



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

Issued by the Chief Inspector

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 May 2023
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0040046

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 range of allied health services available to residents such as optical, dental, podiatry and physiotherapy. Dietary and speech and language therapy (SALT) are accessible through a specialist group. The general practitioner (GP) service is regular and dedicated. A nearby pharmacy supplies residents' medicines and supports staff with audit and training needs. 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.

Number of residents on the date of inspection:	18
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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
Tuesday 30 May 2023	09:00hrs to 16:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

There was a warm and welcoming atmosphere in Blarney Nursing Home which was apparent to inspectors on entry to the centre. On arrival at the centre inspectors observed that some residents were being served a lovely breakfast of porridge, toast and tea and they declared that they were very content with their lived experience. During the day, inspectors spoke with all residents and with five residents in detail. Inspectors also spent time observing residents' daily lives and care practices, in order to gain insight into life in the centre. Residents reported that they felt supported by staff who were respectful and committed to their care. One resident informed the inspector that staff were "kind and courteous". All residents were observed by inspectors to be encouraged to be mobile where possible, to be well cared for and dressed in their choice of clothing and suitable footwear. Inspectors also spoke with a number of family members who praised the location, the management and the staff. Access to the outdoors continued to be encouraged and one family member stated that her mother "loved the fresh air" while sitting in her chair under the tree, in the shaded, enclosed patio. It was a lovely sunny day on the day inspectors arrived at the centre and this added to the relaxed and gentle ambiance apparent throughout the day.

The centre was located near the village of Blarney in a rural area surrounded by green fields and views of the mountains in the distance. This inspection was unannounced. On arrival, inspectors followed the infection prevention and control measures in place, Following an opening meeting with the nurse in charge, inspectors were accompanied on a tour of the premises. As they walked around they observed that there was a good level of compliance with infection control guidelines, for example, the centre was visible clean, staff were seen to wash their hands frequently and to use the hand sanitising gel in each hallway.

A number of residents were napping in bed, where they had expressed this preference to be. One such resident was seen to be accommodated with his wish and staff agreed to return when he was ready to get up. Staff were seen to attend promptly when he rang his bell, and later in the day he invited inspectors to see his well decorated bedroom walls, which represented his life of adventure and exciting challenges. He spoke about having a choice of bedroom on admission and said staff were helpful and informed about his requirements. A group of residents in the sitting room recognised inspectors from the previous inspection. They were observed to have access to morning cups of tea from the well stocked snack trolley. They said they were looking forward to going out in the sun later and said that there was always an ample supply of sun cream. This group were seen outside later bedecked in sunhats and availing of cold drinks. A further group were seen to sit in the interlinked area of the sitting room which was a quieter environment furnished with a piano, a lovely fireplace and interesting books and magazines. Visitors in this area spoke with inspectors about how staff supported them to settle into the centre, They were facilitated to visit when necessary and described staff as "very helpful

and couldn't do enough" for them.

Residents' accommodation was all on the ground floor level while staff facilities were located in the small upstairs area. There were 18 residents living in the centre on the day of inspection, with two empty beds. Bedrooms were predominately single rooms with some twin bedroom accommodation also. A number of these rooms had full en-suite facilities of shower and toilet while all rooms had their own wash-hand basin. The central reception hallway was nicely decorated with fresh flowers on the reception table. The general communal areas consisted of offices, a large interlinked sitting room, a dining room, the kitchen, communal toilets and shower rooms, as well as a visitors' room and a garden room. Inspectors observed that there were lovely views from all the communal rooms and bedrooms, some of which overlooked green fields and hills at the back of the centre. Residents told inspectors that the centre was "easy to get around" and it was laid out in a way that supported their independence. They were seen to use their walking aids when mobilising, and in other situations staff were observed to provide support to those who could not walk independently.

The well equipped kitchen was accessible from the dining room. This room was well laid out in a manner that encouraged communal dining, while being spacious enough for those who liked more privacy when eating. Inspectors saw that there was adequate space and time afforded to residents to enjoy their meals. Those who required help with modified diets were assisted in a relaxed manner at the first sitting. Meals were seen to be tastefully presented. Residents said that their food preferences were known to staff, and they said that the chef took on board suggestions regarding food choices. Residents spoken with confirmed that food portions were always generous, and snacks were available between meals and at night time. Inspectors observed that hot tea, additional portions and other requests were responded to without delay.

Documentation relating to residents' survey results and residents' meetings were reviewed and these reflected the positive comments from residents and relatives. The comments indicated satisfaction with all aspects of care. Minutes of residents' meetings demonstrated that a wide range of issues, including, staffing, food choices and visiting arrangements were discussed.

