

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Blackrocks Nursing Home
<b>Centre ID:</b>	OSV-0000321
<b>Centre address:</b>	The Green, Foxford, Mayo.
<b>Telephone number:</b>	094 925 7555/ 6/ 7
<b>Email address:</b>	blackrocknursinghome@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Blackrocks Nursing Home Limited
<b>Provider Nominee:</b>	Michael Maloney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	44
<b>Number of vacancies on the date of inspection:</b>	6

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 December 2017 09:00 To: 04 December 2017 19:00

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

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

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

Blackrocks Nursing Home is a modern purpose built residential care facility that can accommodate 50 residents who need long-term, respite, convalescent or end of life care. It is situated a short distance from the town of Foxford. The centre is divided into units with one area that accommodates 16 residents dedicated to the care of

residents with dementia. Accommodation for residents is provided in 12 double and 26 single rooms all of which have ensuite facilities. There are spacious communal sitting and dining areas that can accommodate residents and any mobility equipment they use located in each area. There is space where residents can meet visitors in private. The premises were noted to be clean, warm and well decorated. Residents' rooms were appropriately furnished to meet their needs and had a range of personal possessions on display. The dementia care unit- St. Anne's had a range of dementia friendly features to help residents orientate to their environment and help them make informed decisions. These features included large font menus, clocks at the correct time and strategically located items of memorabilia on display and accessible outdoor space with window boxes in view of sitting areas. The building is situated in large grounds mainly laid to lawn and residents told the inspector that they spent time outdoors when the weather was fine. Flood defenses had been put in place in 2016 to protect the centre from flooding due to the proximity of the river Moy.

The centre is operated as a family business and several family members have designated roles to ensure the effective operation of the service. The person in charge fulfills the criteria required by the regulations in terms of qualifications and experience. She demonstrated that she was familiar with residents, their care requirements and the overall operation of the centre. There were adequate staff allocated to care and ancillary duties, care practice was found to be of a good standards and reflected evidenced based practice and there were appropriate measures in place to ensure residents' safety and to protect them from injury or harm.

The inspector found that there were good arrangements in place to ensure residents had high standards of personal care and could exercise choices in their daily lives. Residents and relatives told the inspector that residents could see visitors when they wished, could choose when they got up and went to bed and had a good range of social activity to choose from. Staff could describe residents' preferred daily routines, their likes and dislikes and how they liked their rooms organised. Residents and relatives said that staff were accessible and that any matters brought to their attention were addressed promptly.

Residents had good access to general practitioner (GP) and primary care services. Access to allied health professionals that included speech and language therapists and dieticians was facilitated and services were accessible. The centre employed a physiotherapist two days a week and he undertook varied assessments and treatment programmes to ensure residents remained active and mobile. A psychologist was employed full time in the dementia unit and assessments that indicated where residents had memory difficulties were available for all residents. Activities that were appropriate and stimulating were organized daily in the centre and were found to meet the needs of residents' accommodated.

The inspector found that the governance and management arrangements were effective and ensured the centre operated to a good standard of compliance. Staff who had specific responsibilities such as the general manager, the nurses participating in management and the person in charge understood their roles well and could convey how they ensured compliance with the regulations and standards.

The responses to the action plans from the previous inspection undertaken on 20/21 September were reviewed. All areas were found to have been satisfactorily addressed. There were vetting disclosures in place for all staff, more distinct colours were now used to distinguish features such as handrails and care plans had been reviewed and were found to provide appropriate information to guide staff practice and reflected assessments completed. The action on staff deployment was ongoing and is also outlined in this report to ensure the skill mix of staff particularly at night meets the changing needs of residents.

The inspector found that of the 18 outcomes inspected, 14 were fully compliant and four were substantially compliant. The areas noted to require attention included medication management as there was only one nurse's signature for medicines transcribed, the smoking area in St. Anne's unit required review as it is adjacent to the nurse's office space and smoke intruded to this area, the staff deployment model requires ongoing review to ensure that the one nurse available at night remains adequate to meet the needs of residents and some safety check arrangements required review as checks were not always recorded over weekends.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date, revised annually and the most recent version was dated 19 September 2017. The inspection findings provided evidence that the service available reflected the aims and objectives as described within the Statement of Purpose.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider representative has an established structure for the management of the centre. The lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and how to report through the senior

management structure.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, there were reviews of all falls incidents and prevention measures were in place to prevent recurrences. Staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There was an annual review of the quality and safety of care delivered to residents, and there was evidence that this had been completed in consultation with residents as required by regulation 23-. The report described the falls analysis undertaken, the number and type of complaints, and consultation with residents. Improvements were made as a result of this review. The consultation with residents comprised of regular meetings and surveys of their views in relation to the premises, safeguarding, rights, dignity and consultation. Improvements had been made to the dining experience in relation to menus. There were now more prominently displayed and a large menu board with pictures was available to ensure residents were informed about the dishes available.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for refurbishment and painting and decorating of varied parts of the building and bedrooms was on going. All areas viewed were noted to be in good condition. Significant investment in flood defences had been completed in 2016 to reduce the risk of flooding.

The person in charge is supported by two clinical nurse managers, the care team, a general manager and varied other staff. Regular management and staff meetings were held to discuss the operation of the service and to convey information. It was evident from the records viewed that staff were able to convey their views and contribute in a meaningful way to how the service operated. Staff reported a good team spirit had been fostered and that the centre was a good place to work.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a residents' guide available and this contained all the information required by

the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents and relatives who provided information during the inspection confirmed that they had received a copy of the guide and other information at the time of admission.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents.

Services not covered by the fee that may be incurred by residents for example, chiropody, hairdressing and toiletries were described with the associated costs.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has had this role for several years. She is a registered nurse and has a full-time role. She fulfils the criteria required by the regulations in terms of qualifications and experience. She oversees the day to day operation of the service, was found to know residents well and was familiar with their health and personal care needs. She has maintained her professional development by attending training courses and conferences and her knowledge on the mandatory topics of fire safety, moving and handling and safeguarding vