

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Blarney Nursing and Retirement Home
Centre ID:	ORG-0000202
Centre address:	Killowen, Blarney, Cork.
Telephone number:	021 438 1631
Email address:	brianblarney@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blarney Nursing and Retirement Home Limited
Provider Nominee:	Brian O'Connor
Person in charge:	Amrutha George
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 April 2014 08:00 To: 03 April 2014 13:30

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

Outcome 18: Suitable Staffing
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection, providers and persons in charge (PICs) attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents and staff, a relative, and observed practices on inspection. Documents reviewed included training records, duty rosters, care plans, medication management charts, complaints log, minutes of residents' meetings, minutes of staff meetings, the directory of residents, residents' satisfaction surveys and documentation pertinent to deceased residents. The provider who completed the provider self-assessment tool judged that the centre had:

- a moderate non compliance with regard end-of-life care
- a minor non compliance with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the provider in the self-assessment, found:

- a minor non compliance in the area of food and nutrition
- compliance in the area of end-of-life care 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.

Outcome 18 was also reviewed in so far as it related to kitchen staffing levels.

Overall, the centre was clean, warm and a homely environment prevailed. Residents voiced how happy they were and were very complimentary of the food. A relative described his satisfaction with the care his relative received and was particularly

complimentary of the food and the kindness of the staff. There was evidence of improvements arising from the findings of the self-assessment questionnaires. All staff had an in-depth knowledge about the residents and their families and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. The persons in charge was off site on the day of inspection. The recently appointed acting persons in charge demonstrated excellent knowledge of the residents and ably organised the routine of the day with the staff on duty. The acting persons in charge displayed competence and commitment to the delivery of person-centred care and expressed an assurance to both her own and staffs' continued professional development.

Throughout the inspection the acting persons in charge demonstrated good knowledge of 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.

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.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Findings:

One resident stated that she got a boiled egg for breakfast and would occasionally like a rasher/sausage. The duty roster indicated that the chef did not come on duty until 09:30hrs. This resulted in the night care staff attending to residents' breakfasts, the kitchen wash up and the re-setting of trays before the day staff came on duty at 08:00. The roster indicated that a care assistant came on duty at 07:30hrs and went directly to the main kitchen. Should a resident choose to have a hot breakfast - a rasher/sausage - it was not available as there was no chef on duty to cook it. When asked, the chefs stated that they were not aware of what residents had for breakfast as they were not on duty. The staffing of the kitchen required review so as to ensure that staff trained in the handling of food, basic food hygiene and cooking techniques, were on duty at times to ensure that residents could have a cooked breakfast if requested.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Findings:

The provider's self-assessment and overall self assessment of compliance identified a moderate non-compliance with Outcome 14 and Standard 16. This moderate non-compliance referred to the status of the residents' care plans and staff training. On the day of inspection, on foot of the actions implemented post the provider's self

assessment, the inspector deemed the centre compliant with Outcome 14 and Standard 16. There was evidence that advanced care directives were in progress and that a training programme was in place and ongoing for staff.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date. It included a procedure for staff to follow after the death of a resident in relation to personal care and matters in regard to verification and certification of a death.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents spoke in a positive manner with regard to their care. Residents informed the inspector that one of their friends (another resident) had died in the centre and described how they were able to visit the resident before the resident's death and how supportive staff were at this time. Most residents expressed that in the event of becoming unwell, they would prefer to stay in the centre and be cared for by their general practitioner (GP) and the staff. Residents spoke about how they could choose to pay their respects to the deceased resident/friend and could attend funerals. Some residents were accommodated in two-bedded rooms and voiced that while they had a choice to move to a single room, they chose to remain in the two-bedded room because they liked the company and would not like being on their own if they became very unwell.

Staff described how they discussed and reflected on how well residents were cared for at end-of-life. Staff stated that they found this reflection helpful and voiced how beneficial it was to attend education on end-of-life care.

Religious service was held regularly and residents had the opportunity to receive the attention of a minister of their religion as required. The centre's policy included reference to staff with regard to facilitating and engaging in cultural practices at end of life. The acting persons in charge stated she had the Health Services Executive (HSE) intercultural guide for staff to read and review.

Staff training records indicated that staff had completed or were due to attend training on end-of-care.

While residents at end-of-life care had not required the use of a syringe driver (a mechanical pump used to administer medications) in symptom management, the acting persons in charge was experienced on the use of a syringe driver and the centre had a policy to guide staff on its use.

Staff demonstrated their knowledgeable in how to physically care for a resident at end of life. Experienced staff voiced how they mentored new staff on care of the resident and their family at this time.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had ten single bedrooms and eight two-bedded rooms. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was provision of private sitting space, a sitting room, a dayroom/conservatory and a smaller private room. Overnight facilities for families, were available.

A care plan of a deceased resident was reviewed and it was evident that the resident had timely access to the general practitioner (GP) and the out-of-hours services. There was evidence that family meetings were convened where appropriate. The acting persons in charge voiced how supportive GPs were to residents, families and staff when residents were at end-of-life and that they visited the residents very often. Records reviewed supported this.

The acting persons in charge stated that residents had access to the local specialist palliative care service when required. Documentation indicated that, within the last two years, 75% of deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP.

The acting persons in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) on what to do following the death and on how to access bereavement and counselling services. The acting persons in charge stated that post completion of the self assessment questionnaire, it was planned to document this information for bereaved relatives.

There was a protocol for the return of personal possessions. Residents' inventories of personal property were regularly updated.

The centre's directory of residents contained all matters specified in Schedule 3 of the Regulations.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Findings:

The inspector reviewed the provider's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20. The provider had assessed the centre as having a minor non compliance. The inspector concurred with this assessment.

The centre had an up-to-date policy on food and nutrition. A menu board clearly displayed the menu of the day and the choices available.

A record of staff training submitted to the Authority indicated that staff had attended a broad range of training including those relating to food and nutrition. There was evidence that education sessions were ongoing.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served to residents in their bedrooms, between the hours of 07:00am to 08:00am. However, two residents expressed to the inspector that they would like to have breakfast at a later time. The residents' stated preference with regard to the time of having their breakfast was brought to the attention of the acting persons in charge who gave an undertaking to address this. Documentation reviewed comprehensively captured residents' dietary likes and dislikes. However, information as to where a resident would like to have breakfast, for example in bed, in the dining room, or at their bedside and at a time of their choosing, was not recorded in residents' care plans. It was evident on the day of inspection that residents could sleep on in the morning if they choose and could have a later breakfast.

Fresh drinking water was readily available throughout the day. A light snack trolley was available at 11:00hrs, in the afternoon and evening time. Light snacks included hot and cold beverages, biscuits and fruit. The acting persons in charge stated that the residents could have a snack at anytime.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner. Assistive cutlery or crockery required for a resident with reduced dexterity was available. The acting persons in charge stated that it was very difficult to access occupational therapy services and this was acknowledged by the provider in the self assessment questionnaire.

The inspector reviewed records of resident meetings and overall the residents were very complementary of the food. There was evidence that suggestions emanating from the residents' meetings regarding the menu were addressed, for example, requests for pasta, fried fish for tea and a wider choice of desserts.

The inspector met with the two chefs who confirmed that the staff nurse on duty communicated daily with them with regard to the current status of the residents, pertinent to their nutrition. Chefs were knowledgeable regarding to residents' individual dietary requirements and were aware of particular limitations arising out of nursing precautions. An up to date folder of diets and dietary requirements to guide staff was available in the kitchen. Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. There was evidence that choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included beverages, a hot cereal, cold cereals, breads and juices. One resident stated that she got a boiled egg for breakfast and would occasionally like a rasher/sausage. The duty roster indicated that the chef did not come on duty until 09:30hrs. This is discussed in further detail under Outcome 18.

The chef outlined proposed plans for upgrading the kitchen facilities and equipment. An external advisor/consultant had been on site to view the kitchen. The provider and chef and provider were waiting for an estimated costing of the proposed upgrade.

Documentation submitted to the Authority indicated that:

6 residents were on minced diet

1 were on a low fat diet

1 were on a diabetic diet

3 residents were on a liquidised diet

8 residents were on nutritional supplements.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Lunch was served from 13:00pm. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies were served separately. Staff stated that residents could choose to have their meal in the dining room or in their room. On the day of the inspection, all residents dined in the dining room. Residents were very complimentary of the soup and stated that they found the lunch appetising and hot. Choices of desserts were available. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal time was unhurried and staff were observed using the mealtimes as an opportunity to engage with residents. The inspector observed staff asking residents if they wished to wear protective attire.

The residents' dining room was bright and spacious and had seating for 30 persons. The dining tables were attractively presented and inclusive of good quality delph, glassware, cutlery and table mats.

Evening tea was served from 16:45pm.

The acting persons in charge stated that residents had access to dietetic services, speech and language therapy services and dental services. There was evidence that advices from allied services were incorporated into residents' care plans. The provider had recently arranged a date for residents to be reviewed by a visiting dental service.

There was evidence that residents had a MUST (malnutrition universal screening tool) assessment on admission and monthly thereafter. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output. A specific fluid chart was used for residents whose oral intake required monitoring. Oral care assessments were carried out on residents. Residents' weights were recorded monthly or more often.

Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes.

The complaints log was reviewed and there was no reference to issues regarding food.

The residents' satisfaction surveys were complimentary of the food on offer in the centre.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Blarney Nursing and Retirement Home
Centre ID:	ORG-0000202
Date of inspection:	03/04/2014
Date of response:	25/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The staffing of the kitchen did not ensure that staff trained in the handling of food, basic food hygiene and cooking techniques were on duty at times to ensure that residents could have a cooked breakfast if requested.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

All kitchen staff to be trained in food handling and cooking techniques.

Proposed Timescale: 30/06/2014

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

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not providing breakfast at a time as may be reasonably requested by residents.

Action Required:

Under Regulation 20 (5) you are required to: Provide meals, collations and refreshments at times as may reasonably be required by residents.

Please state the actions you have taken or are planning to take:

Breakfasts are now being offered at a time as may be reasonably requested by residents.

Proposed Timescale: 25/04/2014