



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

Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0034880

About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Wednesday 15 December 2021	09:00hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 37 residents residing in Blair's Hill nursing home at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a four-storey building. Residents' accommodation and facilities were part of the upper three floors; the main kitchen, storage facilities and staff rooms were in the basement. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. The main day room was beyond this porch.

The centre was decked out with an abundance of decorations for Christmas; there was a large Christmas tree in the day room, another Christmas tree in the conservatory, and a life-size Santa in the smaller sitting room. Christmas lights were laced around doorways and archways providing a lovely cheery atmosphere.

The main day room was set out to ensure social distancing; there was a fireplace with a large flat screen TV atop; a dresser with lots of books and games; residents had chair-side tables and while there were comfortable armchairs, many of surfaces of the chairs were worn and unsightly. Lots of the armchairs throughout the centre were also worn and the provider nominee advised that these would be replaced before Christmas.

Communal areas were located on the ground floor and comprised two dining rooms, a conservatory, a small sitting room, a smoking room and oratory. The smoking room was to the right beyond the conservatory and had tables, chairs and a flat screen TV; there was a fire exit from the smoking room out onto the front of the building. The smaller sitting room was a quiet space for residents to sit and relax. The oratory was located beyond this room for residents to enjoy peace and reflection.

The nurses' office, sluice room and laundry were located near the main day room. Additional toilet, bath and shower facilities were available close-by to communal areas and bedrooms. Administration offices were on the first floor and had a secure entrance opposite the smoking room.

The dining room to the left of the nurses' station had a hand-wash hub, and staff

and visitors completed their hand-washing here before going on duty or going to visit their relative. The second dining room was located beyond the nurses station and was a larger room facilitating more residents to dine. Tables were set before residents came for their meals with cutlery, napkins, glassware and condiments. At the time of the inspection, there were festive table cloths and battery operated Christmas candles lighting to brighten the tables. Residents said they enjoyed their meals and that the quality of their meals was good. Most residents had their breakfast in the dining room in accordance with their preference. The menu of the day was displayed in dining rooms and showed choice for each meal. Snacks and beverages were offered at 11:00hrs, 14:30hrs and 20:30hrs. Residents who remained in their bedrooms had their meal and snacks served to them there. The inspector observed breakfast time and residents came and went to the dining room at their leisure and were offered choice. Staff were observed assisting resident with hand washing before their meals or using hand wipes for those residents unable to use the hand-wash sink.

The main meal time was observed where a starter was offered to residents followed by their main meal and then desert. A resident requiring full assistance with their meal was brought to the smaller dining room for their main meal, however, there was no staff available at that time to assist the resident with their meal. The resident continuously looked for attention, however, staff did not seem to hear the resident which was a distraction for other independent residents who were having their meal and trying to enjoy it. Residents were not served together in line with a normal dining experience and two residents were seen to wait unduly for their main course.

Residents' bedroom accommodation was on the three upper floors. Most bedrooms were single occupancy and two were twin bedrooms. Many of the bedrooms and corridors were recently painted and the premises looked fresh and clean. Many residents had decorated their bedrooms with Christmas trees, garlands and lights as well as matching soft furnishings and duvet covers creating a cosy vibe.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe and presses for storage and hanging their clothes. Profiling beds with specialist pressure relieving mattress were seen in residents' bedrooms. One twin bedroom had a chest of drawers between both residents, however, because of its position, it prevented the privacy curtain being closed completely; the armchair in this room was worn and very big for the space available.

Shower facilities were upgraded since the last inspection and were fit for their intended purpose; electric showers were installed and flooring upgraded to enable wet-room facilities.

Orientation signage was displayed around the building to areas such as the dining room, day room, toilets and lifts, to ally confusion and disorientation. Call bells were fitted in bedrooms, bathrooms, smoking room and communal rooms.

The main fire alarm system, registration certification, and complaints procedure

were displayed by the nurses' station. There were large white boards in communal areas with information for residents such as the activities programme, meal times, infection control, hand hygiene and cough etiquette, and information on SAGE advocacy.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and offered assistance. The inspector observed that residents appeared comfortable and relaxed in their setting and mobilised freely around the centre.

