



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:	28 June 2021
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0033337

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 24 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:	22
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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
Monday 28 June 2021	09:30hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Blarney Nursing Home was a nice place to live. Residents were very complimentary about their spacious, bright environment and their easy access to the lovely external gardens. Residents identified staff as being kind and caring and said they enjoyed the activities provided. The inspector spoke or met with the majority of residents during this unannounced inspection and spoke with five residents in more detail. Comments such as "I couldn't find a nicer home" and "I'm very happy with everything" reflected the general air of satisfaction.

Residents were found to be well cared for and they told the inspector that they were happy with their social and medical care. They had been informed about the COVID-19 virus and they kept up to date with the news through daily newspapers, staff conversation and TV reports. They had received their vaccinations and said they felt very relieved as a result. While residents spoke about how isolating it was to have no visitors in the home during the pandemic they told the inspector that staff supported them throughout and the social programme was always available to them. Management and staff had allowed visitors in for compassionate reasons. Additionally, they were glad of the present socially distant living and visiting arrangements in the centre which meant that visitors could now enter and meet with them while reducing the risk of cross infection. Staff and residents were aware of the latest infection control guidelines from the health protection surveillance centre (HPSC). Notices about COVID-19 from the HPSC and the Health Services Executive (HSE) were prominently displayed.

Staff members were seen to organise group and individual social activities throughout the day. Knitting, quiz, art work, exercise and music interludes were ongoing on the day of inspection. Residents were seen to happily engage with the staff who said they had developed the activity programme based on residents' preferences. Staff told the inspector that there was great uptake of new technology by residents and they facilitated a number of SKYPE visual calls daily, particularly during the COVID-19 lockdown. On the day of inspection residents were seen to use their personal phones and also enjoying family visits. The inspector spoke with a number of these relatives who expressed satisfaction with the staff, the accommodation, the communication and the way their concerns were listened to and addressed.

The inspector observed the centre to be clean and spoke with a member of the housekeeping staff who was aware of the type of products which were recommended for use to prevent COVID-19 infection. The centre was generally found to be in a good state of repair and decoration, even though painting and flooring required attention in some areas in order to ensure that effective cleaning was facilitated. The inspector saw plenty of staff on duty going to and from residents' rooms to accompany them to the communal rooms. Some residents had breakfast in bed and others attended the dining room for a more leisurely breakfast.

Residents attended the spacious dining room in two sittings for dinner while other residents dined in their bedrooms. Social distance was seen to be maintained with two residents at each table. Staff were seen assisting residents with their meal choice and it was clear to the inspector that there was warmth and good communication between them. Residents were unanimous in their praise of the staff. They said they were very grateful to the staff who had worked so hard during the pandemic to keep them well and COVID-19 free. They said that staff were generally kind and understanding. One resident when asked about the personal protective equipment (PPE), especially mask wearing and she said she was happy to see staff wearing it to protect themselves and others. Residents expressed that they felt safe in the centre and would feel happy to raise a concern with the owner and the person in charge.

Residents were familiar with the inspector and the process of inspection. They showed the inspector some of their reading material, their personal photographs and discussed their families. Residents told the inspector that they had adjusted their habits during the pandemic to facilitate social distancing at meal times and for activity sessions in the two sitting rooms. They spoke about the residents' meetings which they enjoyed and they said that their choices and wishes were taken into account. Minutes of these were viewed and issues discussed were responded to with feedback provided at the next meeting.

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 on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management systems in place to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents. The management team had been proactive in responding to findings on all previous inspections and they aimed for continuous improvement. However, on this inspection improved management oversight was required, in particular, to ensure the system complied with the regulations relating to the documentation required for staff and the regulations relating to the minimum required measurements of double bedrooms.

Blarney Nursing Home was registered as a designated centre since 1989. The centre was operated by Blarney Nursing and Retirement Home Ltd, the registered provider. At the time of the inspection the overall day to day governance structure was well established. The owner, who was the registered provider representative (RPR) attended the centre frequently, liaised with staff and residents and coordinated the activity sessions with staff members. The person in charge was knowledgeable of residents and the remit of the role and demonstrated a commitment to continued

compliance with the regulations and standards. She was supported by an assistant person in charge, an administration assistant and a team of nursing, care and household staff. The management staff stated that the centre had remained free of COVID-19 due to the dedication and commitment of staff, residents and relatives.

