Health Information and Quality Authority
Regulation Directorate

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

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

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:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	3

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 January 2016 10:00	13 January 2016 21:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of the inspection was to monitor ongoing compliance with the Care and Welfare Regulations and the National Standards. It also followed up on matters arising from the registration renewal inspection carried out on 15th & 16th October 2014.

As part of the inspection, the inspectors met with residents, relatives and staff members, observed practices and reviewed documentation such as policies and procedures, care plans, medical records and risk management processes.

The centre had recently been evacuated for 10 days due to flooding of the grounds and the access road to the centre and inspectors noted that the flood waters had been prevented from entering the centre through the work of the provider, PIC, staff, local community and emergency services. Inspectors found that residents expressed satisfaction with the care and supports provided to them during the

evacuation.
Inspectors reviewed the actions from the last inspection. Only five of the 17 actions had been adequately addressed and two were partially addressed. Actions not addressed have been restated in the action plan that accompanies this report and the provider has been requested to submit evidence of that these actions have been addressed.
Inspectors identified that significant improvement was required to the governance and management of the centre to ensure residents' needs were met. This was evidenced by the poor response to the action plan; incomplete or missing notifications and a failure to ensure appropriate care plans were in place and were update appropriately. Staffing levels were also identified as requiring review to ensure staffs were deployed to meet residents' needs.
A total of 12 Outcomes inspected and nine were found to be non compliant. Non-conformances were found in relation to the following outcomes:

- Governance and management
- Documentation
- Safeguarding
- Risk management
- Medication
- Health and Social Needs
- Notifications
- Complaints
- Staffing

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. A regulatory plan has been agreed with the provider to ensure these actions are addressed.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the previous inspection, the inspector identified failings with the governance and management of the centre which were resulting in negative outcomes for residents. Similar findings were identified during this inspection. Inspectors found that while a management structure was in place, the roles of responsibility between the PIC and the ADON (assistant director of nursing) were unclear and as a consequence of this, care plans had not been reviewed when residents returned to the centre following the recent period of flooding to include any changes to the clinical care needs that had occurred while they were accommodated in other centres. Inspectors found a failure by the Person in Charge to monitor and supervise staff to ensure all necessary care plans were put in place and kept up to date.
Whilst some auditing took place for example, falls and restraints use had been audited and this information was used to improve the service, the auditing system required further development to include all aspects of care that impacted on residents. For example, there was no evidence that an annual review of the quality and safety of care was completed as required by the regulations. The ADON said she had commenced work on this review.
In the aftermath of the flooding inspectors saw that the provider had been proactive in carrying out remedial works including raising the level of the road in front of the centre to stop flood waters from preventing vehicles from gaining access to the centre in the future.
The cumulatative findings of this inspection confirm that significant and sustained improvement is required in the governance and management of the centre .findings of this inspection confirm that significant and sustained improvement is required in the governance and management of the centre .

Judgment:

Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A copy of all the operational policies as required by Schedule 5 of the Regulations was available however several including the risk policy, Protection of vulnerable adult's policy and the medication management policy had not been reviewed as per the timescale set for their review. Medical records and other records, relating to residents and staff, were available and were securely stored. The directory of residents was up to date and contained all the information required by the Regulations and inspectors saw that records were stored electronically and were easily retrievable. An action from the last inspection required the provider to ensure that the staff duty roster accurately reflected all personnel working in the centre was only partially addressed. Inspectors found that although the names of the provider and the PIC were now included in the rota, it didn't accurately reflect the correct working hours of all persons involved in the staffing of the centre. This is discussed further under outcome 17. The staff duty roster did not accurately reflect all persons involved in the staffing of the centre.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors reviewed the actions from the last inspection which were partially addressed. The policy on the management of elder abuse had not been reviewed since August 2013 and did not provide comprehensive advice on responding to an allegation of abuse. In particular it was not clear what immediate actions should be taken to safeguard residents. Inspectors spoke with the provider, Person in Charge and staff who were able to describe the appropriate action to take in the event of an allegation or suspicion of abuse. A complaint recorded evidenced an allegation of psychological abuse. Although appropriate action had been taken by the provider and the PIC to safeguard the resident, the incident had not been reported to the Authority as required by the regulations. The PIC forwarded this notification immediately following the inspection. All staff had completed training in the protection of vulnerable adults.
Inspectors reviewed the management of restraints. Four residents used restraints. The inspectors reviewed bed rail assessments for two residents. Risks associated with their use had been appropriately assessed. There was evidence that suitable alternatives such as low entry beds and sensory floor mats had been considered before the introduction of bed rails. One resident had a table attached to his chair for long periods throughout the inspection period. The inspectors spoke with this resident who confirmed that he was unable to remove the table. No care plan or assessment was in place to ensure the safety of the resident was protected and that this was the least restrictive option and was used for the shortest period of time which is not in line with national policy.
Inspectors observed that some residents displayed behaviour that challenged associated with their dementia. While a behaviour monitoring log was in use for these residents, inspectors found that there were no clear concise behaviour management plan available with proactive and reactive strategies to provide direction to staff as to how to manage the behaviour that was exhibited and reduce the residents' anxiety. This was also identified on the previous inspection. There was a policy available to guide this area of care. Staff had received up to date training in management of behaviours that challenge.

Judgment:
Non Compliant - Moderate

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):

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

Findings:
The centre had been recently been evacuated due to flooding and inspectors saw that remedial work had been carried out by the provider to the road and grounds around the centre to prevent future occurrences. Inspectors spoke with residents who were evacuated to four different nursing homes. Residents said they were well looked after during the transition and provided with blankets to keep them warm. The PIC said that all staff had come in to work to assist with the evacuation and additional assistance was provided by the local community and the local emergency services.
The emergency response plan had been revised since the evacuation and provided comprehensive guidance in the event of emergencies. A draft copy of the policy was reviewed. Contact numbers for emergency services were included and the names of other centres that residents could be moved to. The provider was awaiting information from an engineer's report to include in the plan and the contact numbers for the local council and HSE officials who assisted. The provider was requested to submit the revised policy once complete to the Authority.
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 supply of suitable cleaning materials and described cleaning methods used. The inspectors noted that the centre was clean and odour free on the day of inspection. Alginate bags were available for laundering clothes that were soiled.
On the previous 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. A glass panel had been installed in the door to allow supervision of residents using the room however; inspectors observed long periods where this door remained open and smoke fumes could clearly be detected in the adjoining sitting room. A self closing device had been fitted to this door but the provider said some residents continued to secure the door in an open position. This action has been repeated in the action plan at the end of this report. There were no assessments completed on the files of residents who smoked to ensure that associated risks were appropriately assessed or managed.
A procedure for the safe evacuation of residents in the event of fire was displayed and all fire equipment had been recently serviced. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire.
While fire drills were carried out by staff, there were only undertaken on an annual basis in conjunction with fire training, consequently not all staff were participating in regular fire drills to ensure safe timely evacuation of residents. Additionally, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill. The fire alarm had been serviced quarterly. The provider confirmed that there were 13 fire exits. Fire exits were clear and unobstructed during the inspection.
There were arrangements in place for recording and investigating accidents and incidents. Inspectors saw that falls and near misses were well described.
In the sample of report forms reviewed neurological observations were completed where a fall was unwitnessed or the resident sustained a head injury and these were recorded

on the forms. A post fall assessment was completed following a fall. There was regular input by a physiotherapist, who visited the centre and inspectors saw that she reviewed residents following any falls.
The policy on risk management was due for review. It included set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre however it did not provide sufficient information to guide the staff in each of the areas identified in the regulations or reference other specific policies which provided this guidance.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
One of the inspectors reviewed a sample of drugs charts and noted that prescribing practices did not comply with best practice. Nursing staff were not administering medication in accordance with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. A resident had received a PRN (as required) analgesic medication on various occasions and the prescription kardex had not being signed by the prescribing medical practitioner. Other PRN medications were also prescribed with no medical signature available, these had not been administered. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The maximum amount for PRN medication was indicated on prescription sheets viewed by the inspector. There was space to record when medication was discontinued and these were signed and dated on the sample reviewed.
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration; however this was due for review in May 2014 and had not been reviewed to date. A system was in place to ensure that the stock balance of medication requiring strict control was checked at the change of each shift as required by nursing professional guidelines however none of the residents were prescribed controlled medication at the time of the inspection.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Some accidents had not been appropriately reported. Quarterly notifications had been submitted to the Authority as required however some were incomplete and did not contain information on the number of deaths occurring. On review inspectors saw that the PIC was notifying the Authority of all deaths on a separate form intended for reporting sudden deaths. As previously discussed under outcome 7 an incident of suspected abuse recorded in the centres complaints log had also not been appropriately notified. The PIC has forwarded these notifications since the inspection.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The Inspectors viewed a sample of residents care plans and assessments and found significant improvements were required to the person in charge and staff members 'response to ensuring residents' assessed needs were met. Care plans and assessments had not been reviewed or kept up to date in line with residents' changing need. For example one resident had a catheter and there was no corresponding care plan in place

to direct staff regarding the care of the catheter (tube to collect urine).Another resident had been discharged from hospital requiring a splint support however the splint was not received from the hospital and this had not been followed up by either the staff or the PIC and so the resident was not receiving the care recommended by the physiotherapist.
The person in charge confirmed that there were no residents with pressure sores on the day of inspection. However there were some residents who were identified as been at risk of developing pressure sore due to past history of having pressure sores and current immobility and no care plans or turning charts were in place to mitigate this risk and provide guidance to staff in the delivery of care.
There was evidence that residents had access to general practitioner (GP) services and allied health professionals.
Food and fluid intake and output charts were completed for residents assessed as been at risk of dehydration or weight loss. Fluid balance charts required further input to ensure they provided sufficient detail to be of therapeutic value and to ensure that residents were receiving adequate hydration and to reduce the risk of infection. For example, inspectors reviewed a fluid balance chart for a resident who had had a catheter. The fluid intake recorded was low ranging from 450 to 8000mls in a 24 hour period. Another chart reviewed had no entry from 13:00 to 22:00 hrs. The person in charge and her deputy verbally expressed that residents were receiving more oral intake but this was not recorded. These incomplete charts did not provide a reliable tool to assess nutritional intake and output levels. Additionally the 24-hour intake/output was not totalled in all charts reviewed, again diminishing their usefulness.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents interviewed by inspectors said that the PIC and the staff dealt with any issues arising promptly. A copy of the complaints procedure was displayed in large writing inside the main door of the centre which clearly outlined in detail the steps to be taken when conducting a complaints investigation. Inspectors reviewed the action from the last inspection which had not been addressed. The centres complaints policy had not been reviewed as required to include details of a person independent of the centre, to whom residents could appeal to if they were not satisfied with the initial response to

their complaint.
Details of all complaints were recorded on a log. Inspectors reviewed a sample of recorded complaints and saw that in general complaints were promptly investigated. Details of the complaint, a summary of the investigation carried out and the outcome of the investigation were recorded in the complaints log. However, the complainant's level of satisfaction with the outcome was not always recorded as required by the Regulations so it was not possible to determine if they were satisfied with the outcome of the investigation.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the previous inspection the inspector identified that there was a weekly menu plan, with the same dishes being served on the same days each week. Residents were observed to have a choice of food and those on modified diets received the same choice as other residents.

Another finding from the last inspection was that 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. During this inspection the inspectors observed that the chef had a list of the residents who required special diets or diets of a modified consistency diet and in general inspectors saw that residents received the diet recommended. However in one file reviewed, a resident had been assessed by the speech and language therapy services while in hospital in December. The speech and language therapist had recommended a texture C diet; the resident had previously been on a texture B diet. Inspectors noted that the nutritional care plan had not been reviewed to reflect the changing needs of the resident. Inspectors observed that the resident's name was still included on the texture B list on the day of inspection. Staff confirmed that the resident was still receiving a texture B diet. This was brought to the attention of the PIC who arranged to update this resident's care plan immediately.

Those residents who were able to communicate told inspectors that they were happy with the choice and variety of food provided and said they got sufficient quantities.

Inspectors observed that drinks were offered to residents regularly during the day of inspection.

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

Findings:
Inspectors followed up on the action from the last inspection. The privacy screening in twin rooms had been replaced and extended around beds to provide maximum privacy to residents. There were arrangements in place for residents to receive visitors in private and a visitor's room was observed to be used by families during the inspection. All residents interviewed said they could exercise choice regarding the time they went to bed at night and got up each morning. They also confirmed that there was a residents' forum that met monthly which they could choose to attend. Inspectors observed that residents were treated respectfully by care staff and this was confirmed by residents who spoke with the inspectors.

Judgment:
Compliant

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

Findings:
Inspectors followed up on the actions from the last inspection and found these had been adequately addressed. Each bedroom had a secure space for the safekeeping of residents' belongs and/or valuables. Inspectors observed that residents clothing was individually labelled and residents spoken with said their clothing was laundered and returned to them safely afterwards.

