



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

Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	16 May 2023
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0038221

About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 May 2023	18:00hrs to 22:00hrs	Breeda Desmond	Lead
Wednesday 17 May 2023	09:30hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail, and four visitors. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre. In general, visitors gave positive feedback and said the care and attention their relative received was excellent, but did highlight some of the issues that the inspector observed during the inspection relating to staff engagement with residents, which was further outlined in the report.

This was a two-day inspection, with the first day commencing in the evening at 6pm. The inspector was welcomed to the centre by the evening staff and was guided through the infection prevention and control measures by a member of staff. This included hand hygiene, and a signing in process. A meeting was held with the management team on the second day of the inspection.

There were 36 residents residing in Blair's Hill nursing home at the time of inspection. Initially upon arrival to the centre on the first evening of the inspection, the inspector walked about the centre and saw that many residents were enjoying television in the conservatory and quite sitting room, and three residents were in the smoking room. Some residents chose to watch television or listen to music in their bedrooms, and a few were in bed in accordance with their care needs. For one resident, staff had classical music softly playing and they explained that they loved this music; another resident in bed had 50s music playing and staff said this was their preferred music. Both had soft lighting in their bedrooms and staff had ensured that they were comfortably positioned to ensure their wellbeing and restfulness. Another resident was seen to enjoy streamed TV, and while the room was in darkness there was battery night-light candles on the table creating a lovely calm ambiance. At 6pm, staff completed a comfort round which also included encouraging residents to take fluids and assisting those residents to take their prescribed supplements. At approximately 7:30pm, staff went around offering residents tea and biscuits in the day rooms and then went to bedrooms offering residents evening snacks. There was a healthcare assistant assigned to supervise the dayroom during evening times to provide assistance and company for residents.

Later in the evening the inspector spoke with the night duty nurse who was completing the medication round. The nurse was observed to actively engage with residents, asking how was their day and converse with them in a social manner while providing assurance to residents. The medication round was completed in a calm and relaxed manner and the nurse explained to residents about their medication.

One resident receiving their night medication explained that they were going to their room; and had been out during the day and enjoyed a walk about the Lough;

describing how they alternate going to the Lough and the Lee fields and said the coffee was especially good in the café by the Lee fields. Others said they were out at the post office during the day. Another resident was away on holidays overseas with their family.

This was a four-storey building. Residents' accommodation and facilities were part of the upper three floors; the main kitchen, storage facilities and staff rooms were in the basement. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. The main conservatory day room was beyond this porch. The inspector observed the main day room was set out to ensure social distancing; there was a fireplace with a large flat screen TV, the dresser had lots of books and games; the large aquarium was clean and had many fish. Residents had chair-side tables to rest their paper, cup of coffee or glass alongside.

The inspector saw other communal areas which comprised two dining rooms, a small sitting room, a smoking room and oratory. The smoking room was to the right beyond the conservatory and had tables, chairs and a flat screen TV, fire aprons and call bell; there was a fire exit from the smoking room to the outside of the front of the building. The smaller sitting room was a quiet space for residents to sit and relax. The oratory was located beyond this room for residents to enjoy peace and reflection.

The nurses' office, sluice room and laundry were located near the main day room. Additional toilet, bath and shower facilities were available close-by to communal areas and bedrooms. Administration offices were on the first floor and had a secure entrance opposite the smoking room.

The dining room to the left of the nurses' station had a hand-wash hub, and the inspector saw staff and visitors completed their hand-washing here before going on duty or going to visit their relative. This sink did not have hands-free mechanism. The shelved unit in this dining room had residents' memory books; these contained residents' life stories in photographs and it was apparent that a lot of time and effort went into creating these as part of reminiscence for residents. The second dining room was located beyond the nurses station and was a larger room facilitating more residents to dine. Tables were set before residents came for their meals with cutlery, napkins, glassware and condiments; each table had a vase with a flower posy. Residents said they enjoyed their meals and that the quality of their meals was good. Most residents had their breakfast in the dining room in accordance with their preference. The inspector observed breakfast time and residents came and went to the dining room at their leisure throughout the morning and were offered choice. Staff were familiar with residents preferences and actively engaged with residents in a social manner. Three residents spoken with at breakfast (11am) said they were happy there having their breakfast. The main meal time was observed and meals were well presented; residents sitting together at tables were served together in line with normal dining.

