Blainroe Lodge Nursing home regulatory monitoring visit report, 9 May 2012

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Blainroe Lodge Nursing Home
Centre ID:	0016
Centre address:	Coast Road Blainroe Co. Wicklow
Telephone number:	0404 60030
Fax number:	0404 60031
Email address:	blainroe@firstcare.ie
Type of centre:	☒ Private ☐ Voluntary ☐ Public
Registered providers:	Firstcare Ireland Ltd
Person in charge:	Rizalyn Salacan
Date of inspection:	9 May 2012
Time inspection took place:	**Start:** 08:15 hrs **Completion:** 20:00 hrs
Lead inspector:	Gary Kiernan
Support inspector:	Angela Ring
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Regulatory Monitoring Visit Report

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- 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 received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Location of centre and description of services and premises

Blainroe Lodge Nursing Home is a four-storey building converted from a hotel with a purpose-built single story extension. It has capacity for 69 people, many of whom have dementia.

There is a specific dementia care unit for 18 residents on the first floor which incorporates specific, evidence-based design and layout features. There is a lift available to all levels.

Bedrooms consist of 59 single rooms and five twin rooms. Of the single rooms 27 have an en suite with toilet only, 29 have an en suite with a toilet and shower and three do not have any en suite facilities but do have a sink. Of the five twin rooms, four have an en suite with a toilet only and one has an en suite with a toilet and shower. There are eight assisted bathrooms, spread over all floors. A sufficient mix of baths and showers are provided to accommodate residents' choice.

The building has seven communal lounge areas and all communal areas have easy access to toilet amenities. There are also three dining rooms, an oratory, hairdressing room, two activity rooms, a treatment room, visitors/overnight room, two smoking rooms, multi-sensory room and hydro-therapy bathrooms. In addition, there are four enclosed decked or garden areas with garden furniture available for residents.

There is ample car parking at the front of the building.

Date centre was first established:	2004
Number of residents on the date of inspection:	62 + 1 in hospital
Number of vacancies on the date of inspection:	7

Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	9	23	19	11

Location

Blainroe Lodge Nursing Home is located on the coast road opposite Blainroe Golf Club, approximately 3km from Wicklow town.

Management structure

The Provider is Firstcare Ltd and Mervyn Smith is the Managing Director and its representative. Eilis Carroll is the Director of Operations for the six centres owned by Firstcare Ireland Ltd and she reports to the Provider. Fionnola Bell occupies the post of Operations Manager for the six centres which is a managerial post that has been created since the last inspection. She reports to the Director of Operations. Rizalyn Salacan is the Person in Charge and she reports to the Director of Operations and the Provider. The nurses and care assistants report to the Clinical Nurse Manager (CNM) who reports to the Person in Charge. The Housekeeping Manager is Colette Sneele. The cleaning and laundry staff report to the Housekeeping Manager who in turn reports to the Person in Charge. Catering is provided by an external catering company whose manager reports to the Provider. The maintenance personnel also report to the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	10	4	4	1	3*

* One activity coordinator was on duty on the day of inspection and the director of operations and the CNM came on duty to assist with the inspection process.

Summary of Findings from this Inspection

This was an unannounced regulatory monitoring inspection. It focussed on areas of improvement identified at the registration inspection of the 31 May and 01 of June 2011 and assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This was the third inspection of Blainroe Lodge Nursing Home by the Health Information and Quality Authority (the Authority) Social Services Inspectorate. Inspectors met with residents, relatives, director of operations, person in charge and staff members. Records were examined including care plans, medical records, staff training records, staff files and policies.

At the previous registration inspection inspectors were satisfied that the provider demonstrated compliance with the Regulations. On this inspection, inspectors found that there was a good system of governance in place and the person in charge and the care staff were committed to providing for the needs of the residents in a supportive and comfortable environment.

The person in charge showed a commitment to improving the experience of residents within the centre. She had maintained and improved her clinical knowledge through training and she used this training to bring about positive changes. She knew the residents well and was aware of their needs. Staffing levels were found to be adequate on the day of inspection and inspectors noted many caring and respectful interactions between staff and residents. There was evidence of a continual professional development programme and of a training plan for the year.

Inspectors saw that the health care needs of the residents were being met and there was good access to general practitioners (GP) and other allied health professionals. Staff members, spoken with, were knowledgeable about the individual care needs of residents.

