



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

Issued by the Chief Inspector

Name of designated centre:	Blake Manor Nursing Home
Name of provider:	Rushmore Nursing Home Limited
Address of centre:	Ballinderreen, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0033846

About the designated centre

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

Blake Manor Nursing Home is a historic three-storey building which was refurbished by the provider in 2008. It is located in a rural area outside the village of Ballinderreen in County Galway. The centre is currently registered to provide care to 39 residents. The living and accommodation areas are spread over three floors. The floors are serviced by an accessible lift. The centre comprises of 27 single rooms and six twin rooms. the twin rooms were large and allowed for free movements of residents and staff, hoists and other assistive equipment and dividing curtains to ensure privacy fro personal care. The top floor accommodates 18 residents, the ground floor 15 residents and the lower ground floor six residents. The centre caters for individuals who require long term, respite or convalescent care. The centre provides accommodation to both male and female residents. The service caters for the health and social care needs of residents with low to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 18 August 2021	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were very well cared for by the staff. Many of the residents who spoke with the inspectors said they were happy with their life in the centre which was homely and welcoming. The centre was well managed and centre assured regulatory compliance across most regulations.

This unannounced inspection was carried out over one day. There were 39 residents accommodated in the centre on the day of the inspection and no vacancies.

The centre had experienced a significant outbreak of COVID-19 in October 2020. A total of thirty-seven residents and twenty-three staff were affected. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to implement the centre's COVID-19 contingency plan and to ensure the outbreak was managed in line with the recommended guidance. The centre was COVID-19 free on the day of the inspection. Inspectors acknowledged that residents and staff of the centre had been through a challenging time and that staff and management had the best interests of residents at the forefront of everything they did to manage the outbreak.

Blake Manor Nursing Home was a beautiful historic three-story Georgian house situated in a rural area outside the village of Ballinderreen in County Galway. The location provided lovely views of the surrounding countryside. The living and accommodation areas were spread over three floors which were serviced by an accessible lift. The centre provided accommodation for 39 residents and comprised of 27 single rooms and six twin rooms. There were a variety of communal areas for residents to use depending on their choice and preference including sitting rooms, a dining room, a library, a reception area, a chapel and accessible outdoor areas.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

The inspector completed a walk about of the centre together with the person in charge and observed a friendly, relaxed and calm atmosphere throughout. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspectors to be very content. The staff were attentive and respectful in their interactions with the residents.

Overall, the inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The centre was pleasant

throughout and it was clear that the management and staff made great efforts to create and maintain a homely atmosphere. The entrance area was bright, airy and welcoming. The communal areas were tastefully decorated with comfortable furnishings. The corridors were wide and well lit. The walls were adorned with colourful artwork including beautiful pictures painted by the residents. Grab rails were available along the corridors to assist residents to mobilise safely. The building was warm and well ventilated throughout. All non-resident areas were accessible via keypad to ensure the safety of the residents. The inspector observed a number of areas of décor and maintenance that required attention on the day of the inspection. The person in charge informed her that redecoration and refurbishment was planned in the near future. This will be discussed further under regulation 17 Premises.

The arrangement for dining had been reconfigured to facilitate social distancing as a result of the pandemic. Dining was available in the dining room and reception area on the day of the inspection. The dining room was a lovely bright, spacious room where the inspector observed residents enjoying meals and snacks throughout the day. This room included a serving area which the residents could access to make a drink for themselves if they wished. Mealtimes were observed by the inspector on the day of the inspection. The chef was present throughout the lunchtime period and served the food for the residents. The chef were very knowledgeable of the residents and their dietary preferences. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. During mealtimes, residents were provided with a choice of meals from the daily menus which were on display. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The atmosphere in the dining room was very social whilst the reception area provided a quieter environment. Staff and residents were observed to chat happily together and all interactions were respectful.

There was safe, unrestricted access to pleasant outdoor areas for the residents. There was a lovely courtyard accessed from the lower ground floor which included a variety of suitable seating areas. This space also included a separate smoking area which had the necessary firefighting equipment nearby. There was a beautiful balcony area on the ground floor accessed from the day room which contained patio furniture and an array of flowers and plants. There was also a beautiful landscaped lawn surrounding the building.