Residents' bedroom accommodation was on the three upper floors. Most bedrooms were single occupancy and two were twin bedrooms. Displayed on each bedroom

door was information on the availability of emergency evacuation sheets, should they be required.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe and chest of drawers for storage and hanging their clothes. While some furniture had been replaced since the last inspection, some furniture remained chipped and protective surfaces were worn. Some residents had their own fridge for their beverages and treats. Profiling beds with specialist pressure relieving mattress were seen in residents' bedrooms. Hooks were placed at a safe height to store residents' wash basins so they could be safely stored off the ground. Shower facilities were available on all floors and two specialist baths were available on the ground floor.

Orientation signage was displayed around the building to areas such as the dining room, day room, toilets and lifts, to ally confusion and disorientation. Call bells were fitted in bedrooms, bathrooms, smoking room and communal rooms.

The main fire alarm system, registration certification, and complaints procedure were displayed by the nurses' station. There were large white boards in communal areas with information for residents such as the activities programme, meal times, infection control and breaking the chain of infection, hand hygiene and cough etiquette, and information on SAGE advocacy.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering. The inspector observed that residents appeared comfortable and relaxed in their setting and mobilised freely around the centre, including using the lift independently.

The local priest said mass in the conservatory in the afternoon of the inspection and residents were glad of this; he offered residents holy communion including residents in their bedrooms. The inspector was informed that the priest usually attended the centre on a weekly basis to say mass.

As it was a gorgeous sunny day, residents came and went from the seating area outside throughout the day, enjoying the sunshine and fresh air. While most interactions observed between staff and resident was engaging, pleasant, and helpful, some observation showed that other staff did not engage with residents; a staff member sat on the window sill in the conservatory day room using their mobile phone. Some staff did not speak English when providing assistance and supervision with residents.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' and HPSC guidance of May 2023. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them. Some visitors chose to wear face masks.

Wall-mounted hand sanitisers were available on each floor along corridors with advisory signage demonstrating best practice hand hygiene. The centre was visibly clean and tidy. Rooms such as the laundry, cleaners room and sluice room were

secure to prevent unauthorised access. Personal protective equipment (PPE) such as disposable gloves and aprons were discretely stored in presses in shower rooms on each floor. New handwash hubs were installed on corridors on each floor since the last inspection. These hubs had hands-free taps and sinks were compliant with current legislation. Advisory signage regarding hand hygiene and 'breaking the chain of infection' were displayed throughout the centre. Both the sluice room and laundry had hand-wash sinks with hands-free taps. The laundry was clean and tidy and no laundry remained outstanding on the evening of inspection. The household staff spoken with had good knowledge of cleaning and disinfecting products, their dilution and specific use.

The inspector observed that appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment had up-to-date servicing certification. Emergency evacuation plans displayed throughout the centre were easy to follow; escape routes were easily accessible and a point of orientation indication one's position; evacuation plans were orientated appropriately so the display correlated with their relative position in the building.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was part of on-going regulatory monitoring of the service along with receipt of application to re-register Blair's Hill nursing home.

Blair's Hill Nursing Home was a designated residential care setting and was registered to accommodate 37 residents. The provider was Blair's Hill Nursing Home Limited. The person nominated by the provider to represent the registered provider attended the centre most days. The centre was managed by an appropriately qualified person in charge who was full-time in post; the person in charge was supported on-site by the deputy person in charge, nurses, care staff and administration.

Issues identified on the last inspection in May 2022 were followed up and there was evidence that appropriate action was taken relating to aspects of residents' care documentation, staffing complement, records maintained relating to medication management and records relating to fire safety, medication management policy, transfer information when a resident was transferred to acute care, and aspects of infection control. Issues identified on this inspection that required action included residents rights, risk, management of residents' petty cash, aspects of fire safety, care planning documentation, records relating to staff files, Schedule 5 policies,

While a system of audit was evidenced, it needed to be more encompassing to ensure effective oversight of the service. The audit system introduced at the last

inspection indicated that while there was a limited number of audits completed that showed thorough review of the matter being audited, the array of audits was quite limited. Nonetheless, results of audits had action plans to address the concerns identified, which including staff education and daily safety pauses.

Clinical governance meetings were facilitated by the provider and occurred on a monthly basis. Minutes of these meetings were seen and good discussion was recorded regarding items raised such as staffing levels, complaints, the physical environment, key performance indicators, and antibiotic surveillance when relevant. Action plans were developed which were based on quality indicators and audit results.