Inspectors were shown four new single bedrooms which had been constructed as part of a process aimed at reducing the overall number of multi occupancy bedrooms in the centre. Other improvements in the premises included the provision of assisted en suite facilities to some existing single rooms. The overall capacity of the centre remained the same.

Inspectors followed up on the actions from the previous inspection. Of the six actions identified three had been completed, one was partially completed and two were not addressed.

Other improvements identified during the course of this inspection included care planning, fire safety training, maintenance of the fire safety system, training on the prevention, detection and response to elder abuse and updating the emergency plan.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors met with a number of residents and relatives. Much of the feedback received was positive. Many residents and relatives spoke about the kindness of the staff and they were aware of whom to speak to if they were dissatisfied with any aspect of their care. Residents commented on how much they enjoyed a recent outing to a local hotel and one resident commented on how after coming in for a period of respite she did not want to leave the centre. A small number of residents expressed dissatisfaction with the quality and variety of the food offered at lunchtime. Some residents and staff also raised concerns about insufficient numbers of care staff on duty at certain times and complained of waiting for long periods for call bells to be answered. Inspectors listened to residents' concerns and examined these issues during the course of the inspection.

The majority of residents spoken with said they enjoyed the range of activities on offer in the centre. Some in particular said they enjoyed the outings. However, a small number of residents said they did not like the group activities which were scheduled and others commented that they found the day long. Residents and relatives said they enjoyed the regular parties which were organised in the centre and a number commented that they were looking forward to the 1920's style 'Tea Dance' which was soon to be held.

Governance

Article 5: Statement of Purpose

Inspectors reviewed the statement of purpose and discussed it with the person in charge. Inspectors found that it accurately described the services provided in the centre and was available to residents and relatives.

However, a recent statement of purpose had not been submitted to the Authority to reflect a recent change in management structure and the change to the layout and structure of the centre.

Article 15: Person in Charge

The person in charge was a registered general nurse who worked full time in the centre. She had the relevant necessary experience in managing residential centres for older people. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and demonstrated good organisational and leadership skills.

Clinical knowledge was kept up to date and inspectors saw evidence where she had recently completed extensive training in person centred dementia care. Staff training records showed that this was disseminated to nursing and care staff in the centre.

She was supported in her role by the CNM who deputised in her absence. Inspectors found that the person in charge was knowledgeable about residents' needs. Staff told inspectors that the person in charge was approachable and supportive.

Article 28: Contract for the Provision of Services

It was detailed in the previous report that improvements were required in the contracts of care provided to residents. There had been insufficient detail of the additional fees to be charged to residents for certain services.

Inspectors reviewed a copy of a contract of care for one resident and found that the fees for services which applied to all residents was specified and a list of additional services incurring a fee such as hairdressing, taxis and newspapers was also included.

Article 16: Staffing

Inspectors reviewed the policy on the recruitment, selection and vetting of staff and a number of staff files. The policy was in line with the Regulations. Staff files reviewed contained the required documentation including evidence that the person was physically and mentally fit for the purposes of the work that they were to perform. Inspectors requested information with regard to the professional registration status of all rostered nursing staff and found that all were registered with An Bord Altranais for 2012.

Staff spoken to by inspectors, were knowledgeable about the residents, their care needs and their likes and dislikes. They had formed good relationships with them and they were seen to respond to their needs in an informed way. Inspectors observed a staff member interacting with a resident who had behaviour that challenges. They noted that the situation was well managed in sensitive and caring manner which met the needs of the resident.

Inspectors reviewed the files of two newly recruited staff members and found that there were good induction arrangements for newly employed staff and staff performance was monitored. Staff were supported through the use of staff appraisals which were maintained on their files.

The person in charge was responsible for providing education to the staff and external experts were also contracted as required. There was a comprehensive training plan in place for the current year. Staff records showed that staff had already attended a broad range of training in 2012 including fire safety, manual handling, protection of vulnerable adults, wound care, care planning, palliative care, cardiac pulmonary resuscitation and incontinence assessment. Records showed that further training was scheduled including infection control, venepuncture training and

pain management. There was also a plan for the person in charge to complete a Further Education and Training Awards Council, (FETAC), level eight course in gerontology before September 2012.

