

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blackrocks Nursing Home
Centre ID:	OSV-0000321
Centre address:	Foxford, Mayo.
Telephone number:	094 925 7555
Email address:	blackrocknursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blackrocks Nursing Home Limited
Provider Nominee:	Michael Maloney
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	9

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 October 2014 12:00	15 October 2014 18:30
16 October 2014 10:30	16 October 2014 19:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and staff files.

There were issues identified during the inspection relating to safeguarding and safety, risk management, incident reporting, medication management, the complaints process, privacy, food and nutrition and management of personal property. A fire safety risk was identified during the inspection which, when brought to the attention of the person in charge, was immediately addressed.

Evidence of good practice was found in other areas of the service. The building was warm, clean, comfortable and well maintained. There was a variety of communal spaces available to residents. Residents had good access to general practitioners and health care professionals. The staffing levels and skill mix were adequate to deliver care and residents' health and social care needs were well met. The required records were available and suitably maintained.

The person in charge and provider stated at the feedback meeting that the issues outlined would be addressed.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was an up to date statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided. Copies of the statement of purpose were displayed in the reception area and were available to residents and visitors.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. All members of the management team worked in the centre daily and were well known to staff and residents. However, some improvement to the management and supervision of health care and environmental systems was required. These are further discussed in outcomes 7, 8, 9, 10, 13, 15, 16 and 17 of this report.

The person in charge was committed to improving the quality of service for residents with dementia and since the last registration inspection she and the provider had carried out improvements to the decor in the building, including a mural of a local scene in a sitting room and the colour coding of corridors to make rooms more recognisable to residents. They had further plans, such as the development of a sensory therapy room and additional activity training for the activity co-ordinator and a care assistant. The provider and person in charge had also improved residents' access to health care professionals since the centre was last registered.

There were no resource issues identified on this inspection that would impact on the effective delivery of care in accordance with the statement of purpose.

Judgment:
Non Compliant - Minor

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had ensured that there was information about the service and the centre available to visitors. There was an information guide which met the requirements of the Regulations, available to residents and visitors.

The provider confirmed that each resident had a contract of care which had been agreed and signed on admission to the centre. The provider had recently reviewed and revised the contract to more clearly indicate the services that were included in the fee and those that required additional payment. He planned to supply the updated version of the contract to all newly admitted residents. The inspector read a sample of completed contracts of care and found that they were suitably agreed and signed.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in nursing older people. She maintained her professional development and attended mandatory training required by the Regulations. She attended clinical courses such as nutrition, the use of restraint and wound care. She completed a course in health care for older person in 2012 and planned to enrol in a post graduate diploma in health science early in 2015. During the inspection she outlined plans in place to further improve the service.

The person in charge was present in the centre on week days. Families confirmed in questionnaires returned to the Authority that they frequently met with her and were well informed of their relatives' care.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were systems in place to maintain complete and accurate records which were stored securely and easily retrievable, although improvement was required to some policies.

Operational policies were in place to inform practice and provide guidance to staff and were reviewed annually by the management team. Medical records and other records, relating to residents and staff, were available and were securely stored. Appropriate insurance cover was in place with regard to accidents and incidents, public liability and residents' personal property. The directory of residents was up to date and contained all the information required by the Regulations.

The inspector read a sample of staff files and found that all the information required in the Regulations was available.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to make notification to the Authority for the prolonged or unexpected absence of the person in charge. To date this had not been necessary. There were suitable plans in place to manage any such absence. There was an assistant director of nursing, who deputised when the person in charge was not present.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the management of elder abuse and found that improvement was required in relation to the abuse policy, knowledge and understanding of elder abuse and management of behaviours that are challenging.

There was an elder abuse policy, which detailed the process for detecting and reporting elder abuse the investigation of an allegation of abuse, but did not provide sufficient guidance in all aspects of investigating suspicions or allegations of abuse. For example, the policy did not provide adequate guidance on responding to an allegation in terms of the care and support of the suspected abused person and the status of the alleged abuser.

The provider stated and training records indicated that all staff received training in the detection, reporting and responding to allegations of abuse and staff confirmed that this was the case. However, the person in charge and her deputy were not clear on how an allegation or suspicion of abuse would be investigated.