Accident and incident records were examined and showed thorough investigations and actions taken to mitigate recurrence of incidents and accidents. Risk relating to these incidents was assessed and further controls put in place to ensure safety of residents and staff.

Contracts of care were updated on inspection to include bedroom numbers. Contracts were being renewed at the time of inspection and most updated contracts were signed by residents, or their next-of-kin where relevant. A current insurance certificate was available.

Schedule 5 policies and procedures were available and were being updated at the time of inspection. They required further attention to ensure the guidance to staff had information that was current.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed in the conservatory. A synopsis of the complaints procedure was displayed; this was in an accessible format and easy to follow for residents.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to re-register Blair's Hill Nursing Home in a timely manner. Prescribed documentation was submitted and fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations. They actively engaged with the regulator and facilitated the inspection in a positive manner.

Judgment: Compliant

Regulation 15: Staffing

While the staffing complement had improved since the last inspection, a review of the staff rota was requested regarding nursing staff during late evening twilight hours, as there was just one nurse on duty from 8pm to supervise and completed medication rounds for residents accommodated over three floors.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training roster showed that all staff had up-to-date mandatory training completed. Further training was scheduled in the weeks following the inspection for areas such as household cleaning to ensure staff training remained current; additional training was also scheduled for nurses regarding care documentation to ensure a holistic approach to assessment and individualised care recording.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements as set out in Schedule 3, paragraph 3.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and while most of the information required in Schedule 2 was in place, the following required action to ensure safeguarding of residents:

- one staff file did not have a comprehensive employment history
- one staff file did not have written references
- references were not verified to be assured the information was valid.

Petty cash and small items of personal property were maintained for some residents. However, there was no oversight of this to protect residents or staff as there was no record log of items kept, or transactions of monies to ensure the safety of residents' personal belongings.

Judgment: Not compliant

Regulation 22: Insurance

A valid insurance certificate was available in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

More robust systems were required to ensure the service was safe and effectively monitored, as follows:

- oversight of risk, for example, the nurses' office door was routinely left open when there were no staff present; there were unsecured presses with clinical equipment and dressings; a large scissors was on the medicines trolley,
- the programme of audit was limited and did not enable a comprehensive overview of the service, for example, audits of the environment or equipment were not undertaken to enable upgrading in a timely manner
- records relating to Schedule 2, Staff files, were not appropriately maintained.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were being updated at the time of inspection to reflect fees being charged and most were seen to be signed by either the resident or their next of kin. Contracts had room numbers detailed and whether the accommodation was single or twin occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to include the following:

- organisational organogram to better reflect the reporting structure
- floor plans to reflect the current building layout
- measurements of each room to be included in the floor plans
- floor plans to reflect rooms in accordance with their purpose and function, for example, some rooms were detailed as bed rooms but were private sitting rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Accident and incident records were examined and showed thorough investigations and observations (blood pressure, pulse, temperature and oxygen saturation) were included in the records; actions taken to mitigate recurrence of incidents and accidents were detailed.

Judgment: Compliant

Regulation 4: Written policies and procedures

While Schedule 5 policies and procedures were available to staff and were being updated at the time of inspection, some were not dated so it could not be assured the information was current or reflected contemporary legislation, national policy or best practise guidelines.

Judgment: Substantially compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were familiar with residents individual care needs and facilitated these in a friendly manner. However, there were occasions where this was not so, as described earlier in the report.

The GP attended the centre on a weekly basis. Residents' notes showed that when necessary, residents were assessed regarding their capacity to manage their own finances, and the person in charge ensured that this was facilitated. Advanced care

directives were also in place, and this showed that the GP discussed future plans with residents and residents signed these documents; next-of-kin signed when appropriate. Residents had access to palliative care, geriatrician and psychiatry specialists, community mental health nurse, relevant social worker, tissue viability nurse specialist, and allied health care professionals including speech and language therapy, dietitian and ophthalmology. Some residents had personal assistants to support them on social outings, which they enjoyed on a weekly basis.

There was positive feedback from residents regarding consultation about their care. Pre-admission assessments were completed to ensure the service would care for the resident's needs. A template was seen as part of residents' charts which detailed the national screen programme available to residents depending on their age and medical history. A sample of residents care plans reviewed showed good person-centred plans, however, assessments and care plans were not updated with the changing needs of the resident. A daily narrative of residents' status was recorded by day and night duty staff. Daily flow sheets showed the daily care the resident received, and in general, this was updated by HCAs. Wound care records were examined and wound care was management in line with a high standard of evidence-based nursing care using a validated assessment tool.