Inspectors reviewed staffing rosters and discussed staffing levels with the person in charge and the director of operations. The person in charge told inspectors that she used the assessed dependency levels of the residents to inform the numbers and skill mix of staff required. Some residents and staff members commented that there were insufficient numbers of staff to provide care at certain times and a small number of residents complained of frequently having to wait a considerable length of time for the call bell to be answered. Inspectors reviewed the rosters for a two week period and found that it provided for adequate numbers skill mix of staff. Inspectors also set off a call bell and observed that it was promptly answered. Staff were observed spending time with residents and interacting with them in an unhurried way. Sufficient numbers of staff were also observed supervising residents in communal rooms. The concerns raised were brought to the attention of the person in charge and the director of operations. They confirmed that they had reviewed staffing levels since the last inspection and staffing levels were increased as a result of this. They gave a commitment to review this matter in light of residents' concerns.

Article 23: Directory of Residents

Inspectors examined the directory of residents and found that it was maintained up to date. However, the register did not fully comply with all the requirements of the Regulations in that it did not routinely record the name and address of any authority, organisation or other body, which arranged the resident's admission to the centre.

Article 31: Risk Management Procedures

Overall inspectors observed that the safety of residents, staff and visitors was promoted however some areas for improvement were identified.

Inspectors reviewed the emergency plan and found that it was insufficient to guide staff on the procedures to follow in the event of an emergency. While a local hotel had been identified as the place of evacuation in the event of a serious incident, the plan did not detail how residents would be transported in such an eventuality.

Inspectors were provided with a copy of the centres health and safety statement dated 18 December 2009. There was a risk management policy in place, which addressed the risks identified in the Regulations such as violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. A recent risk register was available which had been compiled by the person in charge on 01 February 2012. This document described risks in the centre as well as the control measures in place and the person responsible for monitoring and evaluation. There was also evidence of a health and safety audit which incorporated clinical and non-clinical risks completed on 15 March 2012. Minutes of a health and safety meeting in March demonstrated that matters relating to risk including the risk of infection were discussed. However, inspectors found that the risk management

policy had not been updated to take account of the recent changes to the layout and structure of the building. A risk assessment had not been carried out on the new bedrooms and en suite facilities. Similarly a risk assessment had not been carried out following the provision of a new smoking room.

Inspectors found that there was an adequate system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Inspectors reviewed the number of incidents that occurred in the previous months and reviewed the most recent falls audits. Incident forms were completed for each incident and there was evidence of residents being monitored closely following an incident. Inspectors found that risk assessments for falls were completed and environmental precautions put in place. Care plans were developed for residents with preventative strategies identified. A falls audit was carried out for each month in 2012 and the time, place and person was detailed in the case of each fall. Staff confirmed to inspectors that all recent falls were discussed at daily meetings. The falls audits were discussed at the monthly operations meetings. There was evidence that changes were made following the analysis of the audits such as the provision of hip protectors for some residents. The person in charge displayed an awareness of promoting the independence of residents through this process.

There was a comprehensive programme of internal audits in place and inspectors were made aware of a recent general audit carried out by the director of operations and the operations manager. There was documentary evidence of other audits which were routinely carried out which included falls, medication management, incidents and accidents, care plan audits and resident finances. There was a system in place to observe trends and learn from the risks identified and put control measures in place. For example, when it was noted that the correct fire procedure was not followed during the course of a fire drill in February of this year corrective procedures were promptly put in place. Another unannounced fire drill then took place 17 days later in order to check that that effective learning had taken place and to ensure that the control measures were effective.

In the previous report it was highlighted that in the case of residents who smoke there was no risk assessment completed on their ability to smoke safely, independently or with assistance. Inspectors found that this matter had been addressed and saw that some residents who smoked were individually risk assessed for this activity, the details of which were observed in their care plans.

Inspectors noted that infection control practices were adequate. The premises were maintained in a clean condition throughout. There were arrangements in place for the segregation and disposal of waste including clinical waste. Locked clinical waste was stored to the rear of the building. Nursing staff and care assistants were observed following correct hand hygiene and using gloves, hand gels and aprons appropriately. There were adequate sluicing facilities on each floor. Wall mounted dispensers containing hand sanitising gel were located at the entrance door and throughout the building. Inspectors visited the laundry and found that it was clean and well organised. Inspectors spoke to staff who were caring for an individual with

an infection and found that appropriate evidence based guidelines were being followed.

Inspectors visited the laundry and noted that there was adequate space to segregate clean and soiled clothes. Clothing items were clearly marked with the name of the resident. Staff were able to explain to inspectors the systems in place to prevent the spread of infection.

Staff who were involved in the care of residents were trained in appropriate moving and handling techniques according to the records provided. Inspectors observed care staff using good manual handling during the day of inspection and maintenance records showed that assistive equipment was regularly serviced.

