

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Blake Manor Nursing Home
<b>Centre ID:</b>	OSV-0000390
<b>Centre address:</b>	Cloughballymore House, Ballinderreen, Kilcolgan, Galway.
<b>Telephone number:</b>	091 796 188
<b>Email address:</b>	aideen@blakemanor.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Rushmore Nursing Home Limited
<b>Provider Nominee:</b>	Aideen Scanlon
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	12

## **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 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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 January 2016 11:30 To: 20 January 2016 19:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland 2009. The inspectors also followed up on areas of non compliance identified at the previous inspection which took place in March 2014. There were 24 residents living in the centre on the day of the inspection.

The inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. During the inspection, staff and management interacted with residents in a respectful and caring manner. The actions from the previous inspection were reviewed had been adequately addressed.

There was evidence of good practice in most areas of the service. The provider and the Person In Charge and staff demonstrated a comprehensive knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals. Some additional protocols were required to guide staff in the area of catheters care. Residents were observed to be relaxed and comfortable when

conversing with staff and the overall feedback from residents was complimentary of the services and care provided. Residents had the opportunity to participate in recreational opportunities to suit the capabilities and interests. Residents expressed satisfaction with the staffing levels and skill mix and said they felt safe and well looked after in the centre.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The statement of purpose was reviewed which stated the aims and objectives of the centre which were reflected in practice. The document had been updated to reflect the services and facilities available to residents. Details of the whole time equivalent nursing staff were included and the name and position of each person participating in the management structure of the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A management system was in place to review and develop the quality of care and residents' experience. The provider worked as a manager on a full-time basis in the centre and was very well known to residents and staff. She attended the centre daily

and provided support to the person in charge. A system of clinical audits was in place including medication, restraint use, care planning and falls. The inspector saw that the provider and person in charge discussed audit findings at management meetings.

There was evidence of regular residents meetings and feedback on the quality of life of residents was sought at meetings. The inspector read that items raised at residents' meeting had been addressed.

An overall report summarising the findings of various audits and feedback was in draft form and had not been finalised or made available to the residents at the time of inspection. The PIC agreed to forward this report to the Authority once finalised.

**Judgment:**

Substantially Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The action from the last inspection was addressed. The inspector reviewed a sample of residents' contracts of care and found that details of the services provided were included as well as the fees to be charged. Fees charged for additional services such as hairdressing were included in the sample of contracts reviewed.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse with 30 years experience as a nurse and over 20 years in the care of the elderly. She worked full-time in the centre and was knowledgeable of residents' needs. She normally worked Monday to Friday and she was on call at weekends. She demonstrated good clinical knowledge and was aware of her responsibilities under the Regulations. She was qualified as a Trainer in Adult protection and had completed a Further Education and Training Awards (FETAC) level 6 programme in nursing home management. A senior nurse deputised in the absence of the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A policy on prevention, detection and response to elder abuse was available. The policy was specific to the centre. The provider was a qualified trainer in elder abuse instruction and had implemented an ongoing education programme in this area. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.

Staff who spoke with the inspector were clear in their understanding of the requirement to protect vulnerable adults and to whom they would report a concern. Garda Síochána vetting had been applied for all staff members. All staff had up to date refresher training in protection of vulnerable adults.

The inspector noted that there were three of the 36 residents used some form of restraint such as a bed rail or lap belt. There was evidence that a risk assessment was carried out to determine the suitability of the restraint prior to use and alternatives had been considered and recorded prior to the use of restraint. The inspector saw that the restraints in use had been discussed with the resident or their representative and the GP and nurse. The inspector observed however, that some bed rail assessments had not been reviewed.

Arrangements were in place to manage behaviours that challenge. There was a policy to guide staff on how to manage behaviour that challenge. One resident was identified

with potential behaviour that challenged. The inspector saw that the resident had been assessed and a care plan was in place for the management of this behaviour. There was evidence of review of the resident from psychiatric services where required.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The actions from the previous inspection had been addressed. Fire safety measures were in place. A procedure for the safe evacuation of residents in the event of fire was displayed and all fire detecting equipment had been recently serviced. Training records viewed confirmed that staff had received formal fire safety training and there was an ongoing training plan in place. There was an effective programme in place for the servicing fire fighting equipment and checking of all fire doors. Staff spoken with were familiar with the centre's procedures on fire evacuation. There was also evidence that staff had attended fire drills during 2013.

A risk management policy and a health and safety statement were available and included arrangements for the identification, recording, investigation and learning from serious incidents. Policies were also available to provide guidance to staff on specific areas required by the legislation including the risks of absconding, assault, self harm, accidental injury and behaviours that challenge; however these were not referenced in the risk policy as required in the regulations.

There was evidence that clinical and environmental risk assessments had been reviewed since the last inspection. Control measures had been implemented to safeguard the stairways which was an action from the last inspection. The inspector found that there was no risk assessment documented for an external second floor balcony. The provider said that this was not used by residents without supervision.