Overall, the centre was clean and tidy. The person in charge had availed of the opportunity for the local Infection Prevention and Control Nurse Specialist to complete a walk round of the centre. The cleaning products and processes were reviewed by them and deemed to be satisfactory. A recommendation to ensure changing areas were better organised was acted upon and these areas were observed to be clean and tidy on the day of the inspection. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use. However, the inspector noted a small number of areas that required attention. This will be discussed under Regulation 27. In addition, improvements were required

as there was no appropriate housekeeping room with the required facilities in the centre on the day of the inspection. As a result the housekeeping trolleys were stored in an area of the laundry room. This had also been identified as an area of improvement by the local Infection Prevention and Control Nurse and the person in charge informed the inspector that there was a plan to address this but no date had been identified.

The laundry facility was a large well-ventilated area and was clean and tidy. The area had a clear one way system to maintain segregation of clean and dirty linen. The inspector was assured that the storage of the housekeeping trolleys was not impacting on the function of this area.

The resident bedrooms were clean and bright and many were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. A number of bedrooms had the benefit of large windows providing beautiful views of the countryside. The residents who spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings. There was access to a television in all bedrooms. Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Appropriate pictorial signage was also in place to guide residents living with dementia to the various areas of the centre.

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content as they went about their daily lives. The staff knew the residents well and provided support and assistance with respect and kindness. The provision of care was observed to be person-centred and unhurried and there was a happy atmosphere present throughout the centre. There was sufficient staff on duty to ensure the residents' needs could be met. Staff were observed helping residents with hand hygiene throughout the inspection. Many residents were observed socialising with each other and with staff members.

Residents who exhibited responsive behaviours (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment) were observed to be assisted and supported competently and sensitively by the staff. The staff were observed to be very knowledgeable about the residents' individual behaviour patterns and residents had timely access to psychiatry of later life. Care plans were in place to guide staff and ensure interventions were effective.

The centre employed three coordinators to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed in a prominent places and included a schedule in picture format. One resident told the inspector there was plenty of activities they could choose from every day. Activities included music, bingo, art and exercises. The coordinator on duty on the day of the

inspection was planning a furniture upcycling project for the residents in the coming weeks. The residents were delighted to show the inspector a video of the Jerusalema challenge which both the residents and staff participated in earlier in the year. In the afternoon, the inspector observed a lively quiz session with the residents and staff.

Overall, the inspector observed all staff engage with the residents in a very positive manner and friendly interactions were heard throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents moved around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff. The majority of the residents were up and about on the day of the inspection and the staff provided regular safety checks on the few residents who wished to remain in their own bedrooms.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The inspectors found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented.

The person in charge and senior nurse facilitated the inspection throughout the day.

There was a clearly defined management structure in place with identified lines of authority and accountability.

The person in charge demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The person in charge was supported in the role by a senior nurse and a full complement of staff including nursing and care staff, activities coordinators, housekeeping staff, catering staff and a maintenance person. There were deputising arrangements in place for when the

person in charge was absent. The person in charge was also provided with support from the registered provider who lived onsite and worked in the centre Monday to Friday. There was an on-call system in place out of hours that provided management advice if required. However, the senior nurse often worked as part of the nursing team and was not supernumerary consistently. Consequently, this impacted on the effectiveness of the oversight of the service. This will be discussed further under Regulation 23.

The centre's Statement of Purpose and Function required review and updating to reflect the correct the conditions of registration.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. The person in charge and senior nurse provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Although staff were rostered to specific roles, on the day of the inspection the inspector did observe crossover between the clinical and catering teams.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, manual handling, safeguarding, hand hygiene and complaints management. Staff were aware of the regulations, standards and up to date guidance relevant to the service and copies of these were readily available.

The inspector observed that regular management meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed in detail including COVID-19, infection prevention and control, the new electronic care planning system, the refurbishment plan and recruitment. The management team communicated regularly with the staff at daily handover meetings and when necessary via email.

A range of audits were carried out by the person in charge which reviewed practices such as complaints management, incident management, infection prevention and control and medication management. Clinical data was collected which was reviewed monthly in areas such restrictive practices, infections, the use of psycho-tropic medications, responsive behaviours, pressure- related skin issues and weight loss.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020 with input from the residents which included a quality improvement plan.