Article 39: Complaints Procedures

Overall, inspectors found that appropriate procedures were in place for responding to and managing complaints. A detailed complaints policy had been developed and it was displayed in a prominent position on the ground floor in accordance with the Regulations. The complaints procedure was detailed in the statement of purpose and the Residents' Guide.

Inspectors read the complaints policy and found that it provided guidelines on how to make a complaint or express a concern and it outlined how these would be addressed. The person in charge was identified as the nominated person to respond to complaints. The policy also outlined the appeals process in the event the complainant was not satisfied with the outcome. There was also a suggestions box in the lobby where residents could provide feedback if they wished to do so in an anonymous manner.

Inspectors reviewed a number of complaints which had been logged and found that they had been well recorded and managed. There was a record of the action taken in response to the issue raised and relatives were informed of the outcome. However the satisfaction of the complainant with the outcome was not consistently recorded in line with the Regulations.

Through talking to the person in charge, inspectors found that she displayed an open and positive attitude to complaints and stated that she saw them as an opportunity to improve the service. In addition, residents and relatives commented that they would not hesitate to make a complaint or a suggestion for improvement at any time.

Article 36: Notification of Incidents

The provider and person in charge appeared knowledgeable with regard to the legal requirement to notify the Chief Inspector of those incidents and accidents prescribed in the Regulations. However, during the course of inspection, inspectors saw details of an incident relating to an unexplained brief absence of a resident from the centre

which had not been notified to the Authority. The details of this notification were supplied within one week of the inspection.

Resident Care

Article 9: Health Care

The healthcare needs of residents were well met but some improvements were required to the documentation. Clinical assessment tools were used to develop care plans which were person centred and described resident's individual needs in order to promote health. Inspectors reviewed a sample of residents' files and found that assessments were undertaken to identify residents' needs and the care plans developed described what care was required and how it should be delivered. However, one resident's care plan was not reviewed at the appropriate three monthly intervals. Another resident was not comprehensively reassessed following return from hospital after which time there was a significant change in the condition of the resident. As a result there was an absence of detailed instructions in the care plan in order to guide staff in the provision of care for this resident.

Residents had good access to medical and allied health professionals. Inspectors reviewed a sample of residents' medical notes. There was a system in place for residents to be reviewed every three months by their GP and there was documentary evidence to support. The person in charge and CNM explained that the GPs visited regularly and were available anytime if necessary. It was noted that many residents retained their own GP when they came to the centre. There was also documentary evidence of residents being referred to other services. Reviews by occupational therapy (OT), optician, dental, chiropody, speech and language therapy (SALT) and physiotherapy were included in the resident files.

The use of restraint was an issue which was raised in the previous inspection as an area for improvement. In the previous action plan the person in charge was required to maintain records of the nature and duration of restraint and to provide evidence that alternatives were explored. Inspectors found that this requirement had only been partially met and the person in charge acknowledged that this was an area for further improvement which she was committed to. There was evidence from the staff training records that training had been provided in the use of restraint and the person in charge had attended training on the new national policy on restraint. A new and updated restraint policy had been introduced however this was not fully implemented. Inspectors saw that some residents had an updated "Restraint Assessment and Management Form" completed as part of their care plan but this was not the case for all residents who were using restraint. While there was some evidence that alternatives were being tried, there was no evidence of alternatives tried for many residents who were using restraint. The duration of restraint was not consistently recorded for all residents.

Inspectors reviewed the policy in place for responding to behaviours that challenge. Inspectors observed that staff responded to residents with behaviours that challenge in a respectful and sensitive manner which sought to understand the behaviour and meet the needs of the resident. Triggers and appropriate strategies for certain behaviours were identified in the care plans and staff were aware of when to implement them. For example, one resident who was sensitive to noise at certain times of the day was provided with a quiet space in one of the activity rooms whenever he wished. The resident was observed taking time away from activity and noise in this room on the day of inspection.

There were a small number of residents with wounds on the day of inspection. Inspectors found that there was a wound management policy in place and there was evidence of residents being reviewed by specialists in wound care when necessary. Inspectors reviewed the care plans of a number of residents who had pressure ulcers and wounds and found that there were interventions specified for the management of wounds such as frequent turning and appropriate use of dressings. The wounds were monitored with the aid of photographs and measurements in order to track changes in the size and presentation and to monitor overall progress. There was also evidence that residents were referred to the tissue viability clinic when required and supplements were prescribed when needed. There was evidence of good wound management for one resident in particular whose wound healed promptly following intervention by staff.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes in weight loss. Nutritional risk assessments were used to identify residents at risk of malnutrition. Records showed that residents were being prescribed supplements where necessary and residents were being reviewed by a dietician and speech and language therapist when required. Inspectors found that appropriate care plans had been developed with regard to the nutritional needs of residents.