There was an informative restraint policy based on the national policy, which guided staff on various aspects of restraint management such as assessment and consent for use of restraining devices such as bed rails and lap belts. The inspector viewed some bed rail assessments which included the reasons for the use of bed rails and identified if there were any risks associated with their use. However, there was no documented evidence that suitable alternatives had been considered before the introduction of bed rails. The person in charge had developed a schedule for staff to regularly check on residents while bed rails were in use and staff recorded these checks.

Adequate processes were not in place to manage behaviours that were challenging to protect all residents as required. While there was an informative policy to guide this area of care, behavioural charts had not been initiated or care plans developed in line with the guidance of the policy. Staff had received up to date training in management of behaviours that challenge.

Judgment:

Non Compliant - Major

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

While there were procedures were in place to promote the health and safety of residents, staff and visitors, improvements were required in the emergency plan, risk

identification and the smoking room.

The building was of safe construction, with handrails in communal areas to assist residents to walk independently. Doors into areas where hazardous substances were stored such as the laundry, sluice and clinical room were securely locked.

The inspector reviewed the risk management policy. While it was generally in line with the requirements of the Regulations, some of the guidance it contained was generic and was not relevant to the centre. There was a health and safety statement incorporating a risk register that contained clinical and non clinical risk assessments along with control measures to manage them.

The inspector found that there were some immediate risks evident in the centre:

- a laundry trolley was stored in a corridor where it could obstruct residents while walking,
- some fire doors were held open with pieces of furniture.

These issues were brought to the attention of the person in charge who promptly addressed them. The provider explained that he had identified the need to fit automatic closing devices on all bedroom doors and planned to have this work completed in the near future.

There was a centrally located smoking room available for use by residents who wished to smoke. There were no combustible materials kept in this area. The provider had installed a well mounted, cigarette lighter panel that increased the safety of residents and eliminated the need for matches. However, there were some improvements required in the smoking area. At times during the inspection the door into the smoking room was kept open which increased the fire safety risk in the event of a fire, as well as allowing the spread of environmental tobacco smoke into adjoining areas. In addition there was no call bell in the smoking room for residents to alert staff in the event of an emergency.

All staff had received training in moving and handling and there were sufficient hoists available for use. Hoists were serviced twice each year and service records confirmed that they were in good working order. The physiotherapist, who worked in the centre, had carried out detailed manual handling assessments on all residents and had prepared clear manual handling guidance charts for each individual. These were retained in discreet but accessible locations in bedrooms.

Staff received annual fire training by an external company, and staff who spoke with the inspector were clear about what to do in the event of a fire. In addition, all the management team and some nursing staff had received fire warden training.

Fire safety records showed that all fire equipment, including extinguishers, alarms and emergency lighting, had been regularly serviced. Regular internal fire safety checks were being undertaken, including checks of fire alarm system and automatic door releases, escape routes and fire exits. Fire evacuation orders were displayed in different parts of the building.

There were systems in place to control the risk of spread of infection in the centre and there was an infection control policy to guide staff. The inspector spoke with a member of the housekeeping staff who was clear about her responsibilities. She explained the colour coded cleaning system that was in use, showed the inspector a plentiful supply of suitable cleaning materials and described cleaning methods to be used in the event of an infectious outbreak.

The emergency response plan provided some direction in the management of emergencies but required further development, as the information provided was not sufficiently detailed to guide staff.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There was some evidence of good medication management practice. However, improvement was required regarding the management of medication requiring strict control (MDA), the administration of crushed medication and recording the administration of medication.

The inspector read a sample of completed prescription and administration charts and saw that they were well recorded. Written evidence was available that three-monthly medication reviews were carried out by general practitioners (GPs). Support and advice was available from the supplying pharmacy. Some residents required their medication crushed but there was no process in place for the identification of medications which were suitable for crushing. The GP had not prescribed these medications for crushing and there was no other information available to specify which medications were suitable for crushing. Nurses were, therefore, administering some crushed medication which had not been prescribed as such by the GP. This posed a risk that some medications could be crushed which were not suitable for this process.