Residents described the medical care as attentive. Residents said that they felt safe in the centre and they spoke about the daily events which kept them occupied. A number of residents enjoyed reading the papers, which were delivered daily, and another group were observed singing well known songs and hymns, at intervals throughout the day, both indoors and in the lovely outdoor setting. There was life story information available in individual care plans, to guide staff when developing the activity schedule. Residents were informed about the daily activities and the notice board was populated with the day and date, to aid orientation. Residents were seen in groups, and individually, enjoying social contact. Staff, from all roles, were seen to sit and chat with residents at various times during the day, which added to the homely and caring ethos.

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

Similar to previous inspections, inspectors found that the governance and management arrangements, required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The comprehensive audit and management systems set up in the centre, ensured that good quality care was delivered to residents and issues identified were followed up. Action was required however, under Regulations 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions, under the quality and safety dimension of this report, in order to meet the needs of the regulations.

Blarney Nursing Home was operated by Blarney Nursing and Retirement Home Ltd, the registered provider. The director (owner), representing the provider, attended the centre on a daily basis and liaised with staff, residents and visitors. In addition, the management team had been augmented by the addition of an operations manager, who worked in this post two days of the week. He had the added responsibility of care staff supervisor and was found to have a good knowledge of the centre, residents' needs and the requirements of the regulations. The person in charge was experienced in a management role in the centre and documentation reviewed indicated that residents' medical and social care needs were known and addressed. The person in charge was supported by the director, the medical team, a senior nurse, a team of nurses, health care assistants and catering staff.

Complaints management and key performance indicators (KPIs, such as falls, restraint and infections) were reviewed and discussed at staff meetings. The annual review of the quality and safety of care for 2022 was completed. The audit schedule was set out at the beginning of the year and aspects of residents' care, including medicine management and care plans, were audited monthly.

The service was generally well resourced. Staffing numbers and skill mix on the day of inspection were appropriate to meet the individual and collective need of residents, with due regard to the layout of the centre. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed to deliver manual handling training and fire training. The person in charge acted as the infection control lead nurse. Aspects of infection control, such as the correct hand washing technique, were audited on a monthly basis. Staff handover meetings and staff meetings ensured that information on residents' changing needs was communicated effectively. Information in the daily communication book provided evidence that pertinent information was exchanged between day and night staff.

In the sample of staff files viewed inspectors found that the required regulatory documents were in place. Job descriptions and Garda (Irish police) vetting (GV) clearance certificates were seen on staff files.

Copies of the appropriate standards and regulations were accessible to staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were easily retrievable for inspection purposes: for example, care plans, assessments, complaints log and incident reports.

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents.

There was a good skill mix of staff available to residents on the day of inspection.

The duty roster was correctly maintained, in line with the staffing levels discussed with inspectors.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and there was good supervision in place, as evidenced by the induction programme documentation, appraisals, and daily handover reports.

Judgment: Compliant

Regulation 21: Records

Records were well maintained and stored securely.

The records listed in Schedule 2, 3 and 4, to be kept in a designated centre, were made available when requested. Inspectors reviewed a random sample of four staff files and found that they contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a comprehensive system of governance and management in place.

There were sufficient resources made available to ensure the effective, consistent and safe delivery of care.

The management structure clearly identified the lines of accountability and responsibility and team members were found to be knowledgeable of the regulations and standards.

The person in charge collected key performance indicators, such as falls, infections and wound care and they also trended accidents and complaints.

A schedule of audits and action plans demonstrated ongoing improvements in the quality and safety of care.

There was an annual review completed in consultation with residents and this was available to inspectors and to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. Contracts of care had been updated since the previous inspection, to include clarification on additional fees for new residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of specific events, required under the regulations had been submitted to the Chief Inspector, within the required time frame:

These included the use of restraint, such as bed rails, falls requiring hospital treatment, or a sudden death.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were in place to ensure the centre fulfilled regulatory requirements.

Aspects of the risk management policy had been addressed since the previous inspection.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a good standard of care in Blarney Nursing Home. Residents' health and welfare was maintained by the delivery of evidence-based care. Inspectors found that they received person-centred and safe care from a team of staff who were familiar with their individual needs and preferences. The quality of residents' lives was enhanced by the provision of a choice of meaningful, personalised activity during the day. On this inspection, some improvements were required in infection control, premises and fire safety, as described under the relevant regulations.

