



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

Issued by the Chief Inspector

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| Name of designated centre: | Blarney Nursing and Retirement Home |
| Name of provider: | Blarney Nursing and Retirement Home Limited |
| Address of centre: | Killowen, Blarney, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 April 2025 |
| Centre ID: | OSV-0000202 |
| Fieldwork ID: | MON-0046988 |

About the designated centre

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

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 20 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 18 |
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How we inspect

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 |
|-------------------------|----------------------|-------------------|---------|
| Wednesday 30 April 2025 | 09:00hrs to 16:30hrs | Ella Ferriter | Lead |
| Wednesday 30 April 2025 | 09:00hrs to 16:30hrs | Caroline Connelly | Support |

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day by two inspectors. During this day inspectors spent time observing the care provided to residents, talking to residents and staff and observing the care environment. There were 18 residents living in Blarney Nursing and Retirement Home on the day of this inspection and two vacancies. The inspectors met with the majority of a residents and spoke with nine residents in more detail, to gain an insight into their experience of living in the centre. Feedback received from residents was very positive, specifically about the kindness and caring nature of the staff. They told the inspectors that they were happy with their life, they liked their bedrooms and the food choices. The inspectors had the opportunity to meet with four visitors, who praised the team of staff working in the centre, stating that they were always available to them and that their loved one received great care.

The inspectors arrived to the centre in the morning and were met by the nurse in charge. As the medications were being administered the time, inspectors walked around the centre independently. An introductory meeting with the nurse in charge took place later in the morning, to obtain the clinical information with regards to the 18 residents living in the centre. Inspectors observed that residents were receiving immunisations in the morning, from an external immunisation team from the Health Service Executive (HSE).

Blarney Nursing and Retirement Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated close to Blarney village, approximately nine kilometres outside Cork City. Overall, the centre was very homely, and is reflective of a domestic style bungalow. It is registered to provide care for 20 residents. Residents' bedrooms were predominately single occupancy, eight of which had ensuite facilities. In total there were 16 single bedrooms and two twin bedrooms. Some residents' bedrooms were observed to be personalised with pictures and family photographs. Inspectors noted that the atmosphere in the centre was calm and homely throughout the day and it was evident that staff knew residents well and residents were familiar with all staff working on the day.

There was a variety of communal areas available for residents including two adjoining day rooms, a garden room, a dining room and a visitor's room. There was also a small secure enclosed garden for residents, to the front of the centre. Five residents were observed sitting in this garden during the day enjoying the April sunshine and chatting between themselves and with staff. Staff were observed assisting residents with putting on sun hats and sunscreen and bringing them drinks.

The inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed and

groomed in their own personalised styles. Residents told inspectors they knew who to contact if they had a problem or a special request.

The inspectors saw that residents had their choices respected in relation to their food choices and where they would like to eat their meals. Thirteen residents were observed enjoying the lunch time meal in the dining room and there was a choice of two courses. From a review of resident meeting records and conversations had on the day, it was evident that residents had requested different cuisines such as Indian, Italian and Chinese and this had been acted on by the team of staff. Residents were very complimentary about the food and told inspectors that they enjoyed and looked forward to it.

Care staff in the home provided both one to-one and group activities on the morning of the inspection, which were tailored to meet residents' needs and abilities. The inspectors saw a carer lead ball game and a game of bingo. In the afternoon, two external people facilitated an exercise class with a group of residents, which was followed by individual sessions and advice for residents around keeping active. A review of records indicated that there had been enhanced activities over the past few months in the centre, with the addition of arts & crafts and weekly yoga. One resident was attending the Men's Shed in Blarney village on the day, while another told inspectors they went out frequently with family and this was always encouraged.

The next 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

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations and to follow up on the previous inspection of the centre of October 2024. Findings of this inspection were that the provider had maintained improvements in the centre to ensure residents received a safe and quality service and there were improvements in the levels of compliance. Some further action was required pertaining to the use of restrictive practices, record management systems, notification of incidents and the monitoring of the service, and these findings will be detailed under the relevant regulations.

Blarney Nursing and Retirement Home Limited is the registered provider of the designated centre. The company has one named director, who works in the centre full-time and is well known to residents and staff. The provider also employed an operations manager who was a named person participating in management on the centres registration. The management structure was clearly defined and the lines of responsibility and accountability were clear. From a clinical perspective care was the responsibility of a person in charge and they were supported by a clinical nurse manager. The previous person in charge had recently departed the role. The

registered provider had notified the Chief Inspector of an appointment of a new proposed person in charge to the centre, and this information was in review on the day of this inspection, to ensure that regulatory requirements were met.

There were adequate staffing levels for the size and layout of the centre and to meet the assessed need of residents. Improvements were noted in the provision and monitoring of training since the previous inspection. Staff were facilitated and encouraged to attend both mandatory and other professional training in order to meet the needs of residents. All staff had completed mandatory training. Staff were knowledgeable and interacted with residents in a kind and courteous manner.

The provider had implemented some management systems, since the previous inspection to monitor aspects of the quality of the service. Key clinical indicators with regard to the quality of care provided to residents were collected on a weekly basis and collated to develop a monthly report to support oversight of the service. This included the incidence of wounds, restrictive practices and falls. There was an audit schedule in place which identified risk and areas of quality improvement. Audits had been completed in line with this schedule and this included audits of residents clinical care and infection control. These systems were at an early stage of implementation and would require development and review. The provider had upgraded the fire alarm system since the previous inspection and new fire doors had been installed, as recommended by a fire safety expert.