Recording of medication administration times required improvement. Times of administration were not recorded for medication given to residents in the mornings, which posed a risk of medication error. Administration times were recorded at other times of the day.

MDAs were securely stored in a locked cabinet. There was a register of MDAs in which nurses recorded the administration of MDAs. They checked the stock balance at the time of administration and recorded the outcome. However, the stock balance was not checked by two nurses at the change of each shift as required by nursing professional guidelines. The inspector counted a sample of this medication and found that the balance was correct. A lockable fridge was provided for medications that required specific temperature control and this was monitored daily. Other medication was securely stored in two medication trolleys which were lockable and were securely stored when not in use. Each resident's medication was supplied by the pharmacist in pre-measured sealed packs. Each pack had descriptions and colour pictures of each medicine as well as a picture of the resident. This reduced the risk of medication error.

Judgment:

Non Compliant - Major

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Although the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents, this had not been carried out consistently. While staff kept a record of all incidents occurring in the centre the inspector found that none of the serious accidents occurring in 2014 had been notified to the Chief Inspector.

To date the person in charge had submitted all quarterly notifications to the Chief Inspector.

The inspector saw that relevant details of each incident were recorded in the incident register.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector found that residents' healthcare needs were well met. Residents had access to GP and healthcare professionals and there were levels of recreational opportunities and social inclusion provided to all residents. Residents' healthcare needs were assessed and monitored and informative care plans were developed to guide the delivery of care.

Residents had access to GP services and out-of-hours medical cover was provided. A range of health care services was available to residents, including speech and language therapy, occupational therapy and dietetic services. The provider had also employed a part time physiotherapist, who undertook both private and group sessions with residents as well as mobility/manual handling assessments. The inspector reviewed residents' records and found that residents had been referred for these services, results of appointments were recorded and care plans were developed or reviewed accordingly.

Pre-admission and comprehensive assessments were present on the sample of files that the inspector read and the person in charge confirmed that they had been carried out for all residents. Staff had carried out a range of assessments on residents, including skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, end of life, falls risks, risk of developing pressure ulcers, use of bed rails and mobility issues and found that they were completed to a high standard.

The inspector found that residents had a varied and interesting day and that a good level of social care was provided. There was a part time activity coordinator employed who had developed a recreational programme based on each resident's lifestyle, activity, interests, expressed wishes and activity assessment. She was focussed on ensuring that recreational opportunities were meaningful and interesting to all residents, including those with dementia. The schedule included music sessions, singing, arts and crafts, quizzes, ball games and light exercises. The activity coordinator worked in conjunction with the physiotherapist and care staff all of whom were involved in the activity programme. The inspector observed that a supply of daily newspapers, books and magazines and the television was available to residents.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose built in 2000 and was designed to meet the needs of dependent older people. The building was well furnished and was clean, bright and comfortable with ample communal space for residents. All bedrooms had spacious, accessible en suite facilities and there were sufficient additional bathrooms available to residents.

The centre was set in well maintained grounds which included a secure area.

A high standard of hygiene was being maintained in the building. There were ample supplies of hand sanitising gels in corridors for staff, residents and visitors to use.

Maintenance and servicing records viewed by an inspector confirmed that equipment and appliances were in good working order and had been serviced regularly by external contractors. There was a full time maintenance person employed, who was responsible for maintenance and upkeep in the centre.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Practice in relation to complaints management required some improvement.

The procedure for complaints was displayed for residents and it identified the complaints officer.

There was a complaints policy which required some revision as it was not adequate to guide staff. For example, a suitable independent appeals person, to whom complainants who were not satisfied with the initial response to their complaint could appeal, had not been identified. The provider was identified as the person who held a monitoring role to ensure that complaints were responded to.

Details of complaints and their outcomes were recorded in a complaints register. However, the complainant's level of satisfaction with the outcome was not consistently recorded in the register as required by the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

End of life care formed an important part of the care service provided at the centre. There was an end-of-life policy to guide staff. The inspector found that care provided to residents approaching end of life was to a good standard.

There was an open visiting policy and family and friends could be with the resident approaching end of life at all times. There was ample communal and private space and there was a visitors' room with comfortable seating available for relatives who wanted to stay overnight. Tea and coffee making facilities were provided in the dining room which families had access to. Relatives who wished to stay overnight in the centre were offered a vacant room if there was one available.

