. At a more recent meeting, residents had requested that a knitting club be set up and this was now in place. There was a suggestion box at reception which was checked weekly to allow people to comment on the centre and remain anonymous. There were no formal arrangements in place for an advocacy service for residents but the activity staff spoke about their role in representing residents' views to management. The person in charge told the inspector how she promoted links with the local community by organising trips to local areas of interest.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged to personalise their rooms and inspectors visited rooms adorned with photographs, pictures and other personal belongings. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

There was a well-established laundry system in place. The laundry room was spacious and well equipped. Inspectors met the laundry assistant and found that she was knowledgeable about infection control and the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing of older people. Inspectors observed that she had a strong and friendly presence in the centre and there was evidence of good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated to inspectors both during the interview and the documentation available.

The person in charge had kept her clinical knowledge up to date and demonstrated a sufficient knowledge of clinical audit. She had established a process for auditing information to identify trends to improve the quality of service and safety of residents. She demonstrated a commitment to continuous professional development and was completing a management course and a dementia care course.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There were robust recruitment processes in place. The inspector examined four staff files and found that they contained the information required by the Regulations.

Staff turnover was low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. The person in charge chaired monthly staff meetings with all staff. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

Formal induction arrangements for newly employed staff were in place and there was a robust appraisal system in place where staff members training needs were identified. There was documentary evidence of each nurse's registration with their professional body.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in 2010 including training on medication management, oral hygiene, dementia and person-centred care and health and safety. A plan was in place for 2011 outlining the dates and times of proposed training for the current year. This included further training on health and safety and cardio pulmonary resuscitation (CPR). All of the staff were in the process of receiving a four day programme on person-centred care which further demonstrated the providers' commitment to providing a good standard of care to people with dementia.

Most of the health care assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed how much they had enjoyed doing this and how it helped them in their work. Staff informed inspectors that copies of both the Regulations and the Standards had been made available to them and staff expressed an adequate knowledge of the content.

Some residents, relatives and staff told inspectors that there was inadequate numbers of staff on duty to provide care and some residents said that they could be waiting for long periods for their call bells to be answered. Inspectors did not see any evidence of short staffing during the inspection, although the geographical layout of the centre did contribute to staff being spread out during the day. The provider, director of operations and person in charge explained to inspectors that they had recently carried out a comprehensive review of the staffing levels and had increased the staffing level as a result. There was an additional member of staff on duty at night, an additional care assistant on duty during the day and increased hours for the receptionist, laundry assistant and activity staff. Inspectors believed that this demonstrated the commitment of the provider and the management team to respond to concerns and to take action to address them. However, continued review of skill-mix and staffing levels was necessary to ensure that the measures taken were adequate to meet residents' needs.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating. The use of colour and signage was in line with best practice dementia care principles. One of the day rooms was designed to resemble a period style parlour with antiques and artefacts to promote discussion and reminiscence between staff and residents.

The centre had secure landscaped gardens and decking areas with lots of colourful flower beds and green areas. The gardens were safe for use by all residents, and residents told inspectors that they enjoyed spending time in the garden during fine weather. There was ample garden furniture and inspectors observed residents and visitors used the gardens for walking or sitting in throughout the inspection. As stated earlier in the report, a small number of residents were involved in gardening.

Storage for equipment was sufficient and inspectors noted that the equipment was safely stored without impeding any walkways.

The kitchen was found to be well-organised and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Handrails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records

Regulation 23: Directory of Residents

Regulation 24: Staffing Records

Regulation 25: Medical Records

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

The records of all money deposited by residents were inaccurate

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

Inspectors found that the cause of death was not recorded.

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The CNM deputised for the person in charge. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required.

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and director of operations to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

7 June 2011

Provider's response to inspection report*

Centre:	Blainroe Lodge Nursing Home
Centre ID:	0016
Date of inspection:	31 May and 1 June 2011
Date of response:	30 June 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 4: 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

1. The provider is failing to comply with a regulatory requirement in the following respect:

The records of all money deposited by residents were inaccurate

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 9: The Resident's Finances

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Individual monies are stored in envelopes. On investigation it was found that coins had fallen out of the envelope. Monies returned and correct balance confirmed. Plastic envelopes sourced for the storage of monies. Finance Department will carry out unannounced audit six-monthly.</p>	Completed

Outcome 5: The health and safety of residents, visitors and staff is promoted and protected.

2. The provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include the identification and assessment of all risks throughout the centre.

There was no written confirmation from a competent person that all requirements of the statutory fire authority have been complied with.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Submit written confirmation from a competent person that all requirements of the statutory fire authority have been complied with.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The risk presented by residents smoking has been added to the risk register.</p> <p>All residents who smoke have been individually assessed. Their ability to smoke safely, independently or with assistance has been recorded in the risk register and in their individual care plans.</p>	<p>Completed</p> <p>Completed</p>

We received the new format compliance form from the Authority and our professional fully completed the form and it was returned to the Dublin office.	
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Outcome 6: Medication management

3. The person in charge is failing to comply with a regulatory requirement in the following respect:	
Medications were not prescribed and administered in accordance with relevant professional guidelines.	
Action required:	
Ensure that all medications are prescribed and administered in accordance with relevant professional guidelines.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
One GP had not signed each line of prescription sheet. This has been rectified.	Completed

Outcome 7: Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

4. The person in charge is failing to comply with a regulatory requirement in the following respect:
There was no record of the duration of the use of restraint, in respect of each resident and evidence of alternatives being explored.

Action required:	
Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident and evidence of alternatives being explored.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are aware of the new national standards on restraint and the ideal of providing a restraint free environment. The use of restraint is under review and trails are taking place on alternative options for individual residents.</p> <p>There is a record in place of the duration of use of restraint.</p>	Ongoing

Outcome 10: Contract for the provision of services

5. The provider is failing to comply with a regulatory requirement in the following respect:	
Each resident's contract did not include all details of the services to be provided for that resident and the fees to be charged.	
Action required:	
Ensure each resident's contract deals with the care and welfare of the resident in the ails of the services to be provided for that resident and the fees to be charged.	
Reference:	
Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Contract of Care are under review.</p>	August 2011

Outcome 16: Records and documentation to be kept at a designated centre

6. The person in charge is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not contain all of the information specified in Schedule 3.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Reference:

Health Act, 2007
Regulation 23: Directory of Residents
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

The recording of cause of death is delayed at times due to the difficulties of obtaining information from the acute hospitals. This is kept constantly under review.

Ongoing

Any comments the provider may wish to make:

Provider's response:

The providers would like to thank the inspection team for the professionalism and courteous manner that they showed to everyone at Blainroe Lodge during the inspection.

We were very pleased with the outcome of the inspection and the fact that it was felt that since the previous positive inspection we had further improved the facilities and services for the benefit of our residents, relatives and staff. We are always on a path of continuous improvement and this inspection and report will assist us to improve our offering even more.

The new registration and inspection process has been very informative and it has enabled us to take time out to analyse our care practice and services and to ensure that we are fully compliant with the Act and Standards. It has also prompted us to look at ways in which we can improve our service to enhance the quality of life for all our residents. We realise that we must always be on a path of continuous improvement.

Finally, we would like to thank all our colleagues working in Blainroe Lodge Nursing Home and all those who contributed to the inspection. We would like to thank all the residents and their families and friends who pro-actively participated in this process.

Provider's name: Mervyn Smith

Date: 30 June 2011