



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:	29 February 2024
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0042679

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:	34
--	----

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
Thursday 29 February 2024	09:20hrs to 18:05hrs	Siobhan Bourke	Lead
Thursday 29 February 2024	09:20hrs to 18:05hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by two inspectors of social services. Inspectors met with many of the 34 residents who were living in the centre and spoke with six residents in more detail. The inspectors also met with three visitors during the inspection. The overall feedback from residents and visitors was that Blair's Hill Nursing Home was a nice place to live and that staff were kind and caring to residents. However, inspectors had concerns about the governance and management of the centre as outlined further in this report.

The inspectors arrived unannounced to the centre and were greeted by a staff nurse on duty. The inspectors followed the centre's signing in procedures and held an opening meeting with the person in charge. A staff nurse accompanied the inspectors on a tour of the premises, where inspectors met with many of the residents. During the walk around, it was evident that the staff nurse was well known to residents and that they were knowledgeable regarding residents' assessed needs. During the walkaround, the inspectors saw that many of the residents were up and dressed, while others were being assisted with their personal care by staff. The inspectors observed that staff knocked on residents' bedroom doors before entering. Some residents were enjoying a leisurely breakfast in bed or in one of the two dining rooms.

Blair's Hill Nursing Home is registered for 37 residents and resident accommodation is over three floors with 33 single bedrooms and two twin bedrooms. Many residents' bedrooms were personalised with family photographs and memorabilia and bedrooms were in general, warm, cosy and visibly clean. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. However, some of the surfaces and finishes including furniture and flooring in some resident's rooms were worn and showing signs of minor wear and tear. This will be discussed further in the report.

The communal spaces in the centre comprised a large conservatory, a smaller sitting room/activities room, an oratory and a smoking room. The inspectors saw that many of the residents spent their day in the large conservatory room, where there was a large smart TV available for residents' use. This room had two large fish tanks that were clean and well maintained. The inspectors saw that the oratory, while a peaceful space for residents, was cluttered with equipment. A number of residents living in the centre smoked and had access to a large smoking room that was located to the front of the building. The inspectors saw that this room was fitted with an extraction fan. However, the door to this room remained open over the course of the day, which resulted in the lingering smell of smoke in the adjoining areas of the centre. During the walk around, the inspectors saw that old equipment, that had been removed during renovations to the centre, was stored outside one of the centre's emergency exits obstructing the exit. The provider was given an immediate action to remove this risk and this was addressed on the day of the

inspection.

The main kitchen, storage facilities and staff rooms were in the basement of the centre. Staff lockers were observed within the room containing the kitchen's main fridge freezer. Inspectors also observed the inappropriate storage of personal protective equipment (PPE) within communal bathrooms on the first and second floor. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. There was one dirty utility (sluice) room which was located on the ground floor. This room was found to be clean and tidy. However, there was no equipment cleaning sink within the sluice room. Findings in this regard are presented under Regulation 27 Infection Control.

Conveniently located, alcohol-based product dispensers along corridors, facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the small dining room and sluice room so that they were convenient for use. Staff had access to a dedicated housekeeping shed for storage and preparation of cleaning trolleys and equipment. This shed was found to be visibly unclean. Cleaning carts were also unclean and were not equipped with a locked compartment for storage of chemicals. Findings in this regard are presented under Regulation 27 Infection Control.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. It was evident that staff knew the residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. Residents who were resting in their rooms during the day had access to TVs and radios. The inspectors saw that residents who required assistance with eating and drinking were provided with this in a discreet and respectful manner. Residents who spoke with the inspectors confirmed that if they used the call bell, staff answered in a timely manner.

Residents told inspectors that they could receive visitors in their bedrooms where appropriate, in the centres communal areas or outside areas. Visitors said that they could visit at any time and there was no booking system for visiting. There was a relaxed atmosphere within Blair's Hill Nursing Home as observed by inspectors. Residents were seen moving freely around the centre throughout the day of inspection. Residents were supported to go on outings from the centre with their relatives and friends. Residents were observed reading newspapers, watching TV and partaking in activities in the large conservatory. The provider had employed an activity staff member since the previous inspection and the inspectors saw that this staff member sat with residents providing one-to-one activities such as artwork, games and chats. A bingo session was attended by seven residents which they appeared to enjoy. In the afternoon an external musician played songs and tunes on a keyboard.