Inspectors reviewed the policy on end of life care and found nursing staff to be knowledgeable on this subject. Records from a recent audit showed that staff had requested training in end of life care. There was evidence to show that the training had been carried out and nursing staff confirmed that they found it beneficial. There was no resident in the centre receiving end of life care at the time of inspection. The person in charge described the procedures in place for the management of a resident at end of life. She also informed inspectors that she had strong links with the palliative care team in Wicklow and she could call on them when required.

Inspectors observed some residents participating in meaningful activities appropriate to their interests and preferences. Inspectors noted that social assessments were undertaken with residents. There were mixed reviews in relation to the activities overall from the residents. A small of number of residents said they did not like the group activities which were scheduled and others commented that they found the day long. Other residents said that they were happy with the schedule of activities and that they enjoyed the outings in particular, the exercise classes and the singing in the dayroom. A number of residents said they were looking forward to the 1920's style 'Tea Dance' which was advertised throughout the centre.

The person in charge was enthusiastic about making activities the responsibility of all care staff and not just the activities coordinator. She showed inspectors evidence that staff were trained in doing activities. For example, training was provided on the fit for life exercise programme. She also encouraged staff to engage with residents at every opportunity. She showed inspectors the activity notes which she had introduced to allow staff to record how each resident spends their day.

There was also a wide range of activities available to residents with higher dependencies and those with a cognitive impairment. For example, hand massage, Sonas (a therapeutic communication activity which focuses on sensory stimulation), rummage boxes and aromatherapy. A separate dedicated reminiscence room was also available. Residents commented how they enjoyed baking at the long table in the reminiscence room. The person in charge also described plans to create a mock traditional Irish bar in this room and inspectors saw that materials were being collected for this project.

Inspectors also noted good facilities for the provision of sensory, visual and tactile stimulation in the dementia unit through the use of colour, appropriate decorative features and the creation of a new kitchenette facility in the day room. Staff members described how this facility helped to make many residents feel more at home and allowed them to carry out activities which they found soothing. A dedicated sensory stimulation room was also available which incorporated sound and light installations and staff commented that some residents found this very beneficial.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

Overall, inspectors found evidence of good medication management practices but some improvements were required.

There were comprehensive medication management policies in place which provided clear guidance to staff in areas such as general principles of medication administration, transcription of medications, self administration, storage and crushing of medications, refusal and withholding of medications, medications requiring strict controls and disposal of medications and medication errors. Inspectors found that each resident's medication was reviewed regularly by the GP and there was documentary evidence to support this. Inspectors noted that some improvements were required in prescribing practices as there was no GP signature after each individual medication prescribed.

Inspectors accompanied a nurse at the start of the lunch time medication round and discussed medication management practices. Inspectors noted that the process for prescribing medications to be crushed did not fully meet the Regulations or An Bord Altranais guidelines in that medications which required crushing were not individually prescribed by the GP.

Inspectors reviewed a medication audit which was carried out by the person in charge and the CNM dated 20 February 2012. An action plan was put in place to address the audit findings and there was evidence that changes were made to

improve practice. For example, inspectors saw evidence that medication management training was identified as a need by staff as part of this audit process. This training had been provided to a number of the nursing staff. Inspectors also saw evidence of an upcoming audit on medication management which was to be carried out by the local pharmacist.

Inspectors reviewed the details of a medication error. Inspectors were satisfied with the response and management of this error. The error was investigated and prompt corrective action was taken. Monitoring procedures were implemented following the incident.

Medications that required special control measures (MDAs) were carefully managed and kept in a locked medicinal press within in a locked cupboard in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the time of administration and the change of each shift. Inspectors checked the stock balances for two controlled medications and found them to be accurately accounted for.

There was a secure, locked medication fridge. A written record of daily temperature checks was being maintained.

Article 6: General Welfare and Protection

Inspectors reviewed the centres policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

Inspectors found that measures were in place to protect residents from being harmed or abused. The person in charge and the CNM attended a train the trainer course for the prevention, detection and response to elder abuse in March 2012. They were responsible for providing training to staff within the centre and records showed that this took place in March 2012. Most of the staff spoken to were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. However, inspectors found that one staff member did not demonstrate the appropriate knowledge or understanding of the correct response and procedures to follow if an allegation of abuse were made. Inspectors found that her lack of understanding of this matter could put vulnerable residents at risk.