The person in charge and staff explained that the centre maintained strong links with the palliative care service. This support was accessed by GP referral. GPs also came to the centre regularly to review residents medical care needs. Some staff had received training in end of life care.

Residents' spiritual needs were well met at all times including at end of life. There were links with religious ministers of all denominations. A priest came to the centre every two/three weeks to meet with residents and to celebrate Mass. He was available at other time to support residents at end of life and their families and the Sacrament of the

Sick was administered as required.

The person in charge had taken measures to respect residents' dignity at end of life. The person in charge explained that whenever possible a resident at end of life would be transferred to a single room if there was one available. She stated that since the centre opened this has always been possible. Staff supplied relatives with discreet zipped bags for the removal of deceased residents' belongings and the spiral symbol was displayed when a resident was approaching end of life or when a deceased resident was present in the centre. Bereavement support information was available to families.

The inspector viewed some residents' files and found that informative assessments of residents' end of life wishes had been carried out. Care delivered was suitably documented. No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Improvement was required to the variety of food provided, modified textured meals and the choices of deserts and confectionery for residents with specific dietary needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet manner. Residents who spoke with the inspector were very satisfied with the standard of meals and confirmed that they could have food and snacks at other times.

The inspector visited the kitchen and met with the chef who explained the menu planning process. There was a weekly menu plan, with the same dishes being served on the same days each week. Formal meal choices were not offered each day, although alternatives would be arranged for residents who wanted something else to eat. The chef and person in charge explained that some days a meal that all the residents loved was prepared, such as bacon and cabbage, and on these days a second choice was not offered. Staff visited each resident every morning and discussed meal choices with them to ascertain their preferences.

Up-to-date dietary information supplied to the catering staff by nurses was kept in the kitchen. Some residents required special diets or a modified consistency diet and the inspector found these had not been suitably supplied. These meals were not prepared and served in line with the recommendations of the speech and language therapist. In addition, there was improvement required to the choices of desserts and confectionery for residents on diabetic diets. While these residents were supplied with food suitable for their needs, the choice and variety of deserts and confectionery was limited. A choice of alternative deserts, confectionery and biscuits were not provided. Furthermore, during the inspection, although two meal choices were available, only one of these choices were presented to residents who required modified diets. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup, cakes, fresh fruit smoothies and yoghurt. Before going off duty in the evenings catering staff prepared substantial snacks to be served as a late supper. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night. Residents who required increased nutrition were supplied with nutritional supplements and had their meals fortified with additional nutritious ingredients. The main meals served to residents appeared to be of good quality and residents confirmed that they were tasty and enjoyable.

The inspector observed the dining experience in both dining rooms, which was found to be pleasant and relaxed. Most residents opted to take their meals in the dining rooms, which were well furnished and comfortable, although a small number took their meals in the sitting room. There were sufficient staff present at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents and assisted them appropriately. All residents were suitably seated while dining.

The inspector reviewed a sample of records and found that each resident had a nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files. Daily fluid and food intake was recorded for each resident. In a sample of files viewed residents who had been identified as being at nutritional risks were found to be maintaining stable weights.

Many staff had attended training in nutritional management. There was a nutrition policy to guide staff.

Judgment:
Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall, residents were cared for in a respectful and dignified manner, although there were some environmental issues which could impact on the privacy and dignity of some residents.

Most residents had single rooms but some twin rooms accommodated two residents. The privacy screening in these rooms could not be fully extended around beds to provide maximum privacy to residents as required.

The provider had taken measures to give residents opportunities to express their views on the running of the centre. There was a residents' forum that met each month. An inspector read the minutes of meetings, during which food, laundry, activity and housekeeping had been discussed.

There were no restrictions on visits except where requested by residents. There were arrangements in place for residents to receive visitors in private and a visitors room was available. Residents had access to telephones and televisions were provided in bedrooms and communal areas. A plentiful supply of newspapers was provided each day and many residents were reading newspapers and magazines during the inspection.