The person in charge held regular residents' meetings and surveyed residents to seek their views on the running of the centre. From a review of these minutes, issues such as food choices, activities and staffing levels were discussed at these

meetings. Arrangements to facilitate residents to vote in the upcoming referendum were in place. Residents had access to independent advocacy services if required.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on the provider's compliance with infection prevention and control, which was assessed by an inspector working specifically in this area. Findings of this inspection were that significant action was required by the registered provider, to improve the governance and oversight of the service. There were inadequate resources and ineffective management systems in place to identify and monitor the quality and safety of care provided to residents in particular with regard to staffing, training and staff development, infection control and fire precautions. Action was also required pertaining to notification of incidents, records, care planning, and healthcare to achieve regulatory compliance. These will be detailed under the relevant regulations.

Blair's Hill Nursing Home Limited is the registered provider for Blair's Hill Nursing Home. It is registered to accommodate 37 residents. The registered provider company has two directors, one of whom is actively involved in the management of the centre and is the nominated person representing the provider. The centre had a full time person in charge. Since the previous inspection of the centre, the clinical nurse manager had left the centre and inspectors found that this impacted on the governance and management of the centre. Furthermore, there had been a significant turnover of staff in the centre, in particular nursing staff. The provider informed the inspectors that they had been challenged with a complete turnover of staff in the previous 12 months. On the day of inspection, there were two full time nursing staff positions vacant. The provider was recruiting to fill these positions. Gaps in the rosters, arising from these vacancies, were filled with relief staff where possible. However due to these vacancies, the arrangements outlined in the compliance plan submitted following the previous inspection, to provide support for night nursing staff during twilight hours, were not in place. This is outlined under Regulation 15 Staffing.

Inspectors were provided with Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years. Efforts to integrate Schedule 5 policies and procedures into practice were underpinned by mandatory education and training. A suite of both online and face-to-face mandatory training was available to all staff in the centre and the majority of staff were up to date with

training including, fire safety, managing behaviour that is challenging and infection prevention and control. However, findings on the day of the inspection identified that further training and supervision was required in wound care management, infection prevention and control, auditing and care planning. This is detailed under Regulation 16 Training and staff supervision.

Clinical governance meetings were facilitated by the provider and occurred on a quarterly basis. Minutes of these meetings were seen and discussions were recorded regarding items raised such as staffing levels, complaints, medication management, infection control and advocacy. An activity staff member had been recruited since the previous inspection to help support residents access meaningful activities. However, the arrangements in place to ensure oversight of the quality and safety of care provided to residents required strengthening. The provider had a schedule of audits in place and the person in charge had a system in place to collect key clinical risks to residents such number of complaints, medication errors, infections, falls and pressure ulcers. However, records provided to inspectors on the day of inspection, indicated that audits such as care planning had not been completed in the previous six months and clinical indicators had not been collated and trended in the previous eight months. There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. This was further impacted by high turnover of nursing and care staff over the past year. High levels of compliance were consistently achieved in recent environmental hygiene audits. However, inspectors found that findings of recent audits did not align with the findings on this inspection. An urgent action plan was issued to the provider the day following the inspection, to seek assurance regarding the oversight of care provided to residents, in relation to infection control, healthcare and care planning. Assurances were received in the days following the inspection, that the provider had taken action to address these findings. These and other findings are detailed under Regulation 23 Governance and management.

The inspector reviewed a sample of staff files and found they contained documents as detailed under Schedule 2 of the regulations. However more robust procedures in relation to recruitment were required as the inspector saw from a sample of four files, that two staff commenced employment in the centre prior to Garda vetting being in place. This is outlined under Regulation 21 records.

A paper record of incidents occurring in the centre was maintained by the person in charge. From a review of the incident records and a records of complaints, the inspector was not assured that all incidents had been reported in writing to the Chief Inspector as required under the regulations. This is actioned under Regulation 31. Notification of incidents.

The provider had a complaints procedure displayed in the centre and verbal and written complaints were recorded, investigated and actioned by the person in charge. Residents who spoke with the inspectors were aware how to make a complaint.

Regulation 15: Staffing

The number and skill mix of staff required action to ensure it met the needs of the residents taking into account the layout of the centre over three floors.