In the morning, the activities staff chatted with residents to see how they were, offered them the newspaper and socially engaged with them. One-to-one resident activities were observed throughout the inspection with hand massage and nail painting and normal social engagement was seen. Staff helped residents with their technology ensuring they could listen to their preferred programme and tunes. 'Memory' books were developed with residents and their families with information and photographs of the resident over the years; the activities person explained that these were a lovely way to engage with residents, chatting about past times and their memories. Guided meditation had commenced and this was done in small pods because of social distancing requirement and also as it worked better with smaller groups. The schedule of activity for the week was displayed on the notice board by the day room with named staff responsible for activities on a daily basis.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' and HPSC guidance of November 2021. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them.

Additional wall-mounted hand sanitisers were installed following the last inspection. The centre was visibly clean and tidy. Rooms such as the laundry, cleaners room and sluice room were secure to prevent unauthorised access. Personal protective equipment (PPE) such as disposable gloves and aprons were discretely stored in presses in shower rooms on each floor.

The sluice room and laundry had hand-wash sinks with hands-free taps. New cleaning trolleys facilitated the storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms.

The laundry was upgraded since the previous inspection; the small store room was completely overhauled with new shelving and storage units. The main laundry had additional storage with shelving which enabled staff to maintain the laundry in a clean and tidy manner. There were two industrial washing machines and two industrial dryers, and a separate domestic washing machine designated for household staff for washing mop-heads.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced in August 2021. Emergency evacuation plans displayed throughout the centre were updated since the previous inspection and were easy to follow; escape routes were easily accessible and a point of orientation indication

one's position; evacuation plans were orientated appropriately so the display correlated with their relevant position in the building.

Residents said they had a good quality of life but two residents highlighted that they found social distancing difficult as they were used to sitting close to their friends and chatting, and found the two metres distance hard. Other residents did not mind the social distancing as they felt they could still chat with people with the comfort of personal space.

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

Blair's Hill Nursing Home was a residential care setting operated by Blair's Hill Nursing Home Limited. The person nominated by the provider to represent the registered provider, the provider nominee, attended the centre most days. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration. Since the previous inspection in November 2020, improvement was identified in staffing, training, records, premises, individualised care plans, residents' rights, and aspects of infection control and fire safety; issues that remained outstanding related to the effective monitoring of the service as part of Regulation 23, Governance and Management.

Clinical governance meetings were facilitated on a monthly basis by the provider nominee. Minutes of these meetings were seen and while good discussion was recorded regarding items raised such as staffing levels, complains and premises for example, key performance indicators (KPIs) were not maintained to provide clinical oversight. While action plans were developed from governance meetings, these were not based on quality indicators. There was no schedule of audit to provide oversight to ensure the service was effectively monitored.

Accident and incident records were examined and showed thorough investigations and actions taken to mitigate recurrence of incidents and accidents. Most occurrences were appropriately notified in line with regulatory requirements, however, some were not.

The statement of purpose and residents' guide were updated on inspection to come into compliance with the regulations.

The COVID-19 self-assessment was completed and updated by the person in charge. The evaluation identified areas for improvement and remedial actions taken in line with current HPSC guidance. The COVID-19 contingency plan was updated following new HPSC guidance information and a HSE infection control inspection.

However, specific outbreak management detailed by the person in charge was not included in the contingency plan to guide and direct staff.

An easy-read HPSC guidance was displayed in the dining room for residents' information. As part of their COVID-19 quick reference material, records were in place for ease of identification of residents' resuscitation status, intervention wishes, frailty score, their respiratory history, testing results and their next-of-kin contact details.

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. The training matrix was examined and staff training was up to date. Further training was scheduled for January and February 2022 for safeguarding, responsive behaviours and infection control to ensure all training remained current.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the conservatory. A synopsis of the complaints procedure was displayed; this was in an accessible format and easy to follow for residents. The complaints log was examined however this showed that complaints were not recorded in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Nursing staff levels had increased since the previous inspection from six staff to nine staff, providing assurances regarding the duty roster cover, and outbreak management should the need arise.

