

**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 / helen@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:	To:
13 February 2014 10:30	13 February 2014 17:00
14 February 2014 10:30	14 February 2014 17:00

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 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the application for renewal of registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The fitness of the provider and the person in charge was determined by interview during the previous registration inspection and ongoing regulatory work, including subsequent inspection of the centre and compliance with matters arising from

inspections. The provider, person in charge demonstrated their knowledge of the legislation and standards throughout the inspection process.

Two matters from the previous inspection carried out on 24 October 2012 were not fully addressed.

The inspectors found that residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and services and care provided.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. There were measures in place to protect residents from being harmed or suffering abuse. While there was evidence that there were opportunities for some residents to participate in meaningful activities, appropriate to their interests and capacities it was also identified that some residents had limited opportunities and the promotion of person centred care was not wholly evident throughout the centre.

There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with a view to controlling/ minimising them. However the inspectors found some risks which had not been identified and some aspects of the centre were not suitable to meet the individual and collective needs of residents. In the main, records were well maintained, however some areas were highlighted for further improvement.

From an examination of the day time staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. While there was evidence that staff had access to education and training, in mandatory areas some staff had not undertaken training appropriate to meeting the diverse needs of the entire resident group.

The Action Plan at the end of this report identifies areas where 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:

No actions were required from the previous inspection.

Findings:

While there was a written statement of purpose which consisted of a statement of the aims, objectives and contained information in relation to the matters listed in schedule 1 of the Regulations it did not accurately describe the service that is provided in the centre nor reflect the diverse needs of residents.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

The inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family within one month of their admission to the centre and included details of the services however, in some instances the fee charged was incorrect.

Judgement:

Non Compliant - Moderate

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was being managed by a suitably qualified and experienced nurse. She had authority and was accountable and responsible for the provision of the service. She is a registered nurse and has experience of working with older persons. She works full time in the centre. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to residential/nursing care. She is supported in her role by senior staff nurses, nursing, care administration, maintenance, kitchen and domestic staff, who report directly to her. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

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:

No actions were required from the previous inspection.

Findings:

The inspectors found that in the main, the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example:

- The resident's guide included the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and

facilities by the registered provider to residents, the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief Inspector.

- The directory of residents included all of the information specified in the schedule.
- A record of complaints was maintained.
- The record of accidents/incidents included the items identified in the schedule.
- The duty roster included all of the persons working at the centre.
- A record of all visitors to the centre was being maintained.

However care planning documentation in some instances showed a mixture of inaccuracies, omissions or difficulty in obtaining the necessary information. For example:

- It was difficult to retrieve information in relation to GP and Allied health professionals visits.
- 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.
- There was no follow-up in a care plan regarding a date for a psychological review.
- There were no recordings and no review regarding eye and ear checkups.
- The incorrect date of death of a resident's relative was recorded.
- There were omissions in the weight record for January 2013 and a record detailing a resident's weight highlighted the months but not the year.
- A form to record a resident's body temperature was not completed.
- There were references to female conditions in the documentation relating to male residents.
- There were references to catheter care in the care plans of residents who did not have a catheter.
- There was no photographic evidence of healed wounds/leg ulcers.
- A resident's key worker group detailed a staff member who was no longer working at the centre.

The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.

The inspectors examined the documents to be held in respect of persons working at the centre for two staff members and found that these were satisfactory.

All of the written operational policies as required by schedule 5 of the legislation were available, however, the policy in respect of the management residents' monies/valuables did not reflect 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 not maintained in accordance with the legislation (Schedule 4) as staff did not sign that they had received the money to be used on the resident's behalf.

Judgement:

Non Compliant - Moderate

<p>Outcome 05: Absence of the person in charge</p> <p><i>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme:</p> <p>Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection:</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.</p>
<p>Judgement:</p> <p>Compliant</p>

<p>Outcome 06: Safeguarding and Safety</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Safe Care and Support</p>
<p>Outstanding requirement(s) from previous inspection:</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.</p> <p>The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspectors some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.</p>
<p>Judgement:</p> <p>Compliant</p>

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:

No actions were required from the previous inspection.

Findings:

In the main, the health and safety of residents, visitors and staff was promoted and protected. Regular inspections and records were maintained by the maintenance staff member and an external company of the fire alarm system and fire equipment. The fire plan was displayed in various parts of the building. There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building there was evidence of extensive opportunities for staff to participate in fire safety and prevention training during 2013, however, a simulated fire drill and practice had not taken place in the evening/night time when fewer staff are rostered to work and a fire exit door had been obstructed by a dining room table and chairs.

The risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. An examination of the premises showed that there were aspects which took account of controlling/minimising the risks associated with the environment. For example, an emergency call bell system was extensively available, handrails were provided in circulating areas and grab support rails found in shower and toilet areas. There was an up-to-date health and safety statement and an emergency plan.

Resident's needs and mobility had been risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents by hoist. However it was not detailed in residents' care plans the hoist type and size of sling to be used.

The inspectors observed a staff member carried medicines from the ground floor to administer to residents on the first floor without having them in a secure container.

The inspectors examined the records of accidents and incidents. In order to minimise the risk of re-occurrences action plans had been devised and put in place. The inspectors observed two staff members transfer a resident from a wheelchair to a dining room chair. This was carried out satisfactorily and in accordance with good practice guidance.

The centre was clean and a domestic staff member on duty, who communicated with the inspector, described the equipment and methods used to clean residents' bedrooms which was in accordance with the good practice guidance.

Judgement:

Non Compliant - Major

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:

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

Findings:

The inspectors were informed by staff nurses that there was a policy and procedures to guide them in the management of residents' medication. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

The inspectors observed staff in charge of medicines administer these to residents. Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines on a 3 monthly basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Judgement:

Compliant

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were

provided, where relevant, for example accidents and incidents involving evacuation.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services, care provided and the quality of life experienced.

The inspectors saw that much effort had been put in to establish and maintain a system for reviewing the quality and safety of care provided to and the quality of life of residents in the centre which included gathering statistical information in relation to certain areas. This included falls, residents experiencing pain and administration of flu vaccination, however as yet a report in respect of this information had not been devised and made available to residents and for inspection.

Judgement:

Non Compliant - Minor

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:

No actions were required from the previous inspection.

Findings:

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there were arrangements in place to ensure that residents had regular access to GP and Allied health professional services and a treatment room was available so that residents could meet these professionals in private. There was evidence that residents were risk assessed with regard to dependency, moving and handling, falls, use of bed rails, nutrition, incidents and the risk of pressure sores.

Management and staff at the centre were in the process of adopting and implementing new person centred care plans. While there was an individual care plan for each resident some of the care plans were not individualised for each resident that is it did not describe the particular and specific care necessary to achieve a good outcome for the resident. The following examples were found:

- In some care plans there was no detailed information regarding residents' choices in respect of their daily routines for example how to be wakened in the morning, where and at what time to have breakfast.
 - Staff described a task orientated routine whereby residents were assisted to get up, receive some personal care and were then brought to the dining room for breakfast within a prescribed time. They then returned to the bedroom to complete personal care and dressing.
- Some care plan records referred to residents' requiring encouragement to take fluids but there was no evidence that this had been monitored.
- The recordings in one care plan identified the resident's refusal to use a piece of equipment but there was no indication of any alternatives adopted to assist the resident's condition.

While some care plans did show evidence of how residents and or their families were consulted and actively involved in developing the individual plans of care for example in developing residents' life stories there were other care plans where no involvement was evident.

In some instances the care plans were not fully delivered in practice. For example the recording in a resident's care plan specifically identified a comforting therapy to be performed while the resident was relaxing but this was not implemented by staff.

The inspectors found that the provision of social care and support was not consistently delivered to achieve the best outcomes for all of the residents being accommodated. While there were opportunities for some residents to participate in activities that were meaningful and purposeful to them and that reflected their interests and capacities these opportunities were limited for others and in some instances residents' interests had not been assessed/determined/documented. For example some residents had been involved in making valentine cards for their family members or staff on behalf of residents had purchased cards while other residents had not been given any opportunity to celebrate this social occasion. The inspectors observed a long period where there was limited stimulation or opportunities for residents to participate in meaningful activities.

Community integration did not appear to be widely promoted as some residents' care plans referenced going to the beach, enjoying shopping trips twice a year and carol singing at Christmas time, all of which are infrequent events.

Inspectors saw that in the main there were suitable assisted devices available to residents to enable their mobility and independence and that bed-rails were only used when risk assessment had been determined and that it was the most appropriate solution to prevent falls. The person in charge informed the inspectors that currently there are only 2 low beds but it is the intention of the provider and person in charge to acquire additional beds with this safety feature.

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:

No actions were required from the previous inspection.

Findings:

In the main, the design and layout of the centre was considered suitable by the inspectors for its stated purpose.

The centre is a two-storey building, purpose-built (2003) to accommodate 60 residents in a mixture of single and twin bedrooms 30 of which have en-suite facilities. There are a range of communal areas including dining, sitting, activities and visitor's area. Externally it has a courtyard and gardens for residents' use. Residents with an intellectual disability are being accommodated on the ground floor while residents who are receiving long-term/respite care requiring general nursing are accommodated on the first floor.

Inspectors found that the physical environment on the ground floor lacked homeliness and residents' seating was in a poor condition. Two bathrooms were not being used by residents because of the type of the bath presently installed. The inspectors were informed that a toilet in bathroom number 402 was being removed in order to accommodate a shower trolley. While the clinical/treatment room on the ground floor was functional it was uninviting to residents if sessions of reflexology or aromatherapy were offered.

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:

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

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. However the procedure did not identify the nominated person to investigate a complaint. It was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspector examined the complaints record and this showed that the complaints were promptly investigated and detailed the outcome for the complainant.

Judgement:

Non Compliant - Minor

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

At the time the inspection there were no residents receiving end of life care and although there was no specific/designated accommodation for relatives there were systems, practices and processes in place to assist in appropriately caring for the resident at this stage of their life and their family members. There was evidence that the community palliative care team were available to provide specialist advice/information and support.

Judgement:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. The inspectors observed the lunchtime meal and saw that the food was wholesome and nutritional. Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided.

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:

No actions were required from the previous inspection.

Findings:

The inspectors saw that residents' privacy was respected and for some personal care was provided in their own en-suite bedrooms and all the residents could receive visitors in private.

In general there was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that an active resident's forum met on a regular basis and was conducted by residents. Minutes of the meetings were also maintained by the residents. Following the meetings the chairperson of the group

communicated the views of the group to management outlining any suggestions for further improvement.

Inspectors saw that a resident's preferences/choice had not been implemented in accordance with the notes contained in the resident's care plan to have the bedroom personalised. Inspectors noted that there were few personal effects in the particular resident's bedroom. Inspectors were made aware that residents were not consulted regarding the redecoration of their bedrooms.

In the main communication methods were not recorded for residents and the communication records which were available related primarily to food and menu choices but neglected a holistic approach to cover all aspects of living. There was limited evidence of the use of assisted technology, iconic signs and or pictorial methods/devices.

Inspectors heard but did not find written documentation/evidence of where pictorial communication methods had been adopted to aid communication with residents but were considered unsuccessful.

Judgement:

Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

The inspectors saw that there was adequate space provided for residents' personal possessions. Residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

From an examination of the day time staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Staff confirmed that they were supported to carry out their work by the provider and person in charge.

Inspectors found that staff had participated in training whereby they had up-to-date mandatory training and had access to education and training to meet the needs of some residents, however, some staff were not fully knowledgeable of working with residents who had a diagnosis of intellectual disability in particular to providing holistic person centred care.

Inspectors were informed that only two staff had been trained in some non verbal communication methods and inspectors observed that some staff were unable to communicate with a resident and requested another staff member to intervene who had developed a communication mode/relationship that worked with the resident.

Inspectors heard staff using language which was not respectful of adult hood and observed some practices whereby residents were treated in a non-dignified way by staff.

The inspectors examined the records in respect of two staff recently recruited to the centre and found that the documents regarding persons working at the centre had been obtained in accordance with the regulatory requirement.

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:	13/02/2014
Date of response:	16/06/2014

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 01: Statement of Purpose

Theme:

Leadership, Governance and Management

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

The statement of purpose did not accurately describe the service that is provided in the centre nor reflect the diverse needs of residents.

Action Required:

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

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

The Statement of Purpose has been revised to accurately describe the service that is provided in the centre and also to reflect the diverse needs of the residents.

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

Proposed Timescale: 31/03/2014

Outcome 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

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

Some contracts identified the incorrect fee to be charged.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

All individual contracts for the provision of services to residents have been reviewed so as to ensure they contain details of the correct fee to be charged.

Where a Service Level Agreement (SLA) exists between Blackrock Abbey Nursing Home and the Health Service Executive (HSE), for the care of residents, the SLA with the HSE contains details of the correct fee.

Proposed Timescale: 30/04/2014

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 care planning documentation failings were identified: –

- It was difficult to retrieve information in relation to GP and Allied health professionals visits.
- 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.
- There was no follow-up in a care plan regarding a date for a psychological review.
- There were no recordings and no review regarding eye and ear checkups.
- The incorrect date of death of a resident's relative was recorded.
- There were omissions in the weight record for January 2013 and a record detailing a resident's weight highlighted the months but not the year.
- A form to record a resident's body temperature was not completed.
- There were references to female conditions in the documentation relating to male

residents.

- There were references to catheter care in the care plans of residents who did not have a catheter.
- There was no photographic evidence of healed wounds/leg ulcers.
- A resident's key worker group detailed a staff member who was no longer working at the centre.

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.

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

1. All information of GP's and Allied Healthcare Professionals is collated in one record (one for each individual resident). These records are stored safely in the nurses station / office. There are separate divided sections for each of the different AHP disciplines to record their clinical notes. The nursing staff ensure and monitor strict compliance with this secure and easy to retrieve documentation mechanism.
2. The layout of all Care Plans are written in a similar accessible format. A considerable amount of Multi-Disciplinary Team (MDT) effort has and continues to be put into improving and maintaining this Care Plan layout. The residents needs and preferences are compiled in a similar accessible format for all residents.
3. 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.
4. This was addressed with the clinical psychologist on 26 / 03/ 2014.
5. Eye and ear checkups are not done (routinely) in order to avoid ritualistic practice. Our person centred ethos guides us to request these referrals as clinically required for individual residents. When carried out they are recorded.
6. Where deaths of relatives of residents are recorded, it is for the purpose of providing bereavement support if needed. It is unfortunate if an incorrect date was recorded however this does not adversely impact on the support provided to the resident.
7. Staff have been informed by the PIC of the significance of maintaining this record accurately on the planned / scheduled dates.
8. Body temperature may not be a significant indicator in all residents due to ageing physiological changes and therefore other indicators are used for monitoring changes in medical conditions. It is well recognised that in Ireland there is significant overuse of antibiotic therapy and ritualistic temperature monitoring may be adding to this problem. We have deliberately implemented a clinical risk system to avoid and reduce this growing clinical concern as evidenced by guidelines from the World Health Organisation (WHO), Centre for Disease Control (CDC), Infection Control and Microbiology

Professional Groups and the Health Protection Surveillance Centre (HPSC- HALT Study May 2013) in Ireland and other countries.

9 & 10. We 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 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.

11. The condition of the wound is recorded on written documents and photographs are taken, when clinical dressings are required. We maintain a photograph tracking system for wounds that are progressing through a healing process, to give clarity to clinicians and resident and as part of good documentation practice. When a wound is healed a clinical decision is made to discontinue taking photographs and this has been found to reduce the stress and anxiety of the resident and maintains dignity.

12 One of the key worker group members had resigned in early February 2014. The next scheduled meeting of the key worker group was held on 20th February 2014 and at this meeting this staff member was removed from the records, as is normal practice.

This did not impact on the resident as the staff member who resigned, while she was a member of the group, she was not an individual key worker to any resident.

Proposed Timescale: 30/04/2014

Theme:

Leadership, Governance and Management

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

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 not maintained in accordance with the legislation (Schedule 4) as staff did not sign that they had received the money to be used on the resident’s behalf.

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.

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

Records of all money deposited by residents and returned to residents or used, at the

request of residents by staff are now maintained in accordance with the legislation (Schedule 4)

Proposed Timescale: 31/03/2014

Theme:

Leadership, Governance and Management

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

The policy in respect of the management residents' monies/valuables did not reflect the practice within the centre.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

The policy in respect of the management of residents' monies/valuables is under review and will be amended to reflect the practice within the centre.

All other written operational policies and procedures will be reviewed within the prescribed timeframe of at least every three years.

Proposed Timescale: 30/04/2014

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:

It was not detailed in residents' care plans the hoist type and size of sling to be used.

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:

Care Plans do provide details of Hoist Type (Full Body or Sit to Stand). In future the size of the sling (small, medium or large) will also be included. This will be completed as part of our risk management programme throughout the centre.

<p>Proposed Timescale: 31/03/2014</p> <p>Theme: Safe Care and Support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: A staff member carried medicines from the ground floor to administer to residents on the first floor without having them in a secure container.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: A secure container is now in place for the transport of medications from the ground to the first floor. This has been dealt with as a risk management issue and has been implemented throughout the centre.</p>
<p>Proposed Timescale: 31/03/2014</p> <p>Theme: Safe Care and Support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: A simulated fire drill and practice had not taken place in the evening/night time when fewer staff are rostered to work.</p> <p>Action Required: Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p> <p>Please state the actions you have taken or are planning to take: To ensure that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the event of fire, a simulated Fire Drill and practice will be carried out in the evening/night time when fewer staff are rostered to work.</p>
<p>Proposed Timescale: 30/04/2014</p> <p>Theme: Safe Care and Support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: A fire exit door had been obstructed by a dining room table and chairs.</p>

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

The fire exit door is no longer obstructed and staff have been instructed by the PIC to keep all means of escape free from obstruction at all times. A notice has also been displayed to reinforce this practice.

Proposed Timescale: 31/03/2014

Outcome 10: Reviewing and improving the quality and safety of care**Theme:**

Effective Care and Support

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

A report in respect of reviewing the quality and safety of care provided to and the quality of life of residents in the centre had not been devised and made available to residents and for inspection.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Copies of the Residents Satisfaction Survey conducted in 2013 and of the Quality Improvement Plan are available to the residents in the Library. Both of these documents were given to the Inspectors during the recent inspection.

Any further reports in respect of reviews conducted by the registered provider for the purposes of regulation 35(1) will also be made available.

Proposed Timescale: 31/03/2014

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:

Opportunities were not provided for all residents to participate in activities appropriate to his or her interests and capacities and participate in community activities/events..

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:

All residents who have ability to make verbal lifestyle choices and preferences are facilitated and given the opportunity to do so. Some of our residents are known to have severe to profound disabilities and poor communication abilities – we ascertained their preferences by an Intensive Observation Assessment over a 4 month period. This involved moment-by-moment observations of interactions, self-stimulatory behaviours, and activity seeking based on observable behaviours such as making vocalisations, using speech, body movement, facial expression and use of gaze. Based on this, intervention plans were made.

The layout of one of the day rooms was changed to facilitate the development of four areas: a tactile area, a visual area, an olfactory area, and auditory. Within each area, a range of options are available that residents can choose to engage with. For example, tactile equipment includes tactile board with a wide variety of textures and textured balls while auditory equipment includes whistles, bells, and bongo drums and music. It was planned that each resident would be moved through each of the four areas throughout the day. However, it was found that while some residents enjoy the freedom to move around independently during the day, others prefer to remain in the same place. As such, preferred items are made available to residents throughout the day. This is in addition to the programme of activities that includes use of the multi-sensory room, use of the ball pool and aromatherapy.

The interactive floor was also fitted as part of this process. This is a system in which a projection on the floor responds to movement. This provides visual and auditory input for residents while allowing them to explore, cause and effect relationships.

For other residents we ascertain their preferences by verbal communication mechanism.

Community integration happens very frequently.

Some examples of these are:-

Parades,
St Patricks Day Parade,
Trips to the Zoo,
Frequent trips to local village and coffee shops,
Local Stephentown Park and Pond,
Carlingford by the sea,
Concerts,
Religious services,
St Gerards Novena,
Local hotels.

Proposed Timescale: 31/03/2014

Theme:

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

Some of the care plans were not individualised for each resident in that they did not describe the particular and specific care necessary to achieve a good outcome for the resident. The following examples were found:-

- In some care plans there was no detailed information regarding residents' choices in respect of their daily routines for example how to be wakened in the morning, where and at what time to have breakfast.
- Staff described a task orientated routine whereby residents were assisted to get up, receive some personal care and were then brought to the dining room for breakfast within a prescribed time. They then returned to the bedroom to complete personal care and dressing.
- Some care plan records referred to residents' requiring encouragement to take fluids but there was no evidence that this had been monitored.
- The recordings in one care plan identified the resident's refusal to use a piece of equipment but there was no indication of any alternatives adopted to assist the resident's condition.

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:

1. Background to Residents Choice in Daily Routines. All residents who have ability to make verbal lifestyle choices and preferences are facilitated and given the opportunity to do so. Some of our residents are known to have severe to profound disabilities and poor communication abilities – we ascertain their preferences by an Intensive Observation Assessment over a 4 month period.

For other residents we ascertain their preferences by verbal communication mechanism.

There is a choice of menu every day. If the resident does not like the menu offered, they are offered alternatives. Some residents have place mats in which their eating, drinking and swallowing status is detailed.

A number of the residents do not like to eat in the communal dining room. This choice is respected and they eat in the more relaxed environs of the area outside the treatment room or in their bedrooms. All assistive equipment, techniques and preferences are also detailed. This is to ensure that mealtimes are enjoyable and safe for all residents.

Given the level of incapacity of many of the residents it is not recommended that some residents eat in bed.

2. It may have been the perception / impression, given by a staff member that a task orientated process is in place, however this is not the practice or ethos of the Nursing Home. We endeavour to have routines as close to normal family life as possible, for

example some people will eat breakfast in their night clothes and then return to the bedroom to dress and groom. The use of the dining room in the mornings is a resident safety decision.

A number of residents are high risk due to their level of incapacity. In order to ensure that a safe environment is maintained, these residents are encouraged to eat in the dining room under the supervision of trained nursing staff.

3. Food and fluid intake is documented when clinical need indicates it is necessary to do so. In all other cases staff observe the food and fluid intake so that any changes can be responded to and managed appropriately.

4 Residents who refuse to use a piece of equipment are given a choice of an alternative. The alternatives will be documented in future.

Proposed Timescale: 31/03/2014

Theme:

Effective Care and Support

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

Some care plans did not show evidence of how residents and or their families were consulted and actively involved in developing their individualised plan of care.

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:

Every effort is made on admission and thereafter to engage with family members of residents within the service. In many cases this results in the active involvement of family members.

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.

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:

In some instances the care plans were not fully delivered in practice.

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 the case referred to, the resident is provided with a therapeutic therapy option while relaxing on the interactive floor. However as this resident uses the interactive floor space approximately 20 times per day, it is not considered appropriate or practical to deliver the therapy referred to on such a frequent basis.

Proposed Timescale: 31/03/2014

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 homeliness.

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 Blackrock Abbey Nursing Home is purpose built, accordingly this confirms it was designed to meet the needs of the residents. It also stated the physical environment was clean bright and welcoming. "Welcoming" suggests the facility is inviting, warm, homely and friendly. In the intervening period the design has not changed and the standards of the facilities have been maintained and enhanced.

Proposed Timescale: 31/03/2014

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.

All other seating requiring refurbishment will be addressed at an early date.

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:

Two bathrooms were not being used by residents because of the type of the bath presently installed.

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:

Two different types of baths are provided on each floor so as to be able to accommodate residents preferences. The Jacuzzi type is used as a therapy.

All baths are in perfect working order and are in use.

Proposed Timescale: 31/03/2014**Theme:**

Effective Care and Support

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

There was insufficient room to for a shower trolley in bathroom number 402.

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:

This was highlighted by an internal (Blackrock Abbey, Quality Assurance Programme) environmental hygiene audit in Jan 2014.

The toilet has been removed to provide more room for staff and resident comfort.

Proposed Timescale: 31/03/2014

Theme:

Effective Care and Support

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

The clinical/treatment room on the ground floor was functional but uninviting to residents if sessions of reflexology or aromatherapy were offered.

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:

The clinical/treatment room is provided and used mainly for clinical treatments as opposed to alternative treatments.

As this is a clinical room it has to be maintained to a standard to comply with Infection Prevention and Control Standards (Ref-Community IPC Nov 2011).

Proposed Timescale: 31/03/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy/procedure did not identify the nominated person to investigate a complaint.

Action Required:

Under Regulation 39 (5) you are required to: Make available a nominated person in the designated centre to deal with all complaints.

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

In accordance with regulation 39(5) the nominated person to deal with all complaints is Ms Helen Murphy PIC. This is now recorded in the Complaints Policy.

Proposed Timescale: 31/03/2014

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 re decoration of bedrooms.

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

Proposed Timescale: 31/03/2014

Theme:

Person-centred care and support

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

Staff did not implement a resident's preferences/choice in respect of having the bedroom personalised.

Action Required:

Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

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

Residents are facilitated in personalising their own bedrooms.

Residents are encouraged to display family photographs, and use their own furnishings, chairs and other items, all of which can be found in many of the bedrooms.

Proposed Timescale: 31/03/2014

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 recorded for each resident and where they were recorded they related to food and menu choices but neglected a holistic approach to

cover all aspects of living. There was limited evidence of the use of assisted technology, iconic signs and or pictorial methods/ devices.

Action Required:

Under Regulation 11 (1) you are required to: Ensure that each resident is free to communicate at all times, having regard to his/her, and other residents, wellbeing, safety and health.

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: 31/03/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Some staff were not fully knowledgeable of working with residents who had a diagnosis of intellectual disability with regard to providing holistic person centred care.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

- Registered Nurses in Intellectual Disability are employed and they guide all staff in this specialty.
- A number of Health Care Assistants have completed the Module on 'Intellectual Disabilities Studies' at FETAC Level 5.
- All our Health Care Assistants have completed the compulsory Module on 'Communications' at FETAC Level 5.
- Blackrock Abbey Nursing Home has a comprehensive in house Education / Training programme for all staff supported by a Director of Quality, Standards and Training.

Proposed Timescale: 31/03/2014

Theme:

Workforce

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

Opportunities had not been provided for staff to train in communication methods which would meet the needs of the resident group being accommodated.

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:

- Two staff have been fully trained in Picture exchange communication system (PECS). These 2 staff subsequently provided training for the rest of the staff in the nursing home. Evidence can be provided on this upon request. This communication mechanism was found to be ineffective for some residents to ascertain their preferences as it works with adaptive behaviour analysis only. However it is used with a small number of residents.
- The key worker system which is in place in Blackrock Abbey encourages staff to have a more in depth knowledge of particular residents preferences and needs. This communication system encourages the use of a 'Team' as opposed to 'Lone Worker' systems.
- Registered nurses are educated in a large variety of communication methods as part of undergraduate programmes.

- A number of Health Care Assistants have completed the Module on 'Intellectual Disabilities Studies' at FETAC Level 5 which includes communication methods.
- All our Health Care Assistants have completed the compulsory Module on 'Communications' at FETAC Level 5.
- One staff member is trained in the use of Braille – a system used by the blind and visually impaired.

Proposed Timescale: 31/03/2014

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 adult hood.

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 re-advised and re-educated by the PIC on appropriate language to use when communicating with adults.

Proposed Timescale: 31/03/2014

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 treat residents in a dignified manner.

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 informed by the PIC to provide care to residents at all times in a dignified manner.

In this regard staff have been instructed not to reach across or disturb residents unnecessarily.

Proposed Timescale: 31/03/2014