Record management systems were paper-based. Records requested during the inspection were provided and were well maintained. A sample of staff personnel files were reviewed, and all were found to contain information required by Schedule 2 of the regulations, as detailed under regulation 24. A vetting disclosure for each member of staff, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was obtained prior to commencement of employment. However, some action was required pertaining to the recording and retention of incident records to comply with Schedule 3, as detailed under regulation 24; Records. Quarterly incidents had also not been submitted to the Chief inspector, as required under regulation 31.

An accessible and effective complaints procedure was in place and this was on display in the centre. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised.

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection was sufficient, to meet the needs of the 18 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were noted in the provision of training since the previous inspection. Mandatory training for all staff in areas such as manual handling and safeguarding vulnerable adults were now up-to-date. Additional training had been provided in wound care practices for nurses and fire wardens. Training in care planning was scheduled for nurses the week following this inspection.

Judgment: Compliant

Regulation 21: Records

Some actions were required in record management to ensure they conformed with Schedule 3, specifically:

- An incident record reviewed was found to be inaccurate as it did not include names and contact details of any witnesses, the results of any investigation and actions taken. This is a requirements of the regulation.
- A copy of correspondence from the designated centre was not retained relating to one residents transfer to an acute hospital.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was not a completed annual review for 2024 of the quality and safety of care delivery to residents in the centre, to ensure that such care is in accordance with relative standards set by the Authority . This is a requirement of the regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A written report had not been submitted to the Chief Inspector at the end of the first quarter of the year, in relation to any incident set out in paragraphs 7(2)(a) to (e) of Schedule 4. These were submitted the day following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were two complaints submitted since the previous inspection. Residents spoken with were aware how to raise a complaint. Complaints received were appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals procedure was in place. Information on the complaints procedure was on display in a prominent position within the centre and methods of accessing support was communicated to residents at meetings.

Judgment: Compliant

Quality and safety

Residents living in Blarney Nursing and Retirement Home received a good standard of care and support which ensured they could enjoy a good quality of life. Residents reported they felt content in the centre and there was evidence of good consultation with residents. Their needs were being met through prompt access to medical care and opportunities for social engagement. Some actions were required with regards to the use of restrictive practices, which is detailed under regulation 7.

The inspector saw that residents had good access to medical care provided by local general practitioner services, who attended the centre weekly. Residents also had access to allied and specialist services, such as speech and language therapy, dietitian, physiotherapy and community palliative care and mental health services. Medical records reviewed included detailed notes of residents' care. Where medical or allied health care professional recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records. Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required.

The inspectors saw the provider had taken action to ensure residents' assessments and care plans reflected the needs of residents and provided guidance to staff on the provision of person-centred care and support to residents, since the previous inspection. Residents' nursing records were maintained via a paper based system. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a

suite of clinically validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process. The inspectors reviewed a sample of records and found that care plans were detailed enough to direct care and were person centred, specifically end of life care plans which outlined resident's specific wishes and preferences.

Staff were knowledgeable regarding residents individual needs, in terms of managing and supporting residents with responsive behaviours. A restrictive practice register was established since the previous inspection and was being appropriately maintained and monitored daily. Staff were up-to-date with regard to training on responsive behaviour. However, further action was required to reduce the use of restrictive practices in the centre as detailed under regulation 7.

The provider had implemented a quality improvement plan to ensure the social care needs of residents received adequate attention and to ensure that they were adequately stimulated, and had variety to their day. The activities programme had been developed and enhanced. Residents could practice their religion and had access to radio, television, newspapers and Internet facilities.

Regulation 10: Communication difficulties

Inspectors found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. The provider had a system of upgrades such as painting and and maintenance work taking place throughout the year. There was adequate storage place in bedrooms, for residents personal belonging.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were noted by the inspectors in all aspects of assessment and care planning and assessments were completed using validated tools. Care plans viewed were much more personalised and significantly details to direct care.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice weekly.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Notwithstanding improvements found pertaining to the monitoring and recording of restraint since the previous inspection the inspectors found that further action was required. Specifically:

- The use of bedrails in the centre was high at 39% and there was not always evidence of alternative interventions having been trailed or applied, as recommended by national policy.
- The front door was opened with a keypad lock, however, residents who could use this independently were not provided with access to the key code. This resulted in them having to request for staff assistance to open the door. This practice did not promote residents independence and may restrict their freedom of movement.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. There were facilities for residents to participate in activities in accordance with their interests and capacities.

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 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0046988

Date of inspection: 30/04/2025

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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: All future incident reports will be completed with names and contact details of any witnesses, investigation outcomes and actions taken in response to the incident. Incident reports will be audited monthly to ensure completeness and regulatory compliance. Existing staff are familiar with incident procedures; training on documentation standards will be incorporated into induction for all new staff. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: The management team will compile and publish the 2024 annual review, incorporating data collected monthly on audits, incidents, complaints, and resident feedback etc. Going forward, the annual review will be scheduled and completed within the required timeframe each year to ensure ongoing compliance. | |

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|--|-------------------------|
| Regulation 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Submission was delayed pending documentation and approval for the new Person in Charge. In future all required notifications will be submitted within the specified timeframes</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A comprehensive review of bedrail usage is underway. Alternative safety measures (e.g. low beds, crash mats, sensor alarms) are being appraised and documented. Resident and family preferences for bedrails are being considered, but the aim is to reduce overall use while maintaining safety. Monthly monitoring of restraint use is ongoing. Residents with the cognitive and physical ability to safely use the front door keypad will be reassessed and provided access where appropriate. Care plans will be updated accordingly.</p> | |

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 21(1) | The registered provider shall 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. | Substantially Compliant | Yellow | 30/04/2025 |
| Regulation 23(1)(e) | The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | Substantially Compliant | Yellow | 30/06/2025 |

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|------------------|--|-------------------------|--------|------------|
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4. | Substantially Compliant | Yellow | 30/04/2025 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 10/06/2025 |