

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Blackrock Abbey Nursing Home
Centre ID:	ORG-0000118
Centre address:	Cockle Hill, Blackrock, Dundalk, Louth.
Telephone number:	042 932 1258
Email address:	maryc@talbotgroup.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Orkcalb Limited
Provider Nominee:	Mary Clemenger
Person in charge:	Helen Murphy
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Ciara McShane;
Type of inspection	Announced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 April 2014 07:30 To: 30 April 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This follow-up inspection was carried out to ascertain the progress in relation to the 26 actions required as a result of the previous renewal of registration inspection completed on the 13 February 2014. These matters related to residents rights, health and safety, social care, premises and staffing primarily for the residents located on the ground floor of the centre and who are diagnosed as having a severe to profound disability.

The inspectors found that half of the actions have been fully addressed and the other matters are in progress. Those not fully addressed have been restated in the action plan of this report.

The inspection commenced early in the morning and inspectors found that a comprehensive and detailed handover was provided to the incoming day time staff team by the night time staff team. Staff members carried out their duties by assisting residents to prepare for the day.

The inspectors communicated with staff and specialist Allied health professionals who work in the centre and heard that staff had been actively involved in assessing the needs of residents, developing social care plans and implementing positive behaviour

plans. The inspectors were informed by representatives from the Health Service Executive (HSE) that the quality of life for the residents with a disability had improved since being admitted to the centre.

The inspectors communicated with qualified registered intellectual disability nurses and staff and highlighted the need to further emphasise a holistic person centred care approach based on improved outcomes for residents with a disability particularly in relation to the provision of social care and the environment.

Overall the inspectors found an improvement in record-keeping, health and safety and risk management and the action plan at the end of this report identifies areas where further improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

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 2009 (as amended) 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:
Leadership, Governance and Management

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

Findings:
Since the last inspection the written statement of purpose had been amended and forwarded to the Authority. It provided information in relation to the matters identified in schedule 1 of the regulations.

Judgement:
Compliant

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services and the fees charged.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The following matters from the previous inspection in relation to the care planning documentation examined randomly had been addressed: –

- Retrieval of information in relation to GP and Allied health professionals visits.
- Follow up on a psychological review.
- Eye and ear checkups.
- Residents' weight records.
- Photographic evidence in respect of the various stages of wound care including healed wounds.
- Key worker details.

The policy in respect of the management of residents' monies/valuables had been amended and reflects the practice within the centre.

A record of all money deposited by a resident and returned to a resident or used, at the request of the resident by staff was maintained in accordance with the legislation (Schedule 4) as staff signed for receiving money to be used on the residents' behalf.

The following matters had not been fully actioned but were in progress: –

- The layout and format of individual care plans were not in an accessible format for some residents.

- The minutes of the resident's forum was not in an accessible format for some residents.
- References in respect of female and male conditions.

Judgement:

Non Compliant - Moderate

Outcome 07: 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:

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

Findings:

Since the last inspection a simulated fire drill and practice had taken place in the evening/night time(22 April 2014) when fewer staff were rostered to work and inspectors observed that fire exit doors were not obstructed. Resident's needs and mobility had been risk assessed to indicate the equipment necessary, the number of staff required to safely transfer residents by hoist and the hoist type and size of sling. A safe system (secure container) had been put in place to carry medicines between floors in the centre. However during this inspection it was noted that hazardous substances were stored on a linen trolley which was located in the corridor.

Judgement:

Non Compliant - Minor

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors noted that staff did not enter a comment in respect of a resident not taking the prescribed dosage of medicines and for one resident the medicines to be administered had not been identified by the general practitioner.

Judgement:

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

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

Findings:

Management and staff at the centre are in the process of adopting and implementing new person centred care plans. In response to the action plan of the previous inspection the provider highlighted that residents with a severe to profound disability who communicate primarily with non-verbal cues have been assessed using an "Intensive Observation Assessment" tool over a 4 month period. This involved moment by moment observation of interactions, self stimulating behaviours and activity seeking based on observable behaviours such as making vocalisations, using speech, body movement, facial expressions and use of gaze. The inspectors met the senior clinical psychologist who confirmed that a service approximately half a day a week is provided to staff and residents and interventions have included the above assessments, care planning process and referrals from staff regarding residents' challenging behaviours.

The inspectors observed that following breakfast and having been assisted to prepare for the day, the resident group with the exception of those who were mobile being brought into the communal day area which has 4 activity areas, tactile, visual, olfactory, auditory and an interactive floor space and remaining there until lunchtime. In the main, staff engaged residents in momentary activities in this area. Some residents moved through the areas, however, inspectors did not see residents having the opportunity to use their own private space for any recreational activity or one-to-one sessions with residents in any of the other rooms in the centre such as the treatment room.

Inspectors were informed that a musician visits and primarily performs on the first floor of the centre and while some residents with a disability are brought by staff to the activity, the musician does not play for all the residents located on the ground floor.

From an examination of the documentation there was no evidence of an outing for residents for the months January and February 2014 and an entry in the records showed that a health appointment was identified as an activity.

While it was identified in a resident's care plan the preference for weekly aromatherapy there was no evidence that the resident had received this therapy.

Inspectors noted that a resident's objectives/goals had not been reviewed and therefore were not current . The dates for achieving outcomes were not specific and so difficult to measure.

Staff have in consultation with residents and family members developed some life story books but these have not been completed for all residents and in some instances the information was not detailed. For example one referred to "my brothers" however the persons were not named.

A resident with no identified next of kin was celebrating a birthday, however, staff did not have a birthday card or present for the resident.

Judgement:

Non Compliant - Moderate

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Since the last inspection inspectors found that the toilet in bathroom number 402 was removed in order to accommodate a shower trolley. Residents' seating which was in a poor condition has not yet been fully addressed but the person in charge confirmed that a process was in place in order to address the deficit.

Inspectors found that the physical environment (communal and residents' private/ bedroom space) on the ground floor lacked stimulating colourful furnishings, fittings and artwork which may aid residents' stimulation.

In contrast to the 1st floor where older people are being accommodated there was no evidence of Easter celebrations and decorations, though some staff stated that these had been taken down. In respect of one resident's private/bedroom space attention had not been given to providing a person centred approach to the environment. For example, the paintwork on the door and walls was chipped, there was no comfortable seating in the room and some of the resident's photographs were curled at the edges. While there were a variety of photographs on the walls of the corridors of residents in

past years there were no up-to-date and current photographs. Some of the collection of photographs on the walls were not appropriately maintained. There was no evidence of consultation with the resident regarding colour schemes nor staff advocating on the resident's behalf to identify and provide appropriate personal possessions.

Regarding the clinical/treatment room on the ground floor while inspectors concluded that the room was functional aestically there was no auditory or sensory equipment appropriate to the assessed needs of residents set up to aid relaxation/stimulation during therapy sessions.

Judgement:

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:

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

Findings:

Since the last inspection the procedure was amended and identifies the nominated person to investigate a complaint.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

The matters arising from the previous inspection had not been fully actioned. Inspectors

noted that there were few personal effects in a resident's bedroom and the resident was not consulted regarding the redecoration of the private/ bedroom space.

Communication methods were not identified for all residents.

A resident's private information was on public display on the wall of the resident's bedroom.

The handover meeting in the morning of the inspection from the outgoing staff to the incoming staff was comprehensive and detailed, however, it was conducted on the corridor and in some instances the doors of residents' bedrooms were open.

As discussed in outcome 18, inspectors heard some staff refer to a resident's digestive/bowel condition in a derogatory manner. A resident with no identified next of kin was celebrating a birthday, however, staff did not have a birthday card or present for the resident.

Judgement:

Non Compliant - Major

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

Two registered nurses trained in intellectual disability were on duty at the time of the inspection and they confirmed that they had participated in "Picture Exchange Communication Systems" (PECS) and subsequently provided some in-house training for the staff group. The registered nurses explained that recently they have been devising and implementing changes to residents' personal care planning. With the result they have not had the opportunity to lead and supervise the staff group in adopting a holistic person centred approach in all aspects of care delivery including personalising resident's bedrooms, advocating on residents' behalf and ensuring that celebratory occasions are made special.

Inspectors heard that some health care assistants had completed the module on intellectual disability studies when completing Fetac level 5 and other staff had completed the training on communication approaches.

The senior clinical psychologist informed the inspectors that work was being carried out

with staff to ensure that the positive behaviour support programs drawn up for individual residents were consistently being implemented in order to bring about improved outcomes for residents. Some examples were given to the inspectors regarding changes in residents' behaviour.

Since the last inspection the person in charge confirmed that staff have been informed to provide care to residents in a dignified manner using appropriate language. However the inspectors heard some staff refer to a resident's digestive/bowel condition in a derogatory manner.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Siobhan Kennedy
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:	Blackrock Abbey Nursing Home
Centre ID:	ORG-0000118
Date of inspection:	30/04/2014
Date of response:	23/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

The following matters were outstanding from the previous inspection: –

- The layout and format of individual care plans were not in an accessible format for some residents.
- The minutes of the resident's forum was not in an accessible format for some residents.
- References in respect of female and male conditions.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

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

1. The layout of all Care Plans is written in a similar accessible format. A considerable amount of Multi-Disciplinary Team effort has and continues to be put into improving and maintaining this Care Plan layout. The resident's needs and preferences are compiled in a similar accessible format for all residents. Currently the MDT is considering using more Pictures in the Care Plan for some residents.

2. Membership of the Residents Forum/ Committee is restricted to the residents, relatives and friends. The Committee provides a Chairperson and a Secretary and the management of the Nursing Home do not interfere. The Forum / Committee is encouraged and supported to be independent of nursing home staff. However management is willing to support this forum if requested to do so by the forum membership. This may help to empower residents to provide minutes in a more accessible format.

3. Up to April 2014 the practice was to use a common template for both male and female residents in our person centred care plans and the Index of Associated Documents and Policies was implemented to support safety of documentation – recording and retrieval for all healthcare staff. We call this Index – 'Documents that may be linked'.

As an MDT we deliberately decided to keep this index list similar for all residents and then only highlight the actual documents contained in the record. This system ensures that we don't accidentally omit any item and it acts as a trigger for clinicians and helps ensure the integrity of the complete care plan.

The detailed contents of the care plan is subsequently individualised to the residents particular needs and preferences and is evidence based on supportive practice research.

The reference to male and female medical conditions has now been changed to gender specific.

Proposed Timescale: 30/09/2014

Outcome 07: 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:

Hazardous substances were stored on a linen trolley which was located in the corridor.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

This substance is not normally stored on a linen trolley. As soon as this issue was brought to the attention of management this substance was removed immediately. Staff have been instructed to ensure that this does not happen again.

Proposed Timescale: 30/04/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Staff did not enter a comment in respect of a resident not taking the prescribed dosage of medicines and for one resident the medicines to be administered had not been identified by the general practitioner.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

1. In this case due to high viscosity of the medication 'Lactulose' it is difficult to administer the absolute total volume from the graduated medicine cup. The syrup has a viscosity of 5-70 mPa.s. Nursing staff have been advised to ensure that the maximum amount is taken orally from the medicine cup and if not to note it in the medication chart.

2. In all cases medicines to be administered are identified by the GP. However in the case mentioned the actual times were not identified by the GP. It is common practice that times are identified by the nurse depending on individual resident physiological parameters, clinical need, other pharmacological interactions and for certain medicines – actual meal times. However on this occasion the nurse had not identified the exact administration times for one medication.

Proposed Timescale: 30/05/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Residents did not have the opportunity to use their own private space for any recreational activity.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Residents have always been welcome to use their own bedrooms for recreational activities of their choice. In addition to the use of communal areas for recreational activities, residents will continue to be supported to use their own private space at their discretion.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

A musician did not entertain for all the residents located on the ground floor.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Music sessions are provided on a regular basis on the ground floor. Residents are and will continue to be facilitated to attend these sessions.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

There was no evidence of an outing for residents for the month January and February 2014.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Generally the residents prefer outings in Spring and Summer. However outings are organised during Autumn and Winter. On occasions outings are organised in the months of January and February and in this regard residents from both floors attended a country music concert on 4th Feb 2014.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

A health appointment was identified as an activity.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The case referred to was an appointment followed by a social outing. On this occasion the resident availed of an opportunity to meet and dine with family following the health appointment.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

While it was identified in a resident's care plan the preference for weekly aromatherapy there was no evidence that the resident had received this therapy.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Staff have been advised that all activities undertaken must be documented in the Care Plan in future.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

Inspectors noted that a resident's objectives/goals had not been reviewed and current and the dates for achieving outcomes were not specific and therefore is difficult to measure.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under

formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

In accordance with the regulations all care plans are reviewed on a 3 monthly basis. Each Care Plan sets out the objectives/goals for each resident, however not all residents achieve their objectives/goals within the timeframe set down and in these circumstances this is reflected in the setting of the objectives/goals at the next review of the Care Plan.

Where residents do not achieve their objectives/goals this will be noted in the Care Plan as it arises.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

Life story books have not been completed for all residents and in some instances the information obtained has not been detailed. For example one referred to "my brothers" however the persons were not named.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

In some cases residents do not have family members actively involved in their care arrangements. In these cases work is in progress to complete life story books with staff from a previous health care service provider.

The 'my brothers' reference was incomplete documentation and has been amended.

Proposed Timescale: 31/12/2014

Theme:

Effective Care and Support

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

The care plan did not set out how a resident with no identified next of kin would celebrate a birthday.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

It is normal practice that all residents celebrate the occasion of their birthdays with a party and a birthday cake. In future a birthday present and a birthday card will be added where the resident has no identified next of kin. This information will be included in the care plan in future.

Proposed Timescale: 31/05/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

Inspectors found that the physical environment on the ground floor lacked colourful furnishings which may aid residents stimulation.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

A previous inspection report in 2012 stated the physical environment was clean, bright and welcoming. This environment has been further enhanced since the inspection.

Proposed Timescale: 30/06/2014

Theme:

Effective Care and Support

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

Residents' seating was in a poor condition.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

Specialist seating in Blackrock Abbey is the property of the Health Service Executive (HSE). It is the responsibility of the HSE to supply, maintain and replace specialist seating required by residents. All specialist seating is being reviewed by the Occupational Therapist and the HSE has been notified accordingly.

A number of repairs have been carried out recently. All other seating requiring refurbishment will be addressed at an early date.

Proposed Timescale: 31/12/2014

Theme:

Effective Care and Support

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

While the clinical/treatment room on the ground floor was functional there was no auditory or sensory equipment to aid relaxation/stimulation during sessions of therapy.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

In future when residents are availing of therapy sessions they will be given the option of having auditory or sensory equipment present during sessions of therapy.

Proposed Timescale: 30/04/2014

Theme:

Effective Care and Support

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

The paint on walls and door frames of some residents' bedrooms were not maintained satisfactorily.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

There is a planned preventative maintenance programme in place to maintain the infrastructure to the standard required. However due to the large number of customised chairs, hoists and shower trolleys in use in the Nursing Home, walls and door frames are constantly in need of ongoing maintenance. Repairs such as those highlighted will be prioritised within the routine maintenance programme.

Proposed Timescale: 30/04/2014

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:

Residents were not consulted regarding the redecoration of their bedrooms.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Residents are consulted and do participate in relation to redecoration of bedrooms.

A recent request from a resident to use their own personal curtains and duvet cover was easily accommodated.

Residents without communication skills are assisted by their key workers in regard to redecoration of rooms.

Proposed Timescale: 30/04/2014

Theme:

Person-centred care and support

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

A resident's private information was displayed publicly on the wall of the resident's bedroom.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Balancing confidentiality with minimising risk is a priority for the MDT. In the case highlighted the safety information displayed on the wall of a private bedroom has been relocated to a wardrobe space.

Proposed Timescale: 30/06/2014

Theme:

Person-centred care and support

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

The handover meeting in the morning from one staff group to another was conducted on the corridor and in some instances the bedroom doors were open.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

All staff have been advised to speak quietly during handover and ensure that

confidentiality is protected at all times for residents.

Proposed Timescale: 31/05/2014

Theme:

Person-centred care and support

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

Communication methods were not identified for all residents.

Action Required:

Under Regulation 11 (3) (a) you are required to: Put in place practices that facilitate and encourage each resident to communicate.

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

Communication methods are recorded in Care Plans and Communication Passports.

Communication mechanisms used in the Nursing Home to encourage each resident to communicate include:-

- Sensory stimulation equipment for sensory comforts such as tactile, auditory, olfactory and visual.
- Picture exchange communication system (PECS) is used for selected number of residents for whom it is appropriate.
- Multisensory room, interactive floor, music therapy and song therapy
- Audio books
- Assisted technology
- Computer and library
- Table place mats with personalised needs
- Picture menus
- Pictures of complete meals
- One staff member is trained in the use of Braille – a system used by the blind and visually impaired.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Registered staff nurses in intellectual disability have not had the opportunity to lead/supervise staff members on an appropriate basis pertinent to their role in delivering a holistic persons centred care approach to residents with a disability including personalising resident's bedrooms.

Action Required:

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

It is part of daily professional practice for nurses to supervise all staff in delivering a person centred approach. The staffing ratio provides for this supervision inclusive of holistic resident care in collaboration with the Multi-Disciplinary Team.

The Nursing Home has a comprehensive in house Education / Training programme for all staff supported by the Person in Charge and the Director of Quality, Standards and Training.

Proposed Timescale: 31/05/2014

Theme:

Workforce

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

In all instances, staff did not use language which was respectful of residents.

Action Required:

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

Staff have been advised by the PIC on appropriate language to use at all times when communicating with residents.

Proposed Timescale: 31/05/2014