Judgment:
Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors followed up on the action from the last inspection and found it had not been adequately addressed. The name of the provider had been added to the rota however, it did not accurately reflect the staff working in the centre on the day of the inspection. For example the name of one staff member on the rota for that week was shown as on duty from Monday to Friday from 9am-5pm, however, this staff member was not present on the day of inspection. The Provider and PIC were shown on duty at 9am on the day of inspection however, neither were present until 10am on the day. Staff confirmed to the inspectors that the PIC sometimes attended the centre in the evenings or the weekend. An action requiring the provider to ensure the rota accurately reflects the actual hours worked this has been repeated in the action plan of this report.
The staff rota indicated that there were two nurses on duty each day in addition the Person in Charge and the Assistant Director of Nursing and five care assistants and an activities coordinator. On the day of the inspection the activities coordinator was working as a care assistant to provide cover in one area. From discussions with the PIC and observations during the inspection the inspectors concluded that the current allocation/deployment of staff was not ensuring resident's needs were met. Inspectors observed that the sitting rooms were unsupervised for long periods during the day and there were few interactions observed with some residents and the staff. The provider

was requested to complete an immediate staffing analysis of the residents care needs following the inspection and to deploy staff accordingly. An action requiring this has been included in the action plan that accompanies this report and the provider has been asked to submit this review within 10 days.
Residents described the staff as very caring and attentive. Training records reviewed indicated that staff had attended training in dementia care in addition to mandatory training.

Judgment:
Non Compliant - Moderate

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:

Marie Matthews
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 report[1]

Centre name:	Blackrocks Nursing Home
Centre ID:	OSV-0000321
Date of inspection:	13/01/2016
Date of response:	12/02/2016

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:
The management systems in place were not ensuring that the service provided was safe, appropriate, consistent and effectively monitored.

1. 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:
An external consultant (Nursing Matters and Associates) have been contacted in order to provide mentoring for the management team with regards to putting in places systems ensuring that we provided a safe, appropriate, consistent and effectively monitored service. They provide hands on training in the areas of governance, risk management, auditing and compliance with regulation and standards.

The PIC attended a training day on the 9th of February dealing with the 'Assessment and Care Planning in Residential Care Settings for Older People'. This information will be shared with all nurses in training sessions in the coming week aiming for all nurses to have a full understanding of assessments and the corresponding care planning process. A more thorough monitoring and supervision process is been implemented to ensure the correct care plans are activated for each resident, that they contain the essential information to ensure safe effective care for all residents and updated as required.

The ADON will be commencing a Nursing Home Management and Leadership Course on February 18th. This is a blended learning Fetac Level 6 course aimed at nurses in a management position specifically in the nursing home settings.

Proposed Timescale: 16/04/2016

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:
Schedule 5 policies including the risk policy, Protection of vulnerable adult's policy and the medication management policy had not been reviewed as per the timescale set for their review.

2. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
All 19 mandatory policies and procedures are currently been reviewed and updated accordingly at a rate of 1 per week, subject to the assistance of the eternal consultant.

Proposed Timescale: 29/05/2016

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 the correct working hours of all persons involved in the staffing of the centre.

3. 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:
A system has been put in place whereby the actual roster is updated each evening by the PIC or ADON in her absence to accurately record the hours worked by all members of staff on that day, including the PIC and Provider.

Proposed Timescale: 14/01/2016

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:
There were no clear concise behaviour management plan available with proactive and reactive strategies to provide direction to staff as to how to manage the behaviour that challenged.

4. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
A behaviour management plan highlighting the proactive and reactive strategies required for the individual residents is been implemented. These are been created using the residents 'Getting to Know Me' and the most up to date evidence based research on dealing with challenging behaviour. These care plans will be updated and changed to suit the changing needs of our residents and their behaviours as required, identifying the care that they need.

Proposed Timescale: 20/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No care plan or assessment was in place to ensure the safety of a resident with a table restraint was protected and that this was the least restrictive option and was used for the shortest period of time which is not in line with national policy.

5. 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:
A risk assessment is competed for the resident requiring the chair table. A care plan has been activated for the use of the chair table for this resident to ensure proper use of the table and minimal use of the table. A record chart is maintained to record the times that the table is required and where it is been used as an enabler and when it is not required for use at all. The time that the table is required has been significantly reduced.

Proposed Timescale: 26/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on the management of elder abuse had not been reviewed since August 2013 and did not provide comprehensive advice on responding to an allegation of abuse. In particular it was not clear what immediate actions should be taken to safeguard residents in the event of an allegation pending an inquiry..

6. 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:
Prevention, Detection and Response to Elder Abuse Policy and Procedure has been reviewed and updated since our inspection. It now includes the immediate actions that should be taken to safeguard our residents if an allegation of abuse is made. All staff have been highlighted and informed regarding the updated policy and procedure and are aware of the location of the p&p's in the staff office.

Proposed Timescale: 22/01/2016

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:
Although the risk management policy referenced the areas set out in Schedule 5 includes all requirements of Regulation 26(1), It did not give sufficient guidance in these areas or reference other specific policies available which addressed these risks.

7. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
This policy will be updated with the assistance of the external consultant to ensure that it contains all requirements set out in Schedule 5 Regulation 26(1) in a clear and concise manner for the guidance of all staff members.