- There were two registered nurse positions vacant in the centre, compared to the staffing outlined in the centre's statement of purpose. There was one nurse on duty from 8pm every night until 8am to oversee and provide nursing care to residents over three floors. The inspectors found that the number of nursing staff on duty from 8pm to 8 am was not in line with the compliance plan submitted following the previous inspection, where it was agreed that a second nurse would be rostered until 9pm to support the night nurse with care and supervision while they completed medication rounds for residents. Furthermore there were two residents receiving end of life care at the time of inspection who would require further nursing care needs.
- There was insufficient cleaning staff rostered to ensure that residents' rooms were deep cleaned as outlined under Regulation 27; Infection control.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors found that training was not appropriate in relation to wound care management, care planning and infection control as evidenced by the following;

- Residents' care plans were not maintained in line with regulations and did not have enough detail to direct care as outlined under regulation 5
- Care plans did not provide sufficient detail to guide and direct staff in the safe and effective management of residents with a history of MDRO colonisation
- Wound care management was not evidenced based as outlined under regulation 6
- Staff practices in regard to decontamination and cleaning were not in line with guidance on minimising the risk of transmitting a healthcare-associated infection as detailed under regulation 27.

Judgment: Not compliant

Regulation 21: Records

From a review of a sample of staff files, the inspector saw that two staff members commenced employment in the centre prior to a vetting disclosure in accordance

with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 being available. This is not in line with good recruitment practices and did not safeguard residents.

Judgment: Not compliant

Regulation 23: Governance and management

The inspectors found that the designated centre was not adequately resourced, as evidenced by nursing and cleaning staff shortages outlined under Regulation 15 staffing.

The management structure was not clearly defined, arising from gaps in the management structure, as the clinical nurse manager position was vacant. This impacted on the governance and management of the centre and the supervision and oversight of the care provided to residents.

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by the following:

- While there was an audit schedule in place, a number of audits, such as care planning had not been completed in the previous six months. Inspectors were not assured that there was effective oversight of resident's assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan.
- Recruitment processes required strengthening as detailed under Regulation 21 records.
- Oversight of training and staff development required strengthening in relation to infection control, care planning and wound care management for residents as detailed under Regulation 16; Training and staff development.
- Oversight of incidents that required notification to the Chief inspector required action; as there was non-notification of a number of issues, as required under Regulation 31; Notification of incidents.
- Clinical indicators had not been collated in the previous eight months.
- An immediate action was issued to the provider on the day of inspection with regard to fire precautions as outlined under Regulation 28; Fire Precautions.
- There were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to monitor quality and safety of the service.
- Accurate surveillance of infection and MDRO colonisation was not undertaken. As a result accurate information was not recorded in care plans and appropriate infection control measures were not in place when caring for

these residents.
Judgment: Not compliant
Regulation 31: Notification of incidents
<p>While a record of incidents occurring in the designated centre was maintained, a number of incidents that required three day notification had not been reported to the Chief inspector as set out in the regulations:</p> <ul style="list-style-type: none"> • an incident relating to a resident sustaining an injury in the centre that required medical assessment and treatment. • two allegations in relation to safeguarding.
Judgment: Not compliant
Regulation 34: Complaints procedure
<p>The complaints procedure was displayed in the centre. Residents who spoke with the inspectors were aware how to make a complaint. An inspector reviewed a sample of complaints and found that complaints were reviewed and investigated in line with the centre's policy.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.</p>
Judgment: Compliant
Quality and safety
<p>Overall, the findings of this inspection were that the impact of the inadequate governance and management of the service directly impacted on the quality of care</p>

provided to residents. The high levels of non-compliance found on inspection posed a risk to the safety and well being of residents, in particular in relation to care planning, wound care management, infection control and fire precautions.

Residents had good access to medical care with a local general practitioner attending the centre, once a week, to review residents as required. Residents were also provided with access to other health care professionals, in line with their assessed need. Residents who were end of life, were supported by the community palliative care team, who attended the centre, when required. Residents had good access to physiotherapy, dietitian and speech and language therapy services as required. Residents had access to expertise in tissue viability for wound management when referred.

The volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre and prophylactic prescriptions were regularly reviewed, which is good practice. However, the overall antimicrobial stewardship programme also needed to be further developed, strengthened and supported in order to progress. From a review of a sample of residents' records, action was required in relation to the management of wounds to ensure a high standard of evidenced based nursing practice. A review of a wound assessments found that they were not appropriately maintained to enable staff monitor wound progression and frequency of dressing changes information. Wound cleansing practices required review. These and other findings are outlined under Regulation: 6 Health care.