Significant improvement was found in the management of complaints. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed prominently in the centre and contained the information required by the regulation.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

On the day of the inspection the inspector observed a care assistant working in a catering role for a number of hours in the afternoon before returning to work as a care assistant for the remainder of their shift. This multi-tasking posed a risk of cross infection. The person in charge informed the inspector that this would be reviewed immediately to ensure staff were not working in multiple areas.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files and observed that there were gaps in the employment history in a small number of files. In addition, the inspector

observed filing cabinets containing residents records that were not securely maintained in accordance with the Regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. The management team was observed to have strong communication channels and a team-based approach. There were systems in place to monitor and evaluate the quality and safety of the service. The audit system included action plans with identified time frames and persons responsible for actions.

However, although there was a clearly defined management structure in the centre, the role and responsibility of the senior nurse was not clear. They were often on duty as the nurse delivering care for residents and not as the clinical manager with responsibility for supporting and supervising the staff team. The lack of consistent supernumerary hours to carry out their management role had an impact on the oversight of a number of key areas and as a result the audit system had not identified a number of areas of non-compliance found by the inspector during this inspection.

Whilst there was a risk register in place with risk assessments and the controls required to mitigate those risks, the oversight of management of risk required improvement. The inspectors identified a number of risks which were not included in the centre's register.

- Uneven floor covering in the lift which presented a trip hazard.
- The use of a portable heater in a resident's bedroom.
- The use of a toaster in the dining room.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for the year ahead.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the

inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. There was a person-centred approach to care and the residents' well-being, choices and independence were promoted and respected. Staff were respectful and courteous with the residents.

Residents were well cared for and their health care needs were assessed using validated tools which were used to inform care planning. The centre had recently successfully transitioned from a paper based system of care records to an electronic documentation system. This included the use of hand held devices to record care delivery in real time. The inspector reviewed a sample of resident records and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Care plans were initiated within 48 hours of admission to the centre in line with regulatory requirements. Individual care plans were very comprehensive with person-centred detail and were updated regularly to provide very clear guidance to staff.

Residents had very good access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre in line with local

and national policy. There was one lap belt in use on the day of the inspection.

Overall, the provider had appropriate measures in place to ensure that the residents were protected from abuse, however the inspectors found that one staff did not have the required Garda vetting in place. The provider was issued with an immediate action plan and the issue was addressed promptly.

Closed circuit television cameras (CCTV) were used in the centre including some of the corridors and the exterior of the building. There was an up to date policy in place to guide staff and appropriate signage was in place.

There were opportunities for residents to consult with management and staff on how the centre was run and resident feedback was acted upon. Minutes of recent meetings showed that relevant topics were discussed including COVID-19, dining arrangements, laundry and activities. Satisfaction surveys were carried out with resident and relatives with very positive results.

Residents had access to an independent advocacy service.

The inspector found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

Although store rooms were available, there were inadequate storage facilities available on the day of the inspection. This will be discussed further under regulation 17 Premises.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. There were sufficient numbers of alcohol hand sanitisers available and the provider had installed an automated hand washing system in the centre. Staff and resident temperatures were checked twice a day in line with the guidance. However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27.

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedure were. Evacuation equipment was available and accessible in the event of an emergency. Firefighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out regularly. However, the inspector as not assured

that all control measures were satisfactorily in place. These will be discussed further under Regulation 28.

The centre had a comprehensive COVID-19 contingency plan in place which included guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities*).

Although the premises was generally clean and tidy, there were areas identified by the inspector that required improvement. These will be discussed further under Regulation 17 Premises.

Regulation 11: Visits

Visits were facilitated in line with the current guidance, (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, a number of areas required review to ensure regulatory compliance.

- There was a lack of appropriate bins in a number of areas.
- There was lack of appropriate storage in a number of resident bathrooms, for example, residents' personal items were stored on open shelving in a number of shared ensuite facilities, pads and wipes were stored on radiators and residents' basins were stored on floors.
- A number of items of equipment were stored on one corridor blocking residents' access to the grab rails and thereby restricting residents ability to move safely around the building.
- Items of furniture were found to be visibly chipped/scuffed.
- Paintwork was peeling off a number of walls.
- The floor covering in the lift was very uneven.
- There was only one sluice room for the centre which was located on the

- ground floor. In addition, this room did not contain a sluice sink.
- The house keeping trolleys were stored in the laundry room due to lack of a separate housekeeping room.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the day of the inspection including:

- There was visible dust on a small number of surfaces.
- There was no maintenance record for the bedpan washer available on the day of the inspection.
- There were insufficient numbers of hoist slings available to avoid sharing of equipment.
- The management of sharps required improvement as the inspector observed one sharps box stored on the floor of the sluice room and one sharps box in the treatment room which was over filled and not labeled to allow for contact training and appropriate disposal.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Firefighting equipment was available and serviced as required. Fire

safety management checking procedures were in place.

However the inspector observed the following areas that required attention on the day of the inspection;

- The inspector released multiple fire compartment doors and observed that a small number of doors did not seal with a visible gap evident between the doors. The doors therefore did not provide the necessary seal to prevent the spread of smoke in the event of a fire. The person in charge was requested to have all fire doors assessed by a suitably qualified person.
- A small number of fire doors were observed to be wedged open. This was brought to the attention of the person in charge and rectified immediately.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector did not review the full detail of Regulation 29 on this inspection. The provider had addressed the non-compliance from the last inspection and the inspector observed that staff followed appropriate medicines management practices in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector was assured that the care delivered to the residents was of a high standard. The care plans which provided guidance to staff were very detailed with holistic and person-centred information to guide care delivery.

Daily progress notes demonstrated very good monitoring of care needs and effectiveness of care provided.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of resident's care plans in relation to responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) found that behaviour which is challenging was appropriately managed within the centre.

Care plans contained guidance for staff on resident's preferences, triggers for certain behaviours and de-escalation techniques to manage responsive behaviours.

All staff had received appropriate training in caring for residents with dementia and responsive behaviours.

The use of restrictive practice was very low on the day of the inspection and a record was maintained including risk assessments which were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that one staff member did not have Garda Siochana (police) vetting completed prior to employment which was a breach of Regulation 8 - Protection. An immediate action plan was issued by the inspector on the day of inspection in regards to this concern.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

Staff were observed to engage in positive, person-centred interactions with residents. Records showed that resident's participation in daily activities had been well-recorded.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blake Manor Nursing Home OSV-0000390

Inspection ID: MON-0033846

Date of inspection: 18/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Section added to interview form to capture reasons for any identified gaps in employment.</p> <p>Residents’ records stored in filing Cabinets have been archived as planned.</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>The current Senior Staff Nurse has made the decision not to accept either the role of ADON or CNM.</p> <p>We are actively recruiting for the position of ADON/CNM to ensure more consistent monitoring of the safety and effectiveness of our service.</p> <p>The Senior Staff Nurse will remain in the current capacity with as many supernumerary hours as practicable to assist with monitoring the systems in place.</p> <p>The Senior Staff Nurse will also continue in the deputizing/support role in the absence of the PIC until the permanent ADON/CNM position is filled.</p> <p>The oversight of risk management has been reviewed to include dedicated time, during the SSN supernumerary hours for closer oversight of audits and risk management.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Due to COVID 19 and intermittent lockdowns it was extremely difficult to source tradesmen during the last year. This resulted in the refurbishment/ painting & decorating plan being delayed. <p>Planned works which includes painting and decorating is now resuming and will be an ongoing process, dependent on the timely availability of tradesmen, over the coming months</p> <p>Items of furniture are being upcycled or replaced as appropriate.</p> <ul style="list-style-type: none"> • Foot operated bins are being provided to areas assessed as needing same. • Storage baskets in all en-suites are currently being replaced with wall mounted cabinets for improved storage of personal hygiene items. • Manual Handling equipment will be no longer stored in corridor ensuring handrails are freely accessible. • Replacement of flooring in the Lift which was delayed due to contractors' sickness has now been replaced. • Lids are being provided for toilet seats as required. • Management meeting has taken place to review: <ul style="list-style-type: none"> a) the revision of the current sluice room and the addition of a further sluice room. b) The provision of a housekeeping room to eliminate the shared use of the laundry room. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Spot checks and increased audits are taking place to monitor housekeeping. • Extra storage shelf for sharps boxes provided in sluice room – Completed 19/08/2021 • Nursing staff have been reminded about the safe and correct use, storage and locking of sharps boxes ready for disposal - Completed 19/08/2021 • Service of Bedpan washer to be carried out, call logged with service provider • Audit on hoist slings required is being carried out and slings will be purchased on a monthly basis, this will continue until all residents have individual slings. 	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire Door Assessment to be carried out, contact made with John Shaughnessy Fire Consultant who will complete Fire door assessment
- Remedial Actions will be carried out as required.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- New members of staff will not be on the premises for training purposes prior to receipt of Garda Vetting.

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	30/04/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/09/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	01/09/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Substantially Compliant	Yellow	01/03/2022

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	01/11/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	19/08/2021