While many residents confirmed that they felt safe in the centre a small number of residents said that they were afraid of one resident who had a degree of cognitive impairment. The person in charge and the CNM were aware of an incident which had occurred with this resident that could have brought about these feelings. The inspectors reviewed the incident and the investigation and found that it was well managed. However, the person in charge was unaware that the incident had made some residents feel unsafe and afraid.

When informed she displayed a commitment to further investigate the matter and to take all necessary measures to ensure that residents were protected and safe.

Following the inspection, the Authority received written confirmation of the steps which were taken to address this matter. The person in charge held meetings with a number of residents in order to allow them to express any concerns that they had. These meetings were used as an opportunity to provide further reassurance to residents. It also allowed the person in charge to develop a strategy to ensure that all residents were protected and felt safe. Inspectors reviewed the response to this matter and were satisfied that the resident in question would continue to be closely monitored and the matter would be kept under review.

The management of residents' finances was identified in the previous report as an area for improvement. Inspectors found that this matter had been fully addressed. Inspectors were shown the procedure for handling residents' money and found that monies were handled in a secure and accountable manner. Small amounts of money were securely held for residents. A random check on the money held for two residents demonstrated that all balances were accounted for. Inspectors also saw that the centre had carried out its' own internal audit of residents finances. This was carried out by the finance manager and a record of this was maintained.

Article 20: Food and Nutrition

Inspectors were generally satisfied that residents received a nutritious and varied diet and mealtimes were unhurried, social occasions that provided opportunities for residents to interact with each other and staff. Inspectors spent time in the dining rooms during lunch and found that there was a pleasant atmosphere and food was hot and well presented. Residents had two choices of main course and two choices of desert which was prominently displayed. Residents' choice regarding seating arrangements was accommodated. Staff assisted those residents requiring help in a discrete and respectful manner. However, inspectors did note the comments of some residents and relatives who were unhappy with the menu overall. Some expressed that they did not like the types of food on offer at lunch time. Inspectors met with the chef and he showed inspectors a recently developed new menu which was designed to address residents' feedback.

Inspectors saw evidence that catering issues were discussed at the monthly management meetings and there was frequent communication between the catering department and the person in charge. The person in charge told inspectors that they identified improvements that were required in the choice of food offered to those who required altered consistency or pureed diets. Inspectors saw that this had been addressed. Inspectors also noted that there was a good choice of pureed foods on the day of inspection and they were well presented in appetising portions.

Records were maintained in the catering department on residents' food requirements and inspectors noted from the training records that food hygiene training had been given to a number of staff in January 2012.

Environment

Article 19: Premises

The premises were clean and bright throughout and was furnished and decorated to a very high standard. Many residents chose to personalise their rooms through the provision of pictures, photographs and plants. There was personal storage space available in bedrooms and there was private lockable space to store personal valuables. Rooms were provided with call bells and light switches adjacent to the beds. Inspectors, however, noted that one resident who had been moved to a room on her own for infection control purposes did not have her personal affects moved with her. The room appeared quite bare and her bed was facing toward the wall and positioned away from the call bell.

In general, the premises were maintained in good condition. There were records to show that assistive equipment such as hoists, baths and mattresses had been serviced regularly. There were also records to show that the lift had been serviced.

Inspectors observed that the residents had access to safe secure gardens which were well maintained. There was a secure decking area which was provided with ample garden furniture and many residents commented how they could access this area independently and spend time there in good weather.

There was good space for storage in the centre and it was noted that assistive equipment such as hoists, specialised beds, mattresses and chairs were appropriately stored and did not hinder the movement of residents in hallways or bedrooms.

There was also adequate communal space for residents and space for them to meet their visitors in private if they wished. The communal spaces varied in terms of size and decoration and many were domestic in appearance which gave a homely atmosphere.

There were very good examples of facilities for residents with dementia such as a new kitchenette unit and a reminiscence room which were aimed at promoting independence and contentment.

The director of operations outlined the alterations made to the size and number of rooms. While the total capacity of centre remained the same, she explained how the provider had succeeded in reducing the number of multi occupancy bedrooms through the provision of new single en suite bedrooms. Other single rooms had been renovated to provide en suite bathrooms. Inspectors visited the new bedrooms and found them to be well appointed, spacious and all were provided with call bells and light switches beside the bed, a wall mounted TV and adequate storage.