Residents assessments and care plans were maintained on an electronic system in the centre. Residents' social and health care needs were assessed using validated tools, which informed care planning. A daily narrative of residents' status was recorded by day and night duty staff. The inspectors reviewed a sample of care plans and found that significant action was required to enhance recording of care plans. Action was required to ensure that all residents residing in the centre had care plans in place within 48 hrs of admission and they were updated as per regulatory requirements. The review of care plans also found that accurate information was not recorded in resident care plans to effectively guide and direct the care of residents with urinary catheters and residents that were colonised with MDROs. These and other findings are outlined under Regulation 5; Individual assessment and care plan.

Records reviewed by the inspectors showed that bed rails were individually risk assessed prior to use. Restraints were regularly checked when in use.

The National Transfer Document and Health Profile for Residential Care Facilities was used, when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, the person in charge had not ensured that all relevant information regarding the returning resident's infection and colonisation status was recorded in residents assessments and care plans when residents were transferred to the centre from hospital. Findings in this regard are presented under Regulation 25; Temporary absence or discharge

of residents.

The inspectors saw that in general, residents' bedrooms were visibly clean and residents who spoke with inspectors reported that their rooms were cleaned on a daily basis. A number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the implementation of standard infection control precautions including equipment and environmental hygiene and sharps safety. Findings in this regard are presented under Regulation 27; Infection Control.

The provider had a risk management policy in place that met the requirements of the regulation. A risk register was in place to record clinical and non clinical risks. From a review of the emergency response plan for the centre, the inspectors were not assured that the plan in place should a loss of power occur in the centre was effective. This is outlined under Regulation 26; Risk management.

The inspectors saw that action had been taken in relation to fire drills and simulations in the centre and these were conducted regularly to ensure that staff, were competent and confident with evacuation practices, should a fire occur in the centre. Residents had personal emergency evacuation plans in place that were updated regularly. Evacuation floor plans were displayed in the centre and staff were up-to-date with fire safety training. Fire fighting equipment records indicating that these were serviced annually, were available. However, an inspector saw that one of the emergency exits from the centre was not clear and an immediate action was issued and actioned by the provider on the day of inspection. These and other findings are detailed under Regulation 28; Fire precautions.

Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The provider generally maintained the premises in a satisfactory state of repair. However, further action was required to ensure compliance with Regulation 17: Premises and Schedule 6 of the regulations. For example;

- Laminate surfaces on some furniture was visibly damaged. This compromised effective cleaning.

- Some of the flooring in the centre was worn in corridors and toilets.

Storage in the centre required review as evidence by the following;

- The oratory was cluttered with equipment.
- Inappropriate storage of PPE stock was observed within two communal bathrooms.
- Staff lockers were located within the same room as the main fridge freezer in the basement. Storage of personal belongings in food storage areas may lead to cross contamination.

There was a strong smell of smoke in the communal areas surrounding the smoking room as the door to this room was recurrently left open during the day.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation identified ineffective communication systems relaying current resident's infection and colonization status and associated health care requirements on admission to the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

The inspector saw that the plan in place for responding to major incidents such as loss of power in the centre was not detailed enough to guide staff as to how to access an emergency generator. The provider assured the inspector that this would be addressed following the inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

Equipment and the environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- The housekeeping room was visibly unclean. Mould was observed on cleaning

products and hand hygiene supplies. Both cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.

- A chlorine based disinfectant was used as part of routine cleaning when there was no indication for its use. Furthermore stocks of chlorine had passed its expiry date with may impact its effectiveness.
- Staff informed inspectors that they manually decanted the contents of urinals into the toilets and manually rinsed in the sluice sink prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Inspectors were informed that resident's in twin bedrooms shared wash basins rather than having their own individual basin. This practice will increase the risk of cross infection.
- A resident colonised with CPE did not have their own en-suite toilet and bathing facilities as per national guidelines. This increased the risk of cross transmission.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Staff informed inspectors that if samples required refrigeration they would be stored within the a fridge in the kitchenette. This posed a risk of cross-contamination.
- The provider had not yet substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury

A separate sink for washing equipment was not available within the sluice room. Inspectors were informed that the sluice sink had dual function. Using sinks for disposal of waste and the cleaning of equipment significantly increased the risk of cross contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire as evidenced by the following findings;

- The inspectors saw that equipment such as a sink and a hard rock sheet, that had been removed during renovations in the centre, were stored outside an emergency fire exit and may risk obstructing the route, in the event of a fire. The provider was given an immediate action to remove the obstruction and this was actioned at the time of inspection.
- A hoist was stored and charged at the top of the first floor stairs and was a risk of obstructing an escape route.
- Ironmongery on two upstairs compartment fire doors had lock holes in them that may allow the escape of smoke in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A comprehensive nursing care plan not been completed for one resident within 48 hours of their admission to the designated centre. This resident had been admitted to the centre two weeks prior to the inspection.
- Several re-assessments were not completed on a four monthly basis as required by regulations.
- One care plan did not have the correct resident's name in the narrative daily progress notes
- care plans were not sufficiently detailed to guide staff to ensure the religious needs of residents who were end of life were met. For example, it was not easy to locate in a resident's records if they had received the sacrament of the sick.
- Urinary catheter care plans were generic and did not provide sufficient detail to guide and direct staff in the safe and effective management of residents with indwelling urinary catheters.
- MDRO care plans did not provide sufficient detail to guide and direct staff in the safe and effective management of residents with a history of MDRO colonisation

These findings could lead to errors in care provided to residents.

The inspectors were not assured that a comprehensive assessment was completed prior to admission for residents with health associated infection and MDRO colonisation:

- A locally developed pre-assessment form did not contain a comprehensive section to document details health care associated infection and MDRO colonisation. Only vaccine history and MRSA colonisation status was listed on the form. Omissions of critical information including blood borne virus status and Vancomycin-resistant Enterococci (VRE), Extended Spectrum Beta-Lactamase (ESBL) and Carbapenemase-Producing Enterobacterales (CPE) colonisation status during assessment may mean appropriate infection control measures may not be in place when caring for all residents.

Judgment: Not compliant

Regulation 6: Health care

Inspectors saw that evidence-based nursing care, as required by the regulations, was not consistently provided. For example, wound care was not undertaken in line with evidence based practice. From a review of residents records of two residents' who had wounds, clinical measurements and assessment of the wounds documented in care plans to show improvement or deterioration of wounds were not consistently completed and therefore it was difficult to assess the effect of treatment or requirement for change of dressing or treatment regime. Furthermore wound cleaning agents in use were not in line with recommended guidance.

The overall antimicrobial stewardship programme needed to be further developed and strengthened in order to support good antimicrobial stewardship practices within the centre. For example, staff were not engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Staff were provided with training to support residents who had responsive behaviours. It was evident to the inspector that the person in charge monitored the number of bed rails in use in the centre and was working to reduce the number where possible.

Judgment: Compliant

Regulation 9: Residents' rights

The centre employed an activity co-ordinator who engaged in one-to-one and small group activities with residents. On the day of inspection, this staff member did one-to-one activities such as art work, playing games and facilitated a small group of residents to play a bingo game. In the afternoon, an external musician played and sang old time songs on a keyboard. Regular resident meetings were held in the centre and minutes showed issues such as food choices and activities were raised and discussed, and followed up in subsequent meetings. Voting arrangements were in place for residents to vote in the upcoming referendum.

Judgment: 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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0042679

Date of inspection: 29/02/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: One staff nurse has now been rostered for 9am to 9pm and second nurse from 8am to 8pm. We have been in contact with recruitment agency and we are in process of filling the nursing vacancy.</p> <p>Regarding the cleaning staff, we have reviewed their schedules and we feel we need to put in place a more efficient plan to ensure residents rooms are all deep cleaned. This will be done by May 1st 2024.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Wound management training has now taken place and all staff have received certificate for this. • With regards to Epic-care care planning we have contacted the trainer from an external training company to come and give training to all nursing staff regarding this. • Big improvements have taken place with regards updating care plans and this should be fully in place by May 20th 2024. • Training has taken place with all cleaning staff with regards decontamination and cleaning by our external trainer. 	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: In the future we will ensure that all staff recruited will have garda vetting disclosure prior to commencing employment in Blair's Hill Nursing Home.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A CNM1 has now been appointed to work 20 hours per week to assist the Person in Charge with governance and management.</p> <ul style="list-style-type: none"> • The CNM1 will have a specified job description for her duty. As part of her role is to ensure that the audits are carried out as per schedule. • The recruitment process will ensure that in the future all staff recruited will have full documentation in place before commencing duties in Blair's Hill Nursing Home. • From now the CNM1 will help to ensure staff training will take place according the requirements. • We have reviewed the regulations in relation to notification of incidents to the Chief inspector and we are now more aware of the need to notify all relevant incidents. • With regards to fire precautions as outlined in Regulation 28, all the not compliant are now in line with the Regulation. • A new pre-admission assessment has been put in place to ensure compliance with National Standards for infection prevention and control. • A new system to accurately monitor surveillance of infection and MDRO colonization has been put in place. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We have reviewed the Regulation in relation to notifications and we are now more aware of the need to notify all relevant incidents.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Laminated surfaces that were visibly damaged are now being refurbished and some furniture are being replaced. This will be completed by end of June 2024. • The worn flooring in corridors and toilets are now being renovated and this will be completed by end of August 2024 • The oratory has been decluttered and cleaned up. • Staff lockers have been removed from the basement where the fridge freezer was located. • From now on the door to the smoking room will be kept closed. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>With regards staff management regarding infection and colonisation status, a section will be set up in the Infection Control in Epic Care that will ensure effective communication for all staff who will have direct access to management regarding infection and colonisation status of each resident. Also a format has been put in place stating residents colonization status.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>An emergency generator has been ordered and will be in place at end of October2024</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The housekeeping shed has been revamped and is now in good condition, tidy and clean.
- All stocks have been reviewed and all out of date products have been disposed of safely and all cleaning staff have had training regarding use of chlorine based products and cleaning in general.
- Each resident in the twin rooms have now their own wash basin for washing.
- In the future the contents of the urinals will be decanted in the sluice which reaches a temperature 80C for one minute.
- The resident colonized with CPE has now been transferred, with her consent, to single ensuite room.
- The dedicated specimen fridge has been ordered and will be in place by 12th April.
- We have now ordered protected needles and will only use these in the future.
- The washing equipment sink in sluice room is already in place

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All the renovation equipment has been removed from outside the fire exit and awareness of the importance of this has been communicated to all staff.
- Hoist is now stored with other hoist downstairs and all staff have been made aware of this.
- The lock holes in compartment fire doors have been fixed.

Regulation 5: Individual assessment and care plan

Not Compliant

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

We have reviewed care plans with all nursing staff to ensure they are all aware of the Regulations in keeping with these. We have now updated all the care plans and improved the review system. A CNM1 has now been appointed to work 20 hours per week and she will ensure the care plans are updated and in keeping with regulations. All care plans audits are almost completed and will be fully completed by 30th April 2024. Our newly appointed CNM1 will ensure that the re-assessments will take place in a timely manner.

- All care plans have residents full name. Nurses are aware of this now.
- A new format for when each resident has received the sacraments of the sick has been

devised. and this will be maintained in Daily Report Log and updated each time a resident receives the sacraments.

- Care plans for catheter care have been reviewed and discussed with the nursing staff and a more effective care plan has been devised.
- A new system has been put in place to guide staff in a more detailed, safe and effective management of MDRO colonization.
- A new pre-admission form is now in place. We have discussed this and all staff are now aware of the need to ensure this.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The nurses have since all partook in wound management training. The training included wound cleaning agents. We also had meeting with nurses to ensure they are aware about the requirements of wound assessments to ensure whether wounds have improved or deteriorated when recording in care plans.

With regards to antimicrobial stewardship we have had meeting with the staff to discuss this. Each nurse has received information leaflets regarding it and now understand the use of "skip the dip" as opposed to dipstick urine testing as this may not be accurate.

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.	Not Compliant	Orange	30/06/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2024
Regulation 21(1)	The registered	Not Compliant	Orange	08/04/2024

	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.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	08/04/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	08/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	05/03/2024
Regulation 25(2)	When a resident	Substantially	Yellow	08/04/2024

	returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	30/10/2024
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.	Not Compliant	Red	05/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Orange	08/04/2024

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	29/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	08/04/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	08/04/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Not Compliant	Orange	30/04/2024

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Red	05/03/2024