



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

## Issued by the Chief Inspector

Name of designated centre:	Blake Manor Nursing Home
Name of provider:	Rushmore Nursing Home Limited
Address of centre:	Ballinderreen, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0037810

## About the designated centre

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

Blake Manor Nursing Home is a historic three-storey building which was refurbished by the provider in 2008. It is located in a rural area outside the village of Ballinderreen in County Galway. The centre is currently registered to provide care to 39 residents. The living and accommodation areas are spread over three floors. The floors are serviced by an accessible lift. The centre comprises of 27 single rooms and six twin rooms. The twin rooms were large and allowed for free movements of residents and staff, hoists and other assistive equipment and dividing curtains to ensure privacy for personal care. The top floor accommodates 18 residents, the ground floor 15 residents and the lower ground floor six residents. The centre caters for individuals who require long term, respite or convalescent care. The centre provides accommodation to both male and female residents. The service caters for the health and social care needs of residents with low to maximum dependency.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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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
Thursday 1 September 2022	10:00hrs to 17:55hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were very well cared for and very well supported to live a good quality of life by a dedicated team of staff who knew them well. Feedback from residents was that they were very satisfied with their lives in the centre. The staff were observed to deliver care and support to the residents which was kind and respectful and in line with their assessed needs. The inspector observed a lot of good practice on the day and regulatory compliance was found across most regulations assessed.

This unannounced inspection was carried out over one day. There were 39 residents accommodated in the centre on the day of the inspection and no vacancies.

Following an introductory meeting, the inspector completed a tour of the designated centre accompanied by the person in charge. Blake Manor Nursing Home was three-story Georgian house situated in a rural area outside the village of Ballinderreen in County Galway. The centre provided accommodation for 39 residents and comprised of 27 single rooms and six twin rooms. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The living and accommodation areas were spread over three floors which were serviced by an accessible lift. There were a variety of communal areas for residents to use depending on their choice and preference including sitting rooms, a dining room, a library and a reception area. All communal rooms were bright and spacious areas with comfortable furnishings and domestic features which provided a homely environment for residents. Bedrooms were suitably styled with many residents decorating their rooms with personal items. There was sufficient space for residents to live comfortably, which included adequate space to store personal belongings. There was a sufficient number of toilets and bathroom facilities available to the residents. The laundry facility was a large well-ventilated area with a clear one way system to maintain segregation of clean and dirty linen. The centre was bright, warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

Residents had access to variety of outdoor seating areas which were decorated with seasonal plants and garden furniture. The inspector observed a number of residents and their visitors outdoors enjoying the good weather throughout the day of the inspection.

There was a designated outdoor smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting equipment.

The inspector interacted with a large number of the residents and spoke in detail

with a total of nine residents on the day of the inspection. Residents' feedback provided an insight of their lived experience in the centre. Residents told the inspector that they were well cared for and that they felt safe in the centre. One resident told the inspector that the staff were very good to them. Another resident told the inspector that they loved the centre and that it felt like home to them. Other residents told the inspector that they were always provided with assistance when they needed it and that the staff were always very kind to them. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The inspector also spoke with one visitor who was very satisfied with the care and support received by their loved one.

Throughout the day, the inspector observed that staff were busy attending to the needs of residents in the various areas of the centre. The majority of residents were up and about on the day, and were observed in the various communal areas. Residents sat together in the sitting rooms watching TV, reading, chatting to one another and staff. A number of residents were observed moving freely around the centre and interacting with each other and staff. Other residents chose to spend time in their own bedrooms. Friendly conversations and laughter could be overheard throughout the day in the various areas of the centre. The hairdresser was in the centre on the day and a number of residents were observed enjoying their trip to the salon. The inspector observed that the provision of care was relaxed and unhurried and that staff engaged in kind and positive interactions with residents. Residents were seen to be happy and content as they went about their daily lives and it was evident that residents were supported by the staff to spend the day as they wished. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. The inspector observed the activities co-ordinator provide activities on the day, including a lively game of bingo in the afternoon which a number of residents participated in and appeared to enjoy. A number of residents told the inspector that there was plenty to do in the centre. There was an activities schedule in place seven days a week and residents told the inspector that they were free to choose whether or not they participated.

Residents were provided with a range of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were very complimentary about the food in the centre. On the day of the inspection, the inspector observed residents having meals at various times of the day depending on their preference. During the lunchtime period, the majority of residents had lunch in the dining room. Food was freshly prepared in the centre's own kitchen and the chef served the meals to the residents. Food was observed to be well presented and there was a good choice available. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat

happily together throughout the lunchtime meal and all interactions were respectful.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in August 2021.

The inspector found that this was a well-managed centre. The governance arrangements were well organised and resourced to ensure that residents were facilitated to have a good quality of life. The quality and safety of the service provided was of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The management team was observed to have strong communication channels and a team-based approach. The provider had addressed the majority of actions required following the last inspection.

There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge facilitated this inspection and they demonstrated a clear understanding of their role and responsibility. The person representing the provider was also involved in the day-to-day operation of the centre and provided a high level of management support to the person in charge. The person in charge was also supported in their role by a senior nurse and a full complement of staff including nursing and care staff, activities staff, housekeeping staff, catering staff, and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Both the person in charge and the provider representative were well known to the residents and were observed to be a strong presence in the centre.

There were sufficient resources in place in the centre to ensure effective delivery of high quality care and support to residents. The residents benefited from continuity of care from a stable and dedicated team of staff who knew them well. Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents. The person in charge provided clinical supervision and support to all the staff.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

The provider had systems in place to ensure the records set out in the regulations were available, safe and accessible. However, the inspector found that action was required to ensure full compliance this will be discussed further under Regulation 21: Records.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

The provider had good systems of monitoring and oversight of the service in place. There was a schedule of audits in place which reviewed areas of the service such as falls management, medication management, wound management, infection prevention and control, and housekeeping services. Information in relation to key aspects of resident care was collected and reviewed on a monthly basis and included data in relation to antibiotic usage, falls, wounds, medication, weight loss, hospital admissions and other significant events. Where areas for improvement were identified, action plans were developed and completed.

Risk was found to be effectively managed in the centre. The centre had an up-to-date risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. The provider had developed an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified in line with current public health guidance.

There was evidence that there was effective communication with staff in the centre. Regular management team meetings had taken place in the centre. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed including staffing, renovations, clinical issues, risks and activities. The management team communicated with staff on a daily basis and also via email regarding issues such as resident care, COVID-19 and audit results.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.



### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Four staff files were reviewed and found not to have all the required information as set out in Schedule 2 of the regulations. For example, two files did not contain the required up-to-date employment history and one file had two different addresses for the member of staff.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

The person in charge carried out an annual review of the quality and safety of care in 2021 which included a quality improvement plan for 2022.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services in line with regulatory requirements.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

The inspector found that residents living in this centre received high quality care and support which ensured they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the service and confirmed that their experience of living in the centre was positive. Observations on the day of the inspection found that residents' wellbeing and independence were promoted. Care delivery was observed to be evidence-based and person-centred. Staff were respectful and courteous with residents.

The inspector was assured that the care delivered to the residents was of a good standard and that staff were knowledgeable about residents care needs. Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. The inspector reviewed a sample of four residents' files as part of the inspection process and found that, overall, care plans that were in place were holistic and contained person-centred information. However, some care plans were not appropriately updated and some action was required to ensure care plans were developed in line with regulatory requirements. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by activity co-ordinators. It was evident that residents were supported by staff to spend the day as they wished. A number of residents described how they preferred to spend their days and they told the inspector that their personal choices were respected by staff. Residents were provided with opportunities to consult with management and staff on how the centre was run. Resident meetings were held and resident satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

All areas of the centre were observed to be very clean and tidy and the premises was generally well maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use. While the inspector observed a small number of areas of décor that required repair, it was noted that ongoing redecoration and refurbishment of the centre was included in the quality improvement plan for 2022. It was identified during the previous inspection that there was no dedicated housekeeping room in the centre and the provider's compliance plan had included an action to review this issue. On the day of the inspection the inspector found that housekeeping arrangements remained unchanged. The provider informed the inspector that the review of these arrangements was ongoing at the time of the inspection.

There was a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities).

Fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. The inspector noted that at the time of the inspection, work was ongoing to address remedial actions required following a fire door assessment carried out after the previous inspection.

## Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

## Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

## Regulation 17: Premises

There were a small number areas in the centre that did not meet the requirements of regulation 17. This was evidenced by;

- a number of en-suite facilities in twin bedrooms did not have sufficient storage facilities available for residents' personal property resulting in residents' toiletries stored in open shelving in close proximity to toilets which was a risk of cross contamination
- there was no dedicated housekeeping room in the centre. One area of the laundry room was used by housekeeping staff to prepare cleaning products and to store housekeeping trolleys. This arrangement increased the risk of environmental contamination and cross infection.

This is a repeated non-compliance from the previous inspection.

Judgment: Substantially compliant

## Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

### Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were developed and reviewed in line with the assessed needs of the residents and as required by the regulation. For example;

- one resident's care plan was not developed within 48 hours of their admission
- one resident did not have a care plan in place despite living in the centre for two months
- one care plan did not contain up to date information regarding a resident's weight management and dietary requirements

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Blake Manor Nursing Home OSV-0000390

Inspection ID: MON-0037810

Date of inspection: 01/09/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: An audit of all staff files is currently taking place to ensure compliance with regulation 21. Remedial action will be taken where found to be required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The majority of en suites have now been fitted with storage cabinets. We are in the process of sourcing suitable bathroom cabinets for the remaining shared en suites.</p> <p>A separate housekeeping room is under review along with other renovation plans. The availability of contractors to carry out the work is proving to be very challenging. This remains an ongoing issue which we are continuing to work on currently.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Regulation 5 (3) - Care plan now in place to guide care for resident.</p>	

Regulation 5 (4) - A Regular Care Plan & Assessment Audit is being initiated and will be ongoing. Results of the audit will be communicated to Nursing staff to ensure assessment and care plan reviews are conducted and documented in a timely manner not exceeding 4 months.

New Admissions - Assessments & Care Plans will be audited within 48 hours of admission to ensure compliancy.

## 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 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	01/03/2023
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.	Substantially Compliant	Yellow	01/11/2022
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	Substantially Compliant	Yellow	26/09/2022

	admission to the designated centre concerned.			
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	01/11/2022