Inspectors were assured that residents' health-care needs were met to a good standard. There was weekly access to the general practitioners (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care.

The premises was generally kept in good repair and decoration, which had a positive impact on residents' quality of life. Some action was required however, as described under Regulation 17. A laundry service was available in-house and this appeared to be well managed. The centre was observed to be very clean and staff were seen to adhere to good infection control practices in relation to hand hygiene protocol. Some aspects of infection control requiring action were detailed under Regulation 27.

There was good practice observed in the area of fire safety management within the centre in general. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire. Training records evidenced that drills were completed. However, aspects of fire safety management requiring action, were highlighted under Regulation 28.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their

safeguarding training and their related responsibilities. Residents' money was protected and managed independently of the centre's account.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets.

Inspectors found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every four months and informally through the daily interactions with the management team. Some of these interactions and conversations were witnessed during the inspection.

Regulation 17: Premises

The registered provider had not ensured that all aspects of the premises conformed to the matters set out in Schedule 6 of the regulations.

Flooring in a number of bedrooms required replacement and repair.
Some skirting and woodwork needed repainting.
A number of chair coverings were torn in places.

Judgment: Substantially compliant

Regulation 26: Risk management

Clinical and non clinical risks were assessed. Controls were in place for identified risks and a risk register was maintained.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), however further action was required to be fully compliant.

That is: the hand washing sinks in use did not conform to the requirements of HBN 00-10 which specifies the criteria for such sinks.

In addition, antimicrobial stewardship required development and audit to ensure the judicious use of appropriate antibiotic therapy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that some actions were required in the area of fire safety management.

For example;

Fire drill documentation seen did not provide assurance that drills were sufficiently detailed and that staff were afforded feedback and learning after each drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed.

The pharmacist was attentive to staff and residents. The pharmacist had assisted nursing staff to carry out audit of medicine management in the centre.

In addition, the person in charge evaluated staff nurses' knowledge of administration of medicines, and of their annual medicines training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans in general were well maintained on a paper based system. They reflected the assessed needs of residents.

A range of best evidence-based clinical assessment tools were used to inform the development of relevant, personalised care plans.

This documentation was subject to audit and training was provided for new staff in completing and understanding the plan of care for each resident. Updates to care plans were entered into the system on a four monthly basis and when required.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed:

It was evident from documentation seen that medical staff responded to residents' health care and mental well-being needs.

The physiotherapist and the occupational therapist were available by referral, if required

Visits to the chiropodist, the hairdresser, the optician and the dentist had been availed of by residents.

The dietitian and the speech and language therapist (SALT) were made available to residents, through a nutrition company supplying nutritional supplements, as prescribed by the GP.

Advice from these professionals was seen in the sample of care plans reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff were trained in recognising and responding to abuse. Finances were carefully managed and records and receipts were seen to be maintained for residents' personal money transactions.

The centre did not act as a pension agent for residents.

Bed rails and other restraints were managed, risk assessed and applied, only when necessary, in line with the national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and wishes were respected according to those spoken with, observations made by inspectors and documentation seen, on the day of inspection:

Bingo, music sessions, quiz, ball playing, music and parties formed part of the interesting and varied activity programmes. Life story information ensured that the activities on offer were also individualised, for those with a specific interest. Residents' meetings were held four monthly, which provided opportunities for residents to express their opinion on various aspects of care, and life, in the centre. Residents' survey results and minutes of residents' meetings, indicated that residents were kept informed. Residents confirmed that the advocacy service was accessible to them and information on this service was prominently displayed. Wardrobes, and other personal storage items of furniture, were sufficiently spacious and were kept tidy by staff and relatives. Residents' clothes were returned clean and pressed from the in-house laundry, and residents expressed satisfaction with this service.

Staff and residents assured inspectors that choices were respected, for example, in relation to visits, meals and access to the outdoors.

Inspectors saw evidence to indicate that there was good communication with relatives and residents about all aspects of care, which was verbally confirmed by relatives and residents.

All staff members were involved in ensuring that residents' social and communication needs were met and supported. Residents said they really benefited from the social interaction, and there was a relaxed, happy 'buzz' around the centre during the day of inspection.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0040046

Date of inspection: 30/05/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Floor covering to be replaced. Remedial work on chair coverings and skirting woodwork currently being undertaken. Dec. 2023	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Antimicrobial stewardship audit tool commenced. Hand washing sink compliant on previous inspections.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: More detailed documentation on fire drills and feedback to be implemented	

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	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	30/09/2023

	suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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