



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Blainroe, Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 May 2021
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0032302

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 May 2021	10:00hrs to 16:00hrs	Helena Grigova	Lead

What residents told us and what inspectors observed

Residents spoken with during this inspection expressed high levels of satisfaction with the care and support they were receiving from the provider. On arrival at the centre, the inspector was met by a member of staff who recorded the temperature and asked the inspector to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the centre. The lobby was bright, clean and welcoming. Relevant information notices were neatly on display. Following an opening meeting, the clinical nurse manager accompanied the inspector on a tour of the centre.

The communal lounge areas appeared clean and well maintained, and there was a relaxed, quiet, yet social atmosphere with background music playing. Dementia-friendly décor and furnishings were in place to help residents navigate their surroundings as appropriate. There were focal points of interest displayed for the residents to provide orientation and familiar images. There was also a multi-sensory room which was frequently used. The majority of residents' bedrooms were found to be personalised with items of memorabilia and special interests. Residents spoke with confirmed they were happy with the centre's environment. Overall, the centre was homely and well decorated; however, areas, including woodwork, required repainting and maintenance works.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time, and they have been successful to date in managing to keep the centre COVID-19 free. Residents and staff had received both vaccinations to offer them protection against the virus. Staff and management spoke proudly to the inspector about the challenges they have experienced during the COVID-19 pandemic. Staff spoke positively about the teamwork in the centre. One commented, "All staff have a clear work allocation, and everyone knows what they have to do during the day." Staff were observed to communicate well with each other during the inspection and said that they feel supported by management and they've appreciated their support and guidance during the pandemic. There was evidence of good working relationships between the staff and management in the centre.

There was a relaxed environment in the centre throughout the day. The residents were nicely dressed with good attention to detail, with their personal care needs evident. Observation of staff practice showed they were kind and courteous to residents and promptly responded to call bells or requests for assistance. Staff were observed knocking on resident bedroom doors prior to entering, addressing residents by their name and chatting effortlessly as they passed on the corridors. While residents stated that they found the COVID-19 restrictions difficult, they told the inspector that the staff made sure that they felt safe. They told the inspector: "I love it here. The staff are very nice". Another resident commented: "Staff are looking after me well." Residents also voiced that if they had a concern or a

complaint, they would raise it with staff, and it would be dealt with quickly.

Two dedicated activities coordinators were employed to coordinate activities in the centre. An activities room was available to host activities. The inspector saw that most residents had a 'life story' displayed beside their bedrooms doors that staff could use when engaging in conversation with them. An individual record was maintained daily of activities each resident was involved in or offered to them. The inspector observed examples of staff engaging with residents courteously and thoughtfully. Residents were seen freely walking around the centre and saw them enjoying a singing session in the sunny garden area. A second secure garden was available to the side of the building, and there was work going on to put in place newly laid out paths so that residents could mobilise safely.

The inspector noted that residents were offered a range of hot and cold beverages during the mid-morning and mid-afternoon and a selection of snacks. The inspector observed the serving of lunch during the inspection; the atmosphere in both the dining areas was calm and relaxed. Dining rooms were observed to be clean, and table settings were appropriate; napkins, condiments and cutlery were provided, and the menu was displayed. The food served was noted to be appetising and well-presented, and appropriate portion sizes were provided. It was noted that residents were offered a choice of food. A number of residents spoken with indicated that the food was good and that they were always offered an alternative. Several residents required staff support with eating their meal; the inspector saw staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were knowledgeable in relation to residents' dietary requirements. Residents were provided with appropriate clothing protection as required.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall this centre had demonstrated its sustained capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Effective leadership and good communication between management was visible during the inspection. The management team had a proactive approach in addressing issues identified during this inspection. This was an unannounced risk inspection to monitor ongoing compliance with regulations.

The centre is operated by Firstcare Blainroe Lodge Limited who is the registered provider. There was a well defined management structure in place, with clear reporting arrangements to support the day to day operations of the centre. The person in charge was full-time in the post and was supported on-site by two clinical

nurse managers (CNM), a household supervisor and a chef. One of these CNMs was on duty on the day of inspection. He was found to be knowledgeable and informed of residents' needs, as well as leading the team in the absence of person in charge. Additional clinical support was provided to the management team by an operational manager. There was good oversight of staff and service, and an out-of-hours system was also in place to ensure senior management availability at all times.

There were adequate numbers and skill mix of staff to meet the personal and care needs of residents. Discussion with the person in charge evidenced that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff recruitment information was available for inspection. A sample of staff files examined showed that documentation relating to Schedule 2 of the regulations pertaining to staff were in place including vetting in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012. Induction training records were reviewed and were signed and dated by the supervisor and the staff member. Staff confirmed that when a new member of staff commenced employment in the centre, they were assigned with a buddy/mentor, an experienced staff member who could provide advice and guidance on their role within the centre. A documented induction programme was completed for all new staff commencing employment. Staff also confirmed they were satisfied that the training provided in the centre was sufficient in enabling them to perform their roles safely. They had access to local policies to support them in the care they provided to the residents.