Proposed Timescale: 04/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency response plan was in draft and was awaiting input by an engineer as well as contact numbers for local services.

8. 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:
We are awaiting the engineers report at this time. They are finding it difficult to complete due to the continued high level of the river and it will be completed as soon as the river levels return to normal.

Proposed Timescale: 30/04/2016

Theme:
Safe care and support

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

9. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
A bi-fold see through magnetic system has been ordered. This will be installed immediately upon delivery.

Proposed Timescale: 01/03/2016

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:
A resident had received a PRN (as required) analgesic medication on various occasions and the prescription kardex had not being signed by the prescribing medical practitioner. Other PRN medications were also prescribed with no medical signature available, these had not been administered.

10. 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 medications charts have been reviewed and all prescribed medications are now signed by the prescribing Dr. A training session has taken place with all staff nurses to ensure that the requirements and regulations with regards to medication management and administration is clear and followed precisely as per regulations and ABA guidelines.

Proposed Timescale: 01/02/2016

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:
Some accidents had not been appropriately reported.

11. 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:
It is now clear and understood the correct NF forms that need to be sent to the inspector at which times and for the correct purpose. All accidents which are assessed to be a 'serious injury' will be notified on the NF03 within the 3 day period and follow up as required by January 2016 notification guidelines.

Proposed Timescale: 16/01/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Quarterly notifications had been submitted to the Authority were incomplete and did not contain information on the number of deaths occurring in the centre.

12. Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
All deaths will be notified in the quarterly notifications unless it is a sudden death which then requires notification on the NF01 form. The January 2016 guidelines on notifications are been adhered too and this will not be an issue again.

Proposed Timescale: 31/01/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident had a catheter and there was no corresponding care plan in place to direct staff regarding the care of the catheter.

13. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Catheter care plans have been implemented for all 4 residents who have urinary catheters. All care staff has received an update training session on catheter care and nurses have been directed on the implementation of care plans with regards to same.

Proposed Timescale: 02/02/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was poor evidence recorded that residents at risk of dehydration were provided with appropriate hydration as fluid balance records did not provide sufficient detail to be of therapeutic value and to ensure that residents were receiving adequate hydration and reduce the risk of infection

14. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
During the training session on catheter care, staff received education on Hydration in the Elderly, the importance of maintain good hydration in elderly, the consequences of poor hydration, and the correct recording and documentation of intake and out-put charts. Nurses have been reminded of the duty of care, there are strict orders that night nurses must collect and collaborate fluids balance record charts as 7.30am in order to hand over to morning staff any issues the previous day with high risk residents.

Proposed Timescale: 02/02/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident had been discharged from hospital requiring a splint support however the splint was not received from the hospital and this had not been followed up by either the staff or the PIC and so the resident was not receiving the care recommended by the physiotherapist. Another resident was not provided with the diet recommended by speech and language therapy services.

15. Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

Please state the actions you have taken or are planning to take:
A splint was received form the occupational therapist without delay; a care plan is active for the proper guided use of the splint as directed in conjunction with the OT and physiotherapist.

Proposed Timescale: 24/01/2016

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 complainant's level of satisfaction with the outcome was not always recorded as required by the Regulations so it was not possible to determine if they were satisfied with the outcome of the investigation.

16. Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
The complaint report form has been reviewed and will be completed fully on any report of a complaint, to include the satisfaction of the complainant following the investigation of the complaint and the outcome, with immediate effect.

Proposed Timescale: 15/01/2016

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:
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.

17. 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:
The nutritional care plans of all residents who have swallowing difficulties have been reviewed and updated to include full description of the consistencies they require. A notice board has been place in the kitchen which is updated whenever the consistency requirements of an individual resident changes, to ensure that all residents receive the correct meal consistencies as per SALT assessments and recommendations for maximum safety. The speech and language therapist completed further assessments on 02/02/15 in the nursing home and all care plans are now up to date as per review.

Proposed Timescale: 02/02/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
From discussions with the PIC and observations during the inspection the inspectors concluded that the current allocation/deployment of staff was not ensuring resident's needs were met.

18. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Interviews have taken place and 5 new members of staff have been hired. New health care assistants are been inducted in a phased manner to ensure full and proper induction to the nursing home, its policies and procedures and in the best interest and safety of our residents. All staff will have completed induction by 29/02/2016. A staff needs analysis is been conducted by the external consultant to assist us with effective deployment of staff throughout the home. Staff are been allocated depending on the dependency levels of residents in certain areas of the nursing home and this will be reviewed and updated as dependency levels of residents and their needs change.

Proposed Timescale: 29/02/2016