Judgment: Compliant

Regulation 16: Training and staff development

Better staff supervision was required to ensure best outcomes for all residents. For

example, appropriate supervision was not observed during mealtimes where a resident requiring full assistance was brought to the dining room for their main meal, however, there was no staff available at that time to assist the resident; the resident continuously looked for attention but staff did not seem to hear the resident. This was a distraction for other residents who were having their meal and trying to enjoy it. In addition, residents were not served together in line with a normal dining experience and two residents were seen waiting for their main course.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements of Schedule 3 (3).

Judgment: Compliant

Regulation 21: Records

A sample of staff files was examined and information required in Schedule 2 was in place including vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff; these were securely maintained. Documentation demonstrated that staff appraisals were completed on an annual basis. Where indicated, performance reviews were undertaken and these were comprehensive.

Judgment: Compliant

Regulation 23: Governance and management

The audit system evidenced was inadequate to provided oversight of the service to be assured of effective monitoring to enable consistent and safe care. For example, audits seen for 2021 related to hand hygiene, infection control and health and safety. A more robust audit programme with actions, time-lines and responsibility assigned would support their quality improvement plan.

Quality indications such as falls, pressure ulcers, infections and antibiotic usage for example were maintained up until June 2020, however, these KIPs were not available after that date to provide clinical oversight of how the service was performing and analysing the information to improve outcomes for residents.

While the person in charge described outbreak management for the service, the COVID-19 contingency plan did not contain the specifics of outbreak management such as isolation and cohorting arrangements should the need arise. This was important should the person in charge and deputy be unavailable.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre. It was updated on inspection to include:

- current conditions of registration
- deputising arrangements when the person in charge was absent from the centre
- whole time equivalent staff numbers.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident records were examined and notifications were not submitted following two incidents where residents required hospital treatment following falls.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints records were examined and complaints were seen to be dealt with in a timely manner and issues were thoroughly investigated, however, follow up conversations and discussions with the complainant to ensure they were satisfied with the actions taken, were not recorded in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were familiar with residents individual care needs and facilitated these in a friendly manner.

Residents had access to allied health professionals including tissue viability nurse specialist, palliative care and psychiatric services. Residents documentation showed that they had timely access to speech and language therapist, occupational therapist and dietician.

There was positive feedback from residents regarding consultation about their care. Pre-admission assessments were completed to ensure the service would care for the resident's needs. A template was seen as part of residents' charts which detailed the national screen programme available and applicable to residents depending on their age and medical history. A sample of residents care plans reviewed showed really good person-centred plans to inform individualised care and support. Residents had behavioural support plans to trend and identify issues that may have triggered a resident's behaviour to enable better outcomes for residents. Staff spoken with had good insight into residents specific care needs relating to behaviours. Emergency plans in the event of a COVID-19 outbreak were in place for residents and this included an evaluation of resident's capacity to make decisions regarding their care and intervention if they became acutely unwell. Many of these were signed by individual residents following detailed discussions around COVID-19 and its possible impact. A daily narrative of residents' status was recorded by day and night duty staff. Daily flow sheets showed the daily care the resident received, and in general, this was updated by healthcare assistants.

Medication management was reviewed. Medication reconciliation was in place as part of residents' documentation. Transcription occurred in the centre and dual nurses' signature were seen, however, one medication chart was not signed by the GP. Records were maintained to easily identify psychotropic medication prescriptions and PRNs as required medication.

The infection prevention and control quality improvement plan and the COVID-19 contingency plans were updated in line with current HPSC guidance. The cleaning schedule was identified as requiring improvement by the person in charge and she had developed a more comprehensive cleaning schedule. While good hand hygiene practices were observed, issues were identified regarding infection control.

There was lift and stairs access to all floors. Many areas throughout the building were refurbished and upgraded since the previous inspection and refurbishment work remained ongoing at the time of inspection. Due to the position of the chest of drawers in bedroom 1, the privacy curtain could not be closed fully. At the time of the inspection, the chest of drawers were removed to enable appropriate privacy and the room was altered to create additional storage space beside the wardrobes for both residents.

Fire drills and evacuations records reviewed did not include details of what was undertaken as part of the fire safety exercise. Consequently it could not be assured

that compartment evacuation could be completed in a timely manner.

Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Electronic temperature check, face masks, sign-in sheets and hand gels were available in the porch and staff ensured that anyone coming into the centre completed these precautionary measures. Visiting to the centre was in line with current HPSC guidance of December 2021 regarding visiting designated centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. In general, residents had personalised their bedrooms in accordance with their preferences, with flowers, ornaments, furniture, photographs and Christmas decorations.

Judgment: Compliant

Regulation 17: Premises

Refurbishment work was ongoing at the time of inspection and while many areas were painted, some areas remained outstanding and required painting including doors, skirting and architraves.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were observed coming to the dining room throughout the morning for their breakfast and offered lots of choice. Tables were nicely set for residents prior to their meals with delft and glassware, napkins and condiments.

Residents had access to speech and language and dietician services and specialist

dietary requirements were catered for, such as diabetic and coeliac diets..

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide formed part of the information hub and was displayed for residents' perusal. It was updated on inspection to reflect the requirements as listed in Regulation 20.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that relevant information about the resident was provided to the receiving designated centre, hospital; upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

Regulation 27: Infection control

Staff were observed to congregate in the dining room and did not adhere with social distancing. One staff did not wear their face masks correctly even though the inspector reminded them of the correct placement of the mask.

Many surface of chairs and tables were worn which impeded the ability for effective cleaning.

A review of visiting and staff practices was requested relating to the suite occupied by one resident in line with HPSC guidance regarding staff cross over into the designated centre. This suite had it's own entrance, however, visitors used the main entrance and came through the centre un-necessarily.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills and evacuation records showed that residents were involved in the training and evacuation process, however, detailed records were not consistently maintained to provide assurances that staff knew and responded appropriately to evacuation procedures; or that an evacuation could be completed within a timely manner. Sometimes the records did not reflect the number of staff taking part in the evacuation. The provider nominee agreed to complete weekly fire safety procedures and submit these reports; weekly drills and evacuations commenced following the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Transcription occurred in the centre and while dual nurses' signature were seen on medication charts, one medication chart was not signed by the GP. Consequently, nurses administered those medications without the required prescription.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Significant improvement was seen in residents' assessment and care planning documentation. Information included in the care documentation informed individualised care needs, preferences and choices.

Judgment: Compliant

Regulation 6: Health care

The GP attended the centre on a weekly basis; their attendance had resumed following negotiation of fees to review residents. Residents had access to palliative care, geriatricians and psychiatry specialists, also allied health care professionals including speech and language therapy and dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents were encouraged and supported to optimise their independence where possible. Staff working in the centre had received training in dementia care and behaviours that challenge.

The restrictive practice register showed there was continuous review of bed rails including assessments, in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The activities programme had improved since the previous inspection with the appointment of additional activities staff. The activities programme was displayed in communal areas informing residents of the daily programme. Group sessions and one-to-one activities were facilitated in line with residents' preferences and choices.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0034880

Date of inspection: 15/12/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In regards to covid-19 we have had to adopt extra sitting at meal times to comply with social distancing regulations. Due to recent findings where it was noticed that residents were left waiting for main course of meal and one of resident was brought to dining room who needed assistance in feeding but the resident was left unattended. A lengthy meeting was held with the cook and the staff involved with serving the meals. From this meeting it was noticed that a delay can come in the actual serving of the meals. A suggestion was made that if food was served prior to the meal time and put on a plate ready in the hot plate it might improve timing of serving. The cook has agreed this may help to serve the meals without any delay. It is now in place and is working well at the moment.</p> <p>A nurse has been allocated to go on the floor and supervise the meal time, ensuring that residents are not kept waiting, and residents needing full assistance are not brought to dining area until there is someone to assist them actively with their meals.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits system</p> <p>During our recent inspection it has been noted that we need to improve our audits system. We understand this and have contacted Nursing Matters Company who provide training but we have not had a reply as yet. We have now contacted another company</p>	

HCI who also provide a small group training on this. They have now contact us and are sending all the relevant information needed for these small group training. They have agree to come to The Nursing Home to provide the training. We expect to have it organized within two weeks.

