

**Health Information and Quality Authority  
Social Services Inspectorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Blair's Hill Nursing Home	
<b>Centre ID:</b>	201	
<b>Centre address:</b>	Blair's Hill	
	Sunday's Well	
	Cork	
<b>Telephone number:</b>	021-4304229	
<b>Email address:</b>	Patobrien09@yahoo.ie	
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered provider:</b>	Patrick O'Brien	
<b>Person authorised to act on behalf of the provider:</b>	Patrick O'Brien	
<b>Person in charge:</b>	Marie Tracey	
<b>Date of inspection:</b>	24 October 2012	
<b>Time inspection took place:</b>	<b>Start:</b> 08:30hrs	<b>Completion:</b> 18:30hrs
<b>Lead inspector:</b>	Margaret O'Regan	
<b>Support inspector(s):</b>	N/A	
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>	
<b>Number of residents on the date of inspection:</b>	37	
<b>Number of vacancies on the date of inspection:</b>	0	

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome 1:</b> Statement of Purpose	<input type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. The inspector met with residents, relatives, and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Since the last inspection staff turnover had been minimal, the centre generally had full occupancy and improvements were made in relation to medication management, cleaning practices and upgrading of premises. On inspection the centre was warm, clean and tidy. There was a good atmosphere reflected in the easy manner staff and residents chatted with each other. Residents' choices were respected and

independence promoted insofar as possible. Documentation in the centre was generally well maintained. However, care plans would benefit from being more individualised and relevant to the day-to-day needs of residents. Care practices were individualised as evidenced by the manner in which residents' dietary preferences were respected and facilitated, by the manner in which residents' rooms were decorated to reflect their interests and by the manner in which management took on board learning from incidents that occurred. The medication management system had been updated and nursing staff reported satisfaction with the new system. Training had been provided to staff in relation to this.

A new shower was being installed at the time of inspection in place of a bath, and work on this was nearing completion. Maintenance issues were dealt with as they arose by the full-time maintenance person.

These and other issues are discussed in this report.

### **Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

### **Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

#### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

Residents' contracts were examined and seen to have been agreed within a month of admission. Contracts set out the services to be provided and the fees to be charged.

### **Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings.**

The post of person in charge was full time and the person in the post was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care. For example, attention was given to infection control, nutrition and mobilisation.

The person in charge also demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. The person in charge kept up to date with current practices by attending meetings and training sessions.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. They had received training in understanding elder abuse and implementing the centre's policy including to whom to report it. There was no evidence of any barriers to staff or residents disclosing concerns they had in relation to this matter. Residents stated they feel safe and attributed this to the kindness and attentiveness of staff. When there were suspicions of abuse they were appropriately responded to in line with the centre's policy. Systems were in place to safeguard residents' money. The provider and person in charge monitored the systems in place to protect residents.

### Outcome 7

*The health and safety of residents, visitors and staff is promoted and protected.*

#### References:

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

There were policies and procedures in place relating to health and safety. The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place throughout; notices with regard to proper hand-hygiene technique were displayed and a contract was in place for the disposal of infected waste. A risk management policy was implemented in the centre.

Arrangements were in place for responding to emergencies. Reasonable measures were in place to prevent accidents. For example, hand-rails were on corridors, grab-rails were in toilets, the floor covering was safe and there was a lift available to access the first and second floor.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory.

Suitable fire equipment was provided. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. The fire alarm was serviced on a quarterly basis as was fire safety equipment. There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Staff received annual training

in fire safety and evacuation. Fire drills had taken place within the past six months. Staff with whom inspectors spoke knew what to do in the event of fire. Records were maintained of all checks and training conducted.

#### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A clear process was in place for the handling of medicines, including controlled drugs. These processes were in accordance with current guidelines and legislation. Medication management practices observed demonstrated an adherence to appropriate professional guidelines. Appropriate procedures were in place for the handling and disposal of unused and out-of-date medicines. There was a system in place for reviewing and monitoring safe medication management practice.

#### **Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### **References:**

Regulation 36: Notification of Incidents  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 32: Register and Residents' Records

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

A record was maintained of incidents occurring in the centre. Notifiable incidents were notified to the Social Services Inspectorate within three days of the occurrence. Quarterly reports were provided.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents had timely access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dietetics were organised as required by the person in charge. Records were seen to be maintained of referrals and follow-up appointments. Clinical care such as falls management, wound care and management of incontinence accorded with evidence-based practice.