Residents had behavioural support plans to identify and trend issues that may have triggered a resident's behaviour to enable better outcomes for residents. While some staff had good insight into residents specific care needs relating to behaviours, the lack of active engagement by other staff could contribute to escalation of behaviours.

The chef explained the communication format when a new resident was admitted or when the dietary requirements of residents were changed. A folder was maintained regarding residents' nutrition needs, for example, residents dietary restrictions due to warfarin therapy, coeliac and diabetes, along with menu preferences and textures.

Medication management was reviewed. Medication reconciliation was in place as part of residents' documentation. Additional records were maintained per resident regarding antibiotics, monthly or six monthly injections, psychotropic medication, controlled drugs and dietary supplements; this acted as an easy reference for staff as well as providing good oversight of the weekly KPIs maintained. A sample of medication charts were reviewed and were seen to be comprehensively maintained. Controlled drug records were examined and were maintained in line with professional guidelines.

While this service was not a pension agent for any resident, petty cash and small items of personal property were maintained for some residents. However, there was limited oversight of this to protect residents or staff.

While some good practices were observed, issues were identified regarding infection control and these were further discussed under Regulation 27.

Fire safety precautions were reviewed and issues requiring action were detailed in

Regulation 28 Fire safety.

Minutes of residents meetings showed good attendances; these were also attended by the person in charge and staff on duty. Minutes showed lots of issues were raised and discussed, and followed up in subsequent meetings. While there were many examples of positive engagement with residents, other observations, as previously described, did not contribute in a positive way to ensure better outcomes and a pleasant environment for residents. These were further expanded upon under Regulation 9, Residents' rights.

Regulation 11: Visits

Visiting to the centre was in line with current HPSC guidance of May 2023 regarding visiting designated centres and visiting was not restricted. Visitors were asked to sign-in upon entry to the centre and then asked to complete hand washing. Some visitors chose to wear a face mask when visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. In general, residents had personalised their bedrooms in accordance with their preferences, with co-ordinated soft furnishings, flowers, ornaments, statues, furniture and photographs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes. The meals offered to residents appeared to be properly prepared, cooked and served. In general, appropriate assistance was provided to residents in a social and kind manner. Residents had access to speech and language therapy and dietician services in line with their assessed needs and relevant care plans were seen regarding individual nutritional supports. Residents gave positive feedback about the quality of the food served.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide which had all the requirements in accordance with regulatory requirements. It was displayed in the information hub by the conservatory to enable easy access by residents and visitors.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Templates were available regarding transfer of a resident to another care facility which including infection status, previous antibiotic history and multi-drug resistant (MDRO) status. Transfer letters for times when residents were transferred out of the centre to another care facility were maintained on site, and comprehensive information was supplied to the receiving service to enable the resident to be cared for in accordance with their assessed needs, preferences and wishes.

Judgment: Compliant

Regulation 27: Infection control

Better oversight of infection prevention and control measures were necessary to minimise the risk of infection transmission as follows:

- protective surfaces of residents' furniture such as bed frames, bed bumpers, wardrobes, bedside lockers, bed-table and surfaces to doors, skirting and architraves were worn so effective cleaning could not be assured
- the deep cleaning regime did not ensure that all rooms were deep cleaned in a timely manner, for example, over a period of seven weeks records – 16 bedrooms remained outstanding for deep cleaning
- paper towel dispensers were located in very close proximity behind toilets which posed a risk of cross contamination
- the sink in the dining room used by staff and visitors for hand-washing did not have hands-free mechanism.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Better oversight of fire safety precautions was required to ensure the safety of residents as:

- daily fire safety checks were not comprehensively maintained to ensure evaluation routes were clear and free of obstruction
- some doors such as dining room doors were not connected to the fire alarm safety system, so in the event of a fire, the doors would not automatically activate to contain a fire
- the recommendations made on the routine fire service certificate remained outstanding such as additional fire detectors to be placed on corridors
- full compartment evacuations were not completed in some time and this was significant cognisant of staff turn-over; the simulated evacuations that had occurred took a prolonged time to complete, so assurances were not provided that evacuations could be completed in a timely manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was noted in medication records maintained. Medications requiring crushing were individually prescribed to facilitate staff administer medications in accordance with their specific needs. Medication administration charts were comprehensively completed. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While improvements were seen in residents' assessment and care planning documentation since the previous inspection, further action was necessary to ensure that care documentation was updated in accordance with the changing needs of residents. For example, the daily narrative of one resident showed that the resident became acutely unwell and was ill for a few days, and was reviewed by the on-call doctor as well as their own GP, and subsequently transferred to acute care, however, the resident's assessments and care plans were not updated accordingly.