Clinical governance

In relation we have decided that a meeting will be held at the end of every month and we will ensure that the KPI; falls, pressure ulcers, infection, antibiotic usage are fully maintained before start of each meeting and that the records will indicate how we are going to improve in any area outlined.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 Follow up – once a complaint is made and dealt with a reminder will be put in dairy of when it would be fitting to complete the complaint follow up allowing sufficient time to allow for any changes we have introduced to be effective. We also have been in contact with HCI Company to give us some insights into how we can improve our complaints procedures.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 It is our responsibility to ensure that requirements relating to building, health and safety, fir precautions are in compliance with the regulations.
 The nursing home has recently being painted with the exception of some skirting boards and door frames. We need to ensure that these are completed in regards with

regulation. We have been in contact with the person responsible for the painting and have asked him to contact us with a date that would be suitable to come and complete the remaining area. We are still waiting for his reply. We expect this to be completed by middle of February 2022.

Regulation 27: Infection control

Substantially Compliant

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

While much training has taken place in Blair's Hill Nursing Home in regards to infection prevention and control and educating the staff especially in relation to covid-19 transmitted, what are the measures we need to take, recommended the staff to attend the basic infection prevention and control session in Hseland to enhance their knowledge, educating all staff to adhere with standard precaution while they are rendering care to the residents, self-monitor the signs and symptoms of covid-19 for both themselves and the residents and report immediately to the line manager or nurse on duty, educating all staff regarding the importance of getting booster dose of covid-19 vaccine to protect themselves and the residents, especially the vulnerable once, keep residents informed the progress of in and around the area, importance of social distancing and hand hygiene, there has been evidence that social distancing and proper use of mask have been poorly maintained at times.

We have risk assessed and found some improvement are needed in this area. It is clear that we need to supervise the staff and ensure that they are following the guidelines of infection control practice. Nurse on duty needs to make sure that they are complaint with the precaution in all aspect while they are rendering care of residents. Small training sessions are being organized regarding the importance of precautions and how we will manage during outbreak. Remind the staff every day during handover time regarding this aspect. Ongoing training sessions regarding donning and doffing of PPE by nursing manager are helpful to manage the outbreak and to prevent infection.

Some furnishing are in need of replacement which can have an effect on effective cleaning, especially in relation to infection prevention and control. New tables have recently been obtained but the armchairs which have been ordered since before Christmas from Uk have not yet arrived. They were due to arrive on 24th December 2021, the 4th January 2022 and now they said there has been a delay in transit and it will now be more likely to arrive mid January 2022. We are in regular contact with them.

Suite occupied by a resident:

Relating to the visiting and staff practices in room 18, 19.20 occupied by one of our residents, we have now risk assessed the area and have made some changes and formulated some guidelines for the visitors and staff working in this area. We have discussed these changes individually with each of them and to ensure they understand the reasons for these measure. We have also given them a copy of these guidelines and

asked to sign that they understand

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We have done a lot of training in last 7 months on fire precautions in relating to the need and importance of compartments when it comes to reducing risk of serious injury. Staff have a better understanding of this now. They understand each person is responsible to keep residents safe from effects of fire. All staff participate in annual fire training, but we understand our evacuations are still taking too long. We are working on reducing time spent on evacuations and we have been forwarding a record of recent evacuations to HIQA as requested for the approval. Also we are now writing a full record of the actual evacuation as requested by HIQA. We feel it is making difference and we are improving our evacuation time.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All nurses need to attend annual medication management training. There are policies and procedure in place to make sure safe, appropriate prescribing, supplying, dispensing, administering, reviews, storage and disposal of medication are monitored to comply with regulations requirements and guidelines. Each resident medications are monitored and reviewed individually and clinically when and if required.

A meeting was held with the nurses to discuss findings where it was noticed transcriptions had not been keeping in with safe medication practice. It was found that most of these errors are occur during doctor's rounds so we have decided before the doctor round the nurse who will accompany the doctor, will organize a list of medication changes that may needs to be addressing and ensure that the doctor makes the required changes there and then that must be signed by the two nurses before the end of doctor round.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/12/2021
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	31/03/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	24/12/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	24/12/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Substantially Compliant	Yellow	24/12/2021

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/01/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	19/01/2022
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	15/02/2022

	appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.			
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