Residents' religious and civic rights were supported. There was a church in the centre where residents could go to pray. Mass took place in the church every three weeks, residents had regular prayer meetings and they sang hymns weekly in the centre. Staff could contact the local priest when required and ministers from other religious denominations visited as required. The provider had made arrangements for residents to vote in local and national elections. He ensured that residents who wished to were registered to vote and a polling station was set up in the centre, He also brought other residents out to vote at the local polling station.

Residents had opportunities to participate in activities that were meaningful, purposeful and in accordance with their interests. Each resident had a personal profile developed, which outlined his/her background, family, interests, hobbies and likes. The activity co-ordinator had developed activity plans based on residents' interests and abilities, including residents who preferred not to participate in organised group activity. The range of activities included light exercise, physiotherapy, prayer, singing, quizzes and

ball games.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Adequate provision had not been made for the management of residents' personal possessions. It was the policy of the management team not to take any residents' property or valuables. This is recorded in the centre's policy and had been clearly communicated to residents. Residents were advised not to bring valuables to the centre, otherwise they would be responsible for looking after them themselves. However, there was no secure space in some bedrooms for the safekeeping of residents' belongs and/or valuables. Therefore, some residents had no means of ensuring that their belongings were safe. This did not support residents in retaining some of their treasured possessions when they move into the centre.

There was a laundry in the centre where the washing and care of residents' personal clothing was carried out. Clothing was discretely labelled in order to minimise the potential for loss. Residents and relatives were satisfied with the laundry service provided.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. There were two nurses on duty each day and the person in charge and the director of nursing worked on weekdays. In addition, there were catering, cleaning, administration and maintenance staff employed as well as a physiotherapist and activity co-ordinator who both worked part time. The staff rota, however, did not accurately reflect all persons involved in the staffing of the centre. and this is further discussed in outcome 5.

The inspector reviewed a sample of staff files and found recruitment practices were in line with the requirements of the Regulations. There was a recruitment policy to guide practice.

Training records indicated that staff had attended training in nutrition, end of life care and care of residents with behaviours that challenge in addition to mandatory training.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Blackrocks Nursing Home
Centre ID:	OSV-0000321
Date of inspection:	15/10/2014
Date of response:	02/12/2014

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Governance and management systems were not fully effective in ensuring consistent management and supervision of health and environmental care.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

All actions for Regulation 23(c) are fully discussed under the appropriate outcomes below. Every effort is been made to ensure that our centre is fully compliant with all regulations providing the best possible service available for all of our residents.

Proposed Timescale: 02/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The staff duty roster did not accurately reflect all persons involved in the staffing of the centre.

Action Required:

Under Regulation 21(1) you are required to: 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.

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

All staff will be documented in their appropriate roles at all times on the working roster. The proprietor will be added to the roster for his working hours. When filling in for nurses the ADON will be documented as 'staff nurse' for the relevant days. The most recent roster has been attached.

Proposed Timescale: 03/12/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Behavioural charts had not been initiated or care plans developed for residents with behaviours that challenged in line with the guidance of the policy.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All residents with challenging behaviour will have person centred, relevant, behavioural care plans activated for them, which will be updated when required.

Behavioural Charts are been developed for use in challenging situations. A first draft of our behaviour chart has been attached.

Proposed Timescale: 05/12/2014

Theme:

Safe care and support

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

There was no documented evidence that suitable alternatives had been considered before the introduction of bed rails.

Action Required:

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

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

The 'Bed Rail Assessment Chart' is updated to specify the alternatives considered before bed rails were used for each resident requiring/requesting bed rails. A copy of this has been attached

Proposed Timescale: 04/12/2014

Theme:

Safe care and support

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

The elder abuse policy did not provide sufficient guidance in all aspects of investigating suspicions or allegations of abuse.

The person in charge and her deputy were not clear on how an allegation or suspicion of abuse would be investigated.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The current abuse policy is been edited to ensure maximum guidance in all aspects of abuse.

The PIC and ADON will have a full and thorough understanding of all abuse procedures as per the new policy and comply with same as required

Proposed Timescale: 10/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some of the guidance in the risk management policy was generic and was not relevant to the centre.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The risk management policy is currently been edited to ensure it is specific and relevant to this nursing home's specific requirements

Proposed Timescale: 12/12/2014

Theme:

Safe care and support

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

The emergency response plan did not provide sufficient information to guide staff in the event of an emergency.