Judgment: Substantially compliant

Regulation 6: Health care

Improvement was noted in documentation relating to wound management. A validated wound assessment template was used; this was appropriately maintained to enable staff monitor wound progression along with wound dressing type and frequency of dressing changes information.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure a rights-based approach to care was delivered as:

- two staff did not speak English when in the day room with residents
- some staff did not engage with residents while providing assistance in the day room
- two other staff were seen on their mobile phones, one in the day room and the second while in a resident's bedroom.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0038221

Date of inspection: 17/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing- we need to have an extra nurse to assist night nurse with medication round. As discussed we will get one nurse from day duty to start work at 9 am instead of 8am and finish at 9pm. The other nurse on day duty will work 8am to 8 pm, but it will be end of August 2023 before we can make these changes due to nursing staff shortage.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> One staff file did not have a comprehensive employment history. <p>Since inspection this has been refiled, a new comprehensive employment history has been put in place.</p> <ol style="list-style-type: none"> With regards to references, a written reference was not able to provide due to the company liquidating. The second reference has been verified and records updated. <p>All staff files will be reviewed to ensure compliance with regulation. This will be completed by 15/07/2023</p> <p>Regarding petty cash, a new log book is in place and all transactions are being recorded and signed by two staff members.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To comply with regulation 23 Governance and management the following measures were implemented:</p> <ol style="list-style-type: none"> 1 Since inspection lock has been put in clinical equipment and dressing cupboard in the nurses station which will be kept locked in the future. The large scissors is now being kept in the cupboard and all the nurses have been advised of danger of leaving sharps objects unattended. 2 With regards risk of leaving nurses station door open when no one was in the office a meeting has been held and all staff informed that doors must be locked when no one is in the office. 3 With regards environmental and equipment audits, we have arranged with our safety officer to undertake these two audits annually to enable upgrading in a timely manner, starting in August 2023. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>To comply with Regulation 3 the statement of purpose has been reviewed and updated to include the following:</p> <ol style="list-style-type: none"> 1 A new organizational organogram is now been devised to better reflect the reporting structure 2 Floor plans are now included in statement of purpose. 3 Measurements of each of each room are included in the floor plans. 4 The floor plans have now been reviewed and updated to reflect rooms in accordance with their purpose and function. 	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: To comply with Regulation 4 all Schedule 5 policies have now been updated, dated and signed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Furniture with worn protective surfaces such as bedside lockers, wardrobes, bed table will all be replaced. Surfaces such as doors, skirting and architraves which are worn will also be re-surfaces to ensure effective cleaning can be assured. This will be completed by end of October 2023 2. A more detailed, updated deep cleaning log has been devised to ensure deep cleaning of all rooms in timely manner. 3. Location of paper towels dispensers are being changed in coming weeks, this will be completed by 31/07/2023 4. The sink in small dinning room will have a new hands free mechanism put in place by 31/07/31 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire safety checks are now being carried out and recorded every night, all staff have been made aware of this. 2. A meeting was held with the staff to discuss the importance of always ensuring the evacuation routs are clear and free of obstructions. This is being monitored. 3. The dining room doors have now been organized and we are in process of connecting the doors to the fire alarm safety system. This will be completed on 31/07/2023 4. Compartment evacuations are now been completed in accordance with staff turn-over 	

and we are working at reducing time taken to evacuate.

5. Additional fire detectors are now in place as per recommendations made on fire service certificate

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Individual assessment and care plan has now been updated since inspection. All care plans will be updated by 28/08/2023

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To comply with Regulation 9 Residents rights a meeting was held with all staff to discuss finding by Inspector during the inspection:

- All staff now is aware that only English to be spoken in Nursing Home except when at their breaks and not dealing with residents.
- All staff are to be seen engaging with residents when providing assistance.
- A sign has been posted reminding staff that mobile phones are not to be used when providing care.

Staff will be monitored to ensure compliance with Residents Rights. If staff found to be non compliant with the regulation disciplinary action will be taken.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	15/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	25/08/2023

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	21/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	21/06/2023

	the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	21/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/08/2023
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic	Substantially Compliant	Yellow	01/09/2023

	background and ability of each resident.			
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