Article 32: Fire Precautions and Records

Overall inspectors found that procedures for fire detection and prevention were in place. However, improvements were identified with regard to the maintenance of fire systems and fire safety training.

There was a fire evacuation assessment carried out on each resident. The assessment considered dependency level and mobility status and detailed how the resident was to be evacuated in the event of an emergency. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting, automatic door releases and fire equipment were serviced regularly. Inspectors read records which showed that daily inspections of fire exits were carried out and the fire exits were observed to be unobstructed during the course of inspection. Inspectors saw evidence that fire drills were regularly carried out.

Fire safety records were difficult to access on the day of inspection. The person in charge and the director of operations had difficulty locating some of the fire servicing records and inspectors noted the records were maintained in different files and locations. For example, the house keeper had access to the in-house, weekly automatic door release checks. However, she was on leave and records of checks for April and May were unavailable. These were later provided to the Authority. A recent report from an external consultant noted corrective action to be carried out with regard to a fire display panel. In addition the in house door checks indicated a release problem with a number of doors. There was no record to indicate that these matters had been addressed and staff were unaware as to the status of these actions.

The training records confirmed that staff had attended training on fire prevention and response. The most recent training in this area was given on 30 March 2012 by an external consultant. Inspectors noted from the training records that five members of staff had not attended training in fire safety since 2010. One of these members was spoken to in relation to fire safety and was able to describe the correct procedure to follow in the event of the fire alarm going off. Inspectors found that not all staff spoken with were clear about the procedures to follow in the event of a fire. Two members of staff could not describe the appropriate fire procedure to follow in the event that the fire alarm sounded.

Closing the visit

At the close of the inspection visit a feedback meeting was held with Director of Operations, the Person in Charge and the CNM to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements
The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Gary Kiernan

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 May 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Blainroe Lodge Nursing Home
Centre ID:	016
Date of inspection:	9 May 2012
Date of response:	11 May 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Each prescribed medication was not accompanied by the signature of the resident's G.P.

The procedure in relation to the prescribing of crushed medications was not satisfactory. There was only one signature to cover all crushed medications on the prescription record.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is a comprehensive medication management policy in place. The home manager has arranged to meet with individual GPs. The requirement for a signature after each individual medication prescribed will be re-iterated.	22 June 2012

2. The person in charge has failed to comply with a regulatory requirement in the following respect: Residents' care plans were not kept under formal view as required by the resident's changing needs or circumstances.	
Action required: Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.	
Reference: Health Act, 2007 Regulation8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The care plan policy and procedure highlights the importance of continuous clinical assessment in order to ensure care plans are person centred and describe the residents individual needs. As part of Firstcare documentation review; the three monthly assessment documentation and assessment tools have been updated.	Completed

Care plan training is part of induction. All nurses have attended recent care plan training in relation to the amended care plan documentation.	

3. The person in charge has failed to comply with a regulatory requirement in the following respect:

One staff member did not know or understand the correct procedures to follow in relation to the protection of vulnerable adults.

Action required:

Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is a comprehensive policy in place on the prevention, detection and response to elder abuse. The home manager and CNM attended train the trainer course in March 2012. Elder Abuse training is part of the induction programme and is repeated yearly. The individual staff member will receive one-to-one tuition.	29 June 2012

4. The provider has failed to comply with a regulatory requirement in the following respect:

Defects identified in relation to fire safety as detailed under Article 32 were not addressed.

Five members of staff were identified who had not received fire safety training since 2010 and not all staff members were aware of what to do in the event of a fire.

Action required:

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action Required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Reference:

Health Act, 2007
Regulation 32: Fire precautions and records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Fire safety consultants regularly carry out service on fire alarm system, emergency lighting automatic door releases and fire equipment. A recent service identified the need to replace a LED panel in one display panel. It should be noted that the panel was still fully operational. The panel was sourced and replaced. Any problems identified on in house door release audit are dealt with promptly by the maintenance department. Fire training by external consultants take place six monthly. The identified staff are scheduled for training on 29th June 2012 Fire drill takes place quarterly. Spot checks take place regularly these include interviewing staff to ensure that they can describe the correct procedure to follow in the event of a fire. The staff identified have received one to one tuition.	Completed 29 June 2012 Completed

5. The provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include the identification and assessment of all risks throughout the centre.

Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is an on-going refurbishment programme under way in Blaniroe Lodge. This includes new single en suite bedrooms and the provision of en-suite facilities to existing single rooms. All refurbishment is passed as fit for purpose by our architectural team prior to being put into use. This will recorded in our Risk Register. A specific risk assessment on the new smoking rooms has been completed.	Completed

6. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose was not reviewed to take account of the changes to the management structure and the changes to the layout and structure of the building.
Action required: Compile a statement of purpose that describes the facilities and services which are provided for residents.
Action required: Keep the statement of purpose under review.
Action required: Make a copy of the statement of purpose available to the Chief Inspector.

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is an ongoing refurbishment programme underway in Blainroe Lodge. When this programme is completed the statement of purpose will be amended to reflect the final layout of the building. The amended statement of purpose will be submitted to Chief Inspector.	September 2012

7. The person in charge has failed to comply with a regulatory requirement in the following respect: There was no record that alternatives to restraint had been tried prior to its use. There was no record of the duration of the use of restraint.	
Action required: Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.	
Reference: Health Act 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Restraint policy in place had been recently reviewed and amended to incorporate the key recommendations of the Department of Health document *Towards a Restraint Free Environment in Nursing Homes*. The policy includes: ▪ restraint assessment and management form incorporating documentation to record the trial of alternative to bed rail use ▪ specialist chair record incorporating documentation to record expected duration /timing of use, frequency of monitoring and risk management plan This is the latest documentation and was in the process of	29 June 2012

implementation at the time of the inspection. A full review of all residents using restraint is under way to ensure best practice and the best interest of the resident. The trial of suitable alternatives will be recorded in each case.	

8. The provider has failed to comply with a regulatory requirement in the following respect: One resident occupied a bedroom which did not meet her needs.	
Action required: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: One resident was moved during the night due to the risk of cross infection from the resident sharing her room. The resident was relocated to a nearby room temporarily in order to cause the least disruption to the resident in question and the remaining residents. The plan was to move the resident and her belongings to a more suitable room in the morning. This took place on the morning of the inspection.	Completed

9. The provider has failed to comply with a regulatory requirement in the following respect: The emergency plan was not detailed enough to guide staff in the event of an emergency.
Action required: Put in place an emergency plan for responding to emergencies.

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider' Response There is a comprehensive Emergency Procedure in place. The details of plans for the transportation of residents in the event of full evacuation including contact numbers is now in place.	Completed

10. The provider has failed to comply with a regulatory requirement in the following respect: The investigation of complaints did not include information as to whether or not the resident was satisfied with the outcome of a complaint.	
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	
Reference: Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is a comprehensive complaints management policy in place. All complaints are acknowledged and investigated. Every complainant is offered a meeting to discuss the outcome of the investigation and given a written account of the outcome. We will add a written reference to the complainant's satisfaction with the outcome to our documentation.	Completed

11. The person in charge has failed to comply with a regulatory requirement in the following respect: The directory of residents did not contain all of the required information.	
Action required: Ensure that the directory of residents contains includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.	
Reference: Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We will retrospectively enter the name and address of any authority/body which arranged the admission of current residents.	29 June 2012

Any comments the provider may wish to make:

Provider's response:

The provider would like to thank the inspectors for the professionalism and courteous manner they showed to everyone in Blainroe Lodge during the inspection. We are pleased that the report reflects the fact that the senior management and all the staff working in Blainroe Lodge are delivering meaningful and consistent person centred care to all the residents. The staff have been working with the Irish affiliate of an award winning U.K company called Dementia Matters and arising out of this we have introduced many quality of life enhancing initiatives for those residents in Blainroe Lodge living with dementia and Alzheimer's.

We have undertaken a refurbishment programme in Blainroe Lodge. This will result in the reduction in the number of multiple occupancy rooms, the increase in single en suite rooms and the provision of extended dedicated activity room, visitors' lounge and hairdressing salon. This is part of our continuous improvement cycle to enhance the facilities and services for all our residents and staff.

However, the inspection highlighted some improvements to be made, that we have already addressed and will keep under review. We will always be on a path of continuous improvement in Blainroe Lodge so that we can keep improving the quality of life and enjoyment for all our residents, relatives and staff.

We would like to thank all our colleagues working in Balinroe Lodge an all those who contributed to the inspection. We would like to thank al the residents and their families and friends who pro-actively participated in this process.

Provider's name: Mervyn Smith
Date: 11 June 2012