Action Required:

Under Regulation 26(2) you are required to: 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.

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

The emergency plan will be reviewed to ensure that it provides clear and concise information for all staff to follow in the event of an emergency.

The emergency plan team will be clearly highlighted and a backup team to cover in the unlikely case of all team member absences.

Detailed influenza guidelines policy will be included in the emergency plan as discussed.

The well water used in the event of H2O shortage is only used for shower and wastewater. It is NOT used for human consumption

Proposed Timescale: 19/12/2014

Theme:

Safe care and support

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

At times the door into the smoking room was kept open which increased the fire safety risk in the event of a fire, as well as allowing the spread of environmental tobacco smoke into adjoining areas.

There was no call bell in the smoking room for residents to alert staff in the event of an emergency.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The door is closed at all times during the day.

Call bell has been arranged for insertion in the smoke room for the new year

Proposed Timescale: 15/01/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

The stock balance of medication requiring strict control was not checked by two nurses at the change of each shift as required by nursing professional guidelines.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Both DDA medications in the nursing home are now checked by two nurses at the change of each shift

Proposed Timescale: 17/10/2014

Theme:

Safe care and support

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

There was no process in place to identify medications which were suitable for crushing. Nurses, therefore, administered some crushed medication which had not been prescribed as such by the GP.

Times of administration were not recorded for medication given to residents in the mornings, which posed a risk of medication error.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All prescription charts have been reviewed with the insertion of a medication crush section and signed by each GP as required

All drug administration charts now have '8am' at the top of the morning column as opposed to the previous 'Mane'

Blank example copies of both have been attached

Proposed Timescale: 01/11/2014

Outcome 10: Notification of Incidents**Theme:**

Safe care and support

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

The person in charge had not notified the Chief Inspector of the serious accidents occurring in the centre in 2014.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All relevant notifications will be sent immediately to the chief inspector when required

Proposed Timescale: 20/10/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy required some revision as it was not adequate to guide staff. A suitable independent appeals person, to whom complainants who were not satisfied with the initial response to their complaint could appeal, had not been identified.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints policy is under review at this time to ensure it fully guides all staff dealing with a complaint

An independent appeals person will be arranged. They will be identified in the complaints policy and procedure and the summary of the complaints procedure available for residents and their representatives, if required by them.

Proposed Timescale: 10/12/2014

Theme:

Person-centred care and support

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

The complainant's level of satisfaction with the outcome was not consistently recorded in the register as required by the Regulations.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A new section has been inserted on our complaints record chart to show the complainants level of satisfaction. A copy has been attached also

Proposed Timescale: 23/11/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

There was a weekly menu plan, with the same dishes being served on the same days each week. Formal meal choices were not offered each day.

Residents on diabetic diets did not receive the same choices of deserts and confectionery as other residents.

Only one of the available daily meal choices was presented to residents who required modified diets.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

The weekly menu plan will be discussed with residents at the next resident discussion forum to ensure all residents are satisfied with the variety of food provided in the nursing home. If they have any suggestions for new menu ideas and meal preferences these will be implemented immediately.

All residents are formally offered two meal choice each day, including those on modified diets

A more varied selection of diabetic desserts are now available for those requiring them

Proposed Timescale: 15/12/2014

Theme:

Person-centred care and support

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

Meals for some residents who required modified consistency diets were not prepared and served in line with the recommendations of the speech and language therapist.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

All meals are prepared as recommended by the speech and language therapist

Proposed Timescale: 17/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The privacy screening in shared rooms could not be fully extended around beds to provide maximum privacy to residents as required.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Full surrounding curtains are been erected for maximum privacy

Proposed Timescale: 12/12/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Adequate provision had not been made for the safekeeping of residents' personal possessions. There was no secure space in some bedrooms for the safekeeping of residents' belongs and/or valuables and some residents had no means of ensuring that their belongings were safe.

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

A secure space is been provided in all bedrooms for safekeeping of residents belongings

Proposed Timescale: 12/12/2014