A policy on infection control was provided and appropriate measures were in place to control and prevent infection including supplies of hand sanitising gel. There was an emergency plan in place which identified what to do in the event of emergencies including loss of power and flooding. The plan also included evacuation procedures, transport arrangements and emergency accommodation. There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Record sheets were



available to record neurological observations where a resident sustained an unwitnessed fall or a head injury. A post falls assessment was completed in the aftermath of a fall by a resident by the person in charge or the clinical nurse manager.

The inspector observed staff using safe practices to assist residents to mobilise. Staff spoken with and training records viewed confirmed that staff had received adequate training in moving and handling. The provider was a qualified manual handling and moving and handling instructor and delivered this training. Each resident's moving and handling needs were identified and outlined whether a resident required the assistance of a hoist, size of sling or one or two staff members. In some instances the appropriate hoist sling size required for the residents was not indicated in the care plan. An action has been included under outcome 11 to address this.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Medication management practices were reviewed and were generally safe and policies were in place to support practice. There was a system in place to ensure that all medications were reviewed on a regular basis by a General Practitioner (GP). The inspector observed part of the medication round and reviewed a sample of residents' medical notes. Prescription and administration sheets contained required information and were completed in line with professional guidelines. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication.

The inspector observed that one resident had not received prescribed medication as it had not been returned by her family following a visit home. This was brought to the attention of the Clinical Nurse manager during the inspection who gave an undertaking to ensure this medication was acquired and administered as prescribed.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored twice daily. The inspector noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times. There was a system in place for the

recording and management of medication errors.

**Judgment:**

Substantially Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that a good standard of evidence-based nursing care and medical care was provided to residents. A comprehensive assessment and a range of additional risk assessments had been completed. There was evidence of access to medical services and referrals to allied health professionals as required. Records of referrals and assessments were maintained on residents' files. Access was also available to psychiatry of later life.

Daily progress notes were recorded by nursing staff. The inspector examined a selection of residents' files, including the files of residents with a catheter in situ, behaviour that challenged, pressure sores, nutritional needs and a risk of falling. The inspector observed that there was no clear protocol available to guide staff regarding the care and cleaning of one residents catheter.

Person centred care plans were in place that described the care to be delivered. Most care plans were reviewed four monthly or as required by the residents' changing needs which was an action from the previous inspection . There was evidence that residents or their representative were involved in the review of the residents' care plan.

Social care planning had improved since the last inspection. There was a variety of individual and group activities taking place which included chatting with residents and reading the newspaper. Residents had the option of attending group a daily exercise programme if they chose to. Social care assessments were completed in the care files reviewed and the activities coordinator employed was aware of the activities each resident liked to take part in and could tell the inspector of the individual interests of residents. For example, music, arts and crafts or music.

**Judgment:**

Substantially Compliant

**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed the planned and actual staffing rota. The Person In Charge told the inspector that she periodically reviewed staffing levels with the provider to ensure staffing levels and skill mix were appropriate to meet residents needs. There were 24 residents on the day of the inspection. Four residents were assessed as having maximum dependency levels, 10 were assessed as medium dependency and 8 were identified as having low dependency needs. The rota indicated that a nurse was on duty at all times in addition to the Person In Charge. Two nurses were on duty on the morning of the inspection. This reduced to one in the afternoon and one at night time. Four care assistants were on duty in the morning to assist residents with breakfast and personal care. This reduced to three in the evening and two at night time. One nurse had recently been appointed as a clinical Nurse Manager and worked two days as a nurse and two days in a management role.

From observations during the inspection and discussions with residents and staff, the inspector found that the number and skill mix of staff of staff was appropriate to the assessed needs of residents and the size and layout of the centre. Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents' individual needs. There were adequate staff supervising the dining room during lunch to ensure that each resident was assisted in a timely fashion.

Information required by Schedule 2 of the Regulations was available in the sample of staff files reviewed which was an action from the previous inspection and nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

**Judgment:**

Compliant

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## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Blake Manor Nursing Home
<b>Centre ID:</b>	OSV-0000390
<b>Date of inspection:</b>	20/01/2016
<b>Date of response:</b>	18/03/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An overall report summarising the findings of various audits and feedback was in draft form and had not been finalised or made available to the residents at the time of inspection.

#### 1. Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review

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

referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

Report is currently in process and copy to be forwarded to Inspector as requested.

**Proposed Timescale:** 31/03/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some assessments for use of bed rails had not been reviewed.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All Bed Rail Assessments have now been reviewed as required.

**Proposed Timescale:** 04/03/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Policies including the risks of absconding, assault, self harm, accidental injury and behaviours that challenge were not referenced in the risk policy as required in the regulations.

**3. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Risk Management Policy has been reviewed to include reference to: risks of absconding, assault, self harm, accidental injury and behaviours that challenge.

**Proposed Timescale:** 31/01/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no risk assessment documented for an external second floor balcony.

**4. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Risk Assessment now in place for balcony area.

**Proposed Timescale:** 01/02/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

the appropriate hoist sling size recommended for the residents was not always indicated in their care plan.

**5. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Resident sling sizes are now indicated in care plans as appropriate.

**Proposed Timescale:** 16/03/2016