The registered provider had ensured there were sufficient resources available to maintain safe care for residents during the COVID-19 pandemic. This included completing preparedness assessments, updating risk assessments, and funding additional staffing resources and additional cleaning hours allocated and the provision of personal protective equipment. The person in charge also completed the outbreak simulation drill simulating the application of the centre's outbreak management plan, with each senior staff member taking the lead and being able to manage in the absence of the PIC on a three-monthly basis. This was an example of good practice.

Audits were completed monthly and analyzed quarterly to establish trends, patterns, statistics and risks and where necessary actions are put in place to address concerns/ issues raised. Although systems were in place to monitor many aspects of the service, a more detailed arrangement was required to ensure greater oversight in the areas of infection prevention and control and general maintenance of the premises.

A review of the complaints log in the centre found that complaints were managed in line with the centre's policy and the requirements under regulation 34. Complaints were seen to be investigated thoroughly and the required feedback issued.

The annual review for 2020 to reflect the residents' views on the quality of care was set out in the format of the national standards. During 2020 approximately 70% of residents did take part in residents satisfaction surveys and were given the opportunity to comments/ assess their levels of satisfaction with matters such as their environment, food, complaints management, activities and staff. There was a

process in place for reviewing the quality of care and the quality of life for residents living in the centre.

Regulation 15: Staffing

On the days of inspection, the inspector found sufficient staff on duty to meet the care needs of the residents. Rosters indicated that where staff vacancies occurred, they were promptly filled by replacement staff. There were a minimum of two registered nurses on duty at any time.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was made available to the inspector and demonstrated up to date training for all staff in safeguarding, fire, infection control and manual handling. Training had been provided in various ways; face to face taking physical distancing into consideration, electronic learning, and remote teaching via video link. There was a system in place to monitor compliance with mandatory training, and staff were reminded when training was to be completed.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed a sample of governance audits, including those focused on infection prevention and control and walk rounds around the centre. Audits were in place to monitor the quality of the service provided. However, a number of maintenance and infection control issues highlighted on the day of the inspection had not been identified. The audits viewed evidenced that areas requiring improvement were not being recognised; furthermore, given the deficits identified during the inspection, strengthening of the system for further audit improvement was required. The details for this is further discussed under Regulation 17: Premises and Regulation 27: Infection Control.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An up to date complaints policy and procedure was available at the centre. Complaints records included details of the complaint and the actions taken to remedy any complaint, including the response returned to the complainant. The complaint the inspector reviewed evidenced satisfaction from the complainant with the centre's response to the concern identified.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of good quality and ensured that they were safe and well-supported. Residents' health care needs were met through appropriate nursing interventions, which were recorded in care plans and daily notes. Residents' weights were recorded on at least a monthly basis; the inspector evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred, and recommendations regarding, for example, prescribed supplements, were recorded.

The inspector reviewed the wound care documentation, and there was evidence that the location of the wound and photographs were taken to evidence the improvement or deterioration in the wound. Records confirmed that the wound was dressed in keeping with the care plan instructions. The daily and monthly evaluation of care was also in place.

The registered provider had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. There were safe laundry processes being used where clean and dirty laundry were separated, and the laundry staff were knowledgeable about infection prevention and control. In many areas of the centre, the décor, paint and items of furniture were observed to be tired and in need of updating and refurbishment. This was discussed with the person in charge, who shared a refurbishment plan for the home with the inspector. Unfortunately, due to the COVID-19 pandemic restrictions progression of the planned work has been slow. While there were infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. These are discussed in detail under Regulation 27: Infection Control and Regulation 17: Premises.

Resident meetings were held quarterly and chaired by the Social Care Leader. These meetings were advertised, and residents were invited to attend and give their opinions, suggestions and feedback on their life in the centre. New creative and inventive activities were introduced to ensure residents didn't feel isolated and that their physical and mental health needs were addressed. Residents confirmed that

they were supported to use telephones and other mobile phone applications to keep in contact with friends and family, particularly while the visiting restrictions were in place.

Regulation 11: Visits

An indoor visiting area had been identified in the centre. In line with the HPSC guidance, the visiting was taking place on an appointment basis. There were dedicated staff responsible for visiting, and all visitors had a temperature check on arrival at the centre. Visitors were required to complete a risk assessment, perform hand hygiene and wear a face mask before entering the visiting room. In addition to indoor visiting, virtual and window visiting was encouraged.

Judgment: Compliant

Regulation 17: Premises

The inspector found the centre was largely clean, although some areas of minor upkeep were required. There was an ongoing programme of maintenance in the centre; however, improvements were needed for the following areas:

- The storage facilities available in the centre required review resulting in inappropriate practices (pressure-relieving cushions stored on the floor in the linen room, residents wheelchairs stored in communal bathrooms or on the corridor beside the bedroom).
- The inspector observed some surfaces and finishes throughout the centre were worn and poorly maintained, and as such, did not facilitate effective cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. The risk register had COVID-19 related risks identified with hazards and controls detailed to mitigate the risk to residents, staff and visitors. The risk register was updated three monthly.

Judgment: Compliant

Regulation 27: Infection control

While there was evidence of good infection prevention and control practice in the centre, the following areas for improvement were identified:

- There was no system in place to identify clean and dirty equipment. The processes for decontaminating equipment between each use required full review; for example, the process of decontamination, as the inspector noted several unused wheelchairs and hoists being stained and dirty.
- There were hoist slings stored on the arm of a hoist in a manner that would promote cross-contamination.
- High-risk clinical boxes containing sharp and discarded medicinal products were not dated and labelled to allow for contact tracing and appropriate disposal in a manner that will not cause danger to public health or risk to the environment.
- The cleaner's trolley was dusty and dirty, and other trolleys used in the centre also required immediate attention. Additionally, several unused mops were stored in the 'low sink' in the sluice room which was used for emptying water from the cleaners buckets.
- The stainless steel sinks in the sluices rooms were rusty and dirty and also required deep cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate certification was evidenced for maintaining fire safety equipment. Fire drills and evacuations were completed, and times, actions and improvements were noted. Staff who spoke with the inspectors were knowledgeable about what to do in the event of a fire emergency. There were clear evacuation procedures in place, and all residents had a personal evacuation plan. There were records of regular fire drills that included the simulation of night time staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had a pre-admission assessment completed before them coming to live in the designated centre. The staff used various accredited assessment tools to complete a comprehensive assessment of each resident's needs, including the risk of falling, malnutrition, pressure-related skin damage, and mobility assessments. A

sample of care plans reviewed varied in the level of detail and person-centredness.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and specialist care in line with their assessed needs. There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist and tissue viability nurse, where necessary. A chiropodist came into the centre once a month to review residents. There was additional input from the psychiatry of later life and gerontology support available for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were informed of current news and had access to the internet, radio, television and newspapers in line with their preferences. Minutes of residents' meetings indicated that staff members were acting on residents' requests, including improvements in menu planning and activities. Activities were largely tailored to meet individual residents' needs and based on their personal story and individualised assessments. An independent advocate was available for residents if required. Residents' religious rights continued to be facilitated during the pandemic. A mass was available by video and audio link from the local church.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Blainroe Lodge OSV-0000016

Inspection ID: MON-0032302

Date of inspection: 14/05/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The system of auditing & oversight has been reviewed. The auditing of each unit/ area will be completed weekly with the auditor and PIC reviewing records weekly & developing action plans to address any non-compliances. The auditing will include equipment, equipment storage rooms, sluices, specialised chairs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>(i) 2 additional wheelchair bays have been put in place. Complete 31.05.2021 (ii) One storage room has been reconfigured; additional shelving will be put in place & there will be no need for any equipment to be left on floors. Complete 31.05.2021 (iii) All other storerooms have been cleared and tidied to create additional space. (audit & review of storerooms has been included on the weekly auditing system as outlined in regulation 23). Complete 31.05.2021 (iv) Linen cupboard & other storage areas to be complete 26.06.2021. (v) Painting to be complete 30.07.2021.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:	

Systems reviewed for cleaning & storage & decontamination. The system of auditing & oversight has been reviewed. The auditing of each unit/ area will be completed weekly with the auditor and PIC reviewing records weekly & developing action plans to address any non- compliances. The auditing will include equipment, equipment storage rooms, sluices, specialised chairs & wheelchairs. 3.06.2021

In addition, a full review of wheelchairs completed, and new wheelchairs ordered & received.

Staff reminded to use hooks available for storing slings (CNMs will monitor daily) 31.05.2021.

Steel sinks – cleaned & any tarnish removed & industrial stainless cleaner to be used moving forward. 03.06.2021

Sharps Boxes – checking that assembled sharps boxes are labelled & dated has been included in the cleaning & checking schedule for treatment rooms. 31.05.2021

All trolleys (including housekeeping & laundry) to be cleaned at the end of every day. 31.05.2021

Storage in sluice rooms reviewed & mops heads removed & no longer stored under the sink. 31.05.2021

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	03/06/2021

	associated infections published by the Authority are implemented by staff.			
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