Consent to treatment was obtained from residents and the residents' right to refuse treatment was respected, documented and brought to attention of the resident's GP as required.



Residents' health and social care needs were assessed, and care needs were set out in care plans that were revised following regular review. However, these care plans had scope to be more personalised and succinct in order that they accurately reflected the individual needs of each resident. The care plans were such that deviations from planned care were not easily identified. Residents' medication was reviewed at least three-monthly in conjunction with the pharmacist, nurse and GP.

There was a strong emphasis of supporting and facilitating residents to meet with family either inside or outside the centre. Approximately 20% of residents attended day centres in the locality once to four times weekly. The activities programme in the centre was limited and had scope to be developed further. However, the general atmosphere was relaxed, with residents and staff engaging with each other, residents being assisted to walk and frequent visits from relatives and people in the community. Developing these spontaneous activities was an area receiving attention by the person in charge.

The care and support provided reflected the nature and extent of residents' dependency and needs. For example, residents with a cognitive impairment were provided with gentle orientation by staff and those with an acquired brain injury were facilitated to attend a local day centre. A policy on managing behaviour that is challenging was in place and staff were provided with training in this area. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge.

The use of restraint was subject to assessment, ongoing review and monitoring. Where used, the least restrictive approach was put in place and for the shortest time necessary. Alternative less restrictive measures were tried before restraint was employed. Documentation was in place to this effect.

Discharges were discussed, planned for and agreed with residents. Systems were in place to ensure that all relevant information about residents was provided and received when they were absent or returned from another care setting, home or hospital.

**Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The aims and objectives set out in the statement of purpose were to “promote quality of life and independence through friendly professional service”. The resident profile for the centre was for male and female residents over 55 years. The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre’s resident profile. It promoted residents’ dignity, independence and wellbeing. Storage facilities were adequate. There was a functioning call-bell system in place and a lift to access the first and second floors. There was suitable storage for residents’ belongings.

The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting. The decoration throughout was of a good standard and well maintained. Adequate space was available for privacy such as a small visitor’s room and single occupancy rooms. There was a variety of communal space available. Heating and ventilation were suitable. Water was at a suitable temperature and showers were installed with anti-scalding devices. Pipe work and radiators were safe to touch.

The room dimensions met the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland* for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents.

Each bedroom had a wash-hand basin or an en suite facility. There were a sufficient number of toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was maintained and stored to a safe standard. Records were maintained of servicing.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were available.

### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users’ dignity, privacy and autonomy.*

### **Outcome 13**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Written operational policies and procedures were in place for the management of complaints. The complaints process was user-friendly and accessible to all residents. It was displayed in a prominent place and residents were aware of it. Residents and relatives expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and they felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained a record of the details of the complaint, results of any investigations, actions taken and whether or not the resident was satisfied with the outcome of the complaint.

An independent person was available if the complainant wished to appeal the outcome of the complaint.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## **Inspection findings**

The numbers and skill mix of staff on duty per day, evening and night shifts met the needs of residents. This was aided by there being a low staff turnover, a good induction process and a good education programme in place for staff. In addition, staff levels were reviewed on a regular basis by the person in charge. No specific staffing level tool was used but the person in charge informed inspectors staffing levels were based on the statement of purpose and size and layout of the building. When needed, extra staff were provided at short notice.

An actual and planned staff rota was maintained and showed there was at least one nurse on duty at all times. The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. This training included principles of dementia care, infection control and wound care. Staff had received mandatory training in moving and handling, fire training and elder abuse awareness. Nurses had received opportunities to update their skills and received opportunities for professional development. For example, staff had undertaken training in venepuncture. Staff were aware of policies and procedures related to the general welfare and protection of residents.

Staff were supervised appropriate to their role and were aware of Regulations and Standards pertinent to the nursing home environment. They were made aware of Regulations and Standards through staff meetings. Staff appraisals were conducted at regular intervals and seen by the inspector in staff files.

There was a safe and robust recruitment process. The documentation required for each staff member as per Schedule 2 of the Care and Welfare Regulations was kept in a secure file. Those staff files examined were seen to be complete.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the providers and the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

26 October 2012

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We would like to thank the Health Information and Quality Authority for their time and we welcome all feedback and suggestions. We will continue to work closely with the Authority and we are committed to ensuring that we provide the highest quality care for our residents.

We look forward to working with the Authority going forward.

**Provider's name:** Pat O'Brien

**Date:** 1 November 2012

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<sup>1</sup> \* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.