The regulatory annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic restrictions some items had been delayed. However, a clear plan was envisioned: this included ongoing premises renovations, painting inside and outside, and sealing areas of the floor tiles. There was evidence of some quality improvement strategies and monitoring of the service. There was a system of audit in place for example; audits were carried out in relation to care planning, falls and medicine management. Following the outcome of audits, there was documentary evidence seen that action plans were assigned to responsible staff for completion. For example, training was arranged when a medicine error was reported.

Resources had been made available for a plentiful supply of PPE, infection control training, the provision of suitable changing rooms, social distancing and a visitors' pod. These actions were included in the COVID-19 contingency plan to support residents, their families and staff in preventing an outbreak in the future. A number of hand washing gels were available.

Staffing levels were kept under review in line with residents' changing needs. On this inspection the sample of staff files reviewed were generally well maintained. The person in charge stated that the majority of staff members had the required (GV) certificate in place. The omission of one such document was discussed further under Regulation 21: Records. Weekly management meetings were held to discuss the COVID-19 preparedness plan and relevant issues such as supervision, training, individual medical requirements, visiting and any concerns. Records were reviewed which demonstrated a clear, comprehensive exchange of important information. Staff supervision processes were generally good and staff appraisal forms indicated that a range of issues were discussed with performance improvement strategies set up where necessary.

Staff training certificates indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE). Staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety and manual handling. Staff confirmed their attendance at this training. A number of senior staff were qualified to deliver in-house training for example, protection from abuse and training in dementia care. Other aspects of training were provided by external facilitators such as training in end of life care and manual handling procedures. Fire safety training was undertaken and fire safety equipment had been checked and serviced. New staff had an induction period and were mentored by senior staff to guide their orientation. Appraisals were conducted annually. A sample of these documents seen were detailed and meaningful. Progression and learning was apparent in the records seen.

It was evident to the inspector that there was an open approach to complaints

management. A sample of records seen were detailed. The person in charge expressed a person-centred approach to complaints management which she discussed with staff members. Staff were found to be familiar with the complaints procedure and residents spoken with said they could raise concerns and were satisfied they would be addressed.

A record was maintained of all accidents and incidents that occurred in the centre and appropriate action was taken for any injured resident.

Procedures were in place for the management of residents' finances and locked storage was provided for residents' valuables.

Regulation 14: Persons in charge

The person in charge was experienced in older adult care. She demonstrated knowledge of the regulations and standards. She had the required management qualifications and was engaged in continuous professional development. She knew all the residents by name and demonstrated a person-centred approach.

Judgment: Compliant

Regulation 15: Staffing

An adequate number of nursing, health care assistants, housekeeping, kitchen, maintenance and administration staff were available in the centre on the day of inspection. The roster seen confirmed the staffing levels as discussed with the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Although mandatory training was in place the inspector found that the training matrix required updating as not all recent training sessions had been entered into the matrix at the time of inspection. The completed matrix was sent to the inspector retrospectively. Additionally, a small number of health care assistants were yet to complete training in Fetac Level 5 or equivalent, on aspects of older adult care. The person in charge undertook to ensure that staff who required this would be assisted to complete such a course. This course was designed to enhance the understanding and expertise of those caring for and working with older adults.

Judgment: Substantially compliant

Regulation 21: Records

Not all the required regulatory records were maintained in the centre;

For example:

- the maintenance of updated training records
- Garda vetting clearance documentation for all staff: An immediate action plan was issued in relation to the lack of Garda (Irish police) vetting clearance document for one staff member on duty. This had been applied for but had yet to be received in the centre. This document was required under Schedule 2 of the regulations for the sector in order to ensure that suitable staff were employed in the centre to provide safe care.
- Appropriate action was taken until the vetting clearance was available on file.

Judgment: Not compliant

Regulation 23: Governance and management

While the system of governance and management currently in place for the centre generally provided for the effective delivery of a safe, appropriate and consistent service increased management oversight was required in relation to :

- appropriate training by all staff (Regulation 16)
- the maintenance of records (Regulation 21)
- additional hand gel/clinical hand washing sink provision (Regulation 27) which could become an issue of concern in the event of an outbreak.
- and reconfiguration of six double rooms to comply with SI 293 (Regulation 17).

All of these issues were addressed under the relevant regulations in the report.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed.

It contained the required details.

It was noted in the document that the a number of double bedrooms did not meet the required individual space. The measurements were rechecked and confirmed the finding. This was addressed under the regulation on premises (17) under the Quality and safety dimension of this report.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents which were set out under Schedule 4, part 7 (1) (a) to (f) of the regulations had been notified to the Chief Inspector within three working days as required, for example, any serious injury to a resident or the unexpected death of a resident. The inspector reviewed documentation during the inspection and it was evident from that sample that relevant incidents had been notified.

Judgment: Compliant

Regulation 34: Complaints procedure

An updated complaints policy was in place.
The complaints policy identified the nominated complaints officer and also included an independent appeals process.
All complaints viewed had been dealt with in line with the policy and the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and had been updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies in place.

The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Judgment: Compliant

Quality and safety

Overall, residents were seen to have a good quality of life which was maintained by staff who were kind and supportive. The inspector found that residents were encouraged to live full lives within an ethos which was respectful of their human rights, wishes and choices. It was evident that residents' health care needs had been well managed in Blarney Nursing Home during the COVID-19 pandemic with a planned and coordinated approach by management. This ensured safe levels of care to residents, by adhering to the Health Protection and Surveillance Centre (HPSC) guidelines on the wearing of PPE and cleaning guidelines. A review of a sample of residents' care plans, cleaning records, staff and residents' comments confirmed this. Staff were seen appropriately washing their hands, applying hand sanitising gel and wearing masks throughout the day.

The local general practitioner (GP) provided medical services to the centre and residents also had a choice to retain the services of their own GP. Residents said they were glad that the doctor was readily available whenever there was a need or they requested a visit. Specialists' appointments were facilitated. There was evidence of regular reviews of residents' care plans, medicines and medical interventions such as blood tests were facilitated. An appropriate exercise programme had been developed by trained staff in the absence of a regular physiotherapy service during the COVID-19 pandemic. Residents had access to the dietitian and to the speech and language therapist (SALT) through the nutrition company which supplied nutritional drinks to supplement residents' nutrition. Visits to the dentist, consultants and the chiropodist were facilitated when these services were available and subject to restrictions.

A sample of care plans reviewed by the inspector was individualised and relevant. These were updated within the regulatory time frame. Pre-admission assessments were on file as well as a comprehensive assessment following admission. The inspector found that the daily narrative notes written by nursing staff were informative. This was particularly useful and significant for staff returning from leave or days off as they could read all the relevant information, on changes in clinical status, on one page. Residents' life stories were recorded and staff were found to be knowledgeable about what was important to each individual resident. Care plans were discussed further under Regulation 5: Care planning.

Kitchen staff were found to be familiar with any specialised diets or the dietary preferences of residents. Food was nicely presented. On the day of inspection staff were seen to assist residents appropriately in the dining room and in their bedrooms. A well stocked snacks and drinks trolley was seen in use around the centre during the day. Nutritional needs were supported by appropriate care planning. While a number of residents were found to have lost weight over a period of time input from the dietitian was documented, following a visit of 26 May 2021, in each relevant file. This included advice on appropriate supplements which had then been prescribed by the GP. These residents were regularly assessed using the MUST

(Malnutrition Universal Screening) Tool.

Residents' choice, dignity and independence were safeguarded through staff training, staff appraisals and the provision of adequate bedroom and toilet facilities. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review for 2020 was seen by the inspector. Residents had unrestricted access to a spacious back garden. Positive interactions between staff and residents were observed during the inspection. The inspector found that staff availed of opportunities to socially engage with residents, for example, exercises, reading, walking, bingo and music. Residents' reported that they had adequate opportunities for social interaction through the social care programme developed by the RPR and staff team. This had been maintained throughout the pandemic which residents said they found provided much needed distraction.

The premises layout generally met residents' needs in relation to easy orientation and accessibility. The bedrooms were single and double occupancy rooms. Eight single bedrooms were equipped with en-suite facilities included shower, toilet and wash basin. The inspector was informed that plans for an extension to the centre were in place but this had been postponed due to the pandemic restrictions. This delay had an impact on compliance with the regulations on the size of a number of double bedrooms. This was addressed under Regulation 17: Premises in this report. There were five shared communal toilets and two shower facilities for the remaining residents. Communal rooms included two interlinked sitting rooms, a garden room and a large dining room. The visitors' room was used for private consultations when required. A range of serviced assistive equipment was available for residents' needs.

The provider had put a number of systems in place to manage risks and ensure that the health and safety of residents was promoted. The health and safety statement was seen to have been reviewed. The COVID-19 contingency plan was regularly updated and explained to staff. Minutes of staff meeting confirmed this. Infection prevention and control strategies had been implemented to effectively manage and control COVID-19. The centre had remained COVID-19 free throughout all waves of the pandemic. Staff training was delivered in all areas of infection control. In addition, staff and residents' temperature were checked twice daily, there were sufficient supplies of personal protective equipment (PPE) were available and staff were observed to consistently use PPE. The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre.

An emergency plan had been developed and an appropriate response was in place for emergency situations. Residents had personal emergency evacuation plans (PEEPS) in place, identifying the most appropriate means of evacuation at both day and night time. Fire drills were conducted frequently and there were good records maintained of the scenarios simulated. The person in charge explained that the response time had improved at each fire drill and a simulated night time drill was seen to be planned in order to evaluate the staff response with reduced staffing levels.

Residents told the inspector that they felt safe in the centre. The inspector found that bed rail use was continuously reviewed and consent for use was recorded.

Alternatives to bed rails, such as low-low beds (where assessed as suitable) and chair alarm mats were seen in use and were risk assessed. The inspector saw that psychotropic (various sedatives) medicine was kept under review by the pharmacist and was reduced when no longer necessary. This best evidence-based practice ensured that residents were supported to maintain optimal communication where possible and to engage with staff and relatives depending on their abilities.

Regulation 10: Communication difficulties

Residents were seen to use personal phones to talk with family members. Residents were kept up to date with news from the community by staff and through phone calls with relatives. An appropriate care plan was in place to guide staff on supporting the identified communication needs for relevant residents. A sample of care plans seen and staff practices observed during the inspection supported this finding.

Judgment: Compliant

Regulation 11: Visits

Visits were now accommodated within the more relaxed restrictions set out by the HPSC for designated centres. Residents were very happy with this and were seen to eagerly await the visits. Visitors spoken with were very complimentary of care and communication in the centre and relieved about the visiting restrictions.

Judgment: Compliant

Regulation 13: End of life

End of life care wishes were documented and relatives were given appropriate opportunities to be with their family members at this time.

Compassionate visiting was allowed, despite any restrictions.

A separate folder was maintained with residents' end of life care wishes.

Judgment: Compliant

Regulation 17: Premises

Premises required updating as follows:

- Painting of a number of rooms, a shower room and some woodwork areas.
- The provision of a urinal rack and wall mounted hand gel in the sluice room.
- The tiling in one shower required sealant by the doorway as it was no longer capable of being effectively cleaned due to a gap.
- The inspector reviewed the measurements of six of the eight double bedrooms and found that these were marginally under the minimum recommended space for each individual bedroom space as set out by S.I. (statutory instrument) 293, to be in place by 31 December 2021. Six double bedrooms did not meet the recommended space for each individual bedroom space as set out by S.I. (statutory instrument) 293, to be complied with by 31 December 2021.

These findings were significant in view of the above regulations and the COVID-19 pandemic with the need to facilitate social distance, enhanced cleaning and increased personal space.

Judgment: Not compliant

Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

The following issues required attention:

- Facilities for and access to sufficient clinical hand washing sinks and hand sanitising gel in the areas inspected were not optimal.

This was particularly significant in this era of COVID-19 where ready availability of these facilities is required for compliance with hand hygiene guidelines.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed with safe practice observed and documented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans viewed one care plan had not been renewed following a change in the care needs of the resident, for example, the resident who had been on oral medicine for diabetes was now on insulin requiring a new plan of care. This indicated an escalation of the resident's diabetes and more stringent checks would be required as a result.

The person in charge informed the inspector that she would oversee and audit the updating of all relevant care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had adequate access to medical services and they had local pharmacy and general practitioner (GP) attention. Medical notes were up to date and the GP visited the centre when requested. The inspector found that other health care professionals such as, the physiotherapist, dietitian, chiropodist and speech and language therapist (SALT) had inputted information in residents' files.

Staff explained that access to these services was limited during the COVID-19 lockdown period. However, there was evidence seen which indicated that referrals were continuing over the phone, thereby maintaining a holistic health care service for resident at that time. Advice from these referrals was documented, for example for residents who had lost weight and for a resident who had a wound requiring dressings.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In a sample of care plans reviewed comprehensive and person-centred care plans were in place for the management of the behaviour and psychological symptoms of those residents with dementia (BPSD), which were based on best evidence-based practice and policy guidelines.

Judgment: Compliant

Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults.

Documentation reviewed showed that concerns raised by residents were investigated by the person in charge.

Where any allegations had occurred appropriate action had been taken. For example, in relation to an issue of concern notified to the Chief Inspector an investigation had been undertaken, the policy on protection had been followed and appropriate records were available in the centre. Relevant external referrals had been made and the issue had been resolved at the time of inspection, according to records seen.

Staff were encouraged and supported to voice any concerns to their manager.

Judgment: Compliant

Regulation 9: Residents' rights

Residents felt that their rights were promoted and respected in the centre. Family contact was maintained during the year with window, screen visits, compassionate visits, phone calls and letters. Residents said they had been consulted about the virus and minutes of residents' meetings confirmed this. They had been vaccinated and they said they felt reassured. The results of recent resident surveys was overwhelmingly positive.

Family conversation was supported with the use of electronic tablets and personal phones. Pastoral visits could be facilitated and staff were heard talking with residents about local and national events. Community members and local school children had sent in letters and presents during the COVID-19 lockdown period. Staff and residents said that these kind gestures were very supportive.

Residents were familiar with the names of staff on duty. They were interested in the duties of the inspector and were complimentary of the staff when asked about the care. Residents were happy that some staff members would have known a number of them prior to their admission.

Mass was available by video link from the local church. The ministers for each religious group were available to residents and visited them when required to provide emotional and spiritual support.

Residents meetings and surveys were held on a regular basis and minutes confirmed that residents' rights and individual choices were respected. Residents could undertake activities in private as there was adequate space available in the centre. For example, residents were seen to be facilitated to go to their bedroom, the visitors' room or the garden when they chose to.

The inspector observed that there were activities organised throughout the day. These included exercises, bingo, music and newspaper reading. Records were maintained of attendance at activity sessions.

There was a general feeling of homeliness and it was apparent to the inspector from favourable comments received that residents and their relatives were valued and respected and residents' human rights were promoted by the ethos of the centre.

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 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0033337

Date of inspection: 28/06/2021

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>Training matrix is always updated when training in a particular area has been completed by all staff. We will ensure matrix is updated in the first week of each month.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Garda Vetting in place for all staff as communicated to inspector.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulations 16 and 21 dealt with above.</p> <p>Regulation 27: There are 12 wall mounted (we plan to install more as needed) and four non fixed hand sanitizing units in the home all in communal areas. On inspection day each on duty member of staff had a hand alcohol gel tube available for personal use.</p>	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: See attached plans for HIQA perusal.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: We plan to install clinical hand washing sinks.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care Plan has been updated.	

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/06/2021
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.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	30/06/2021
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/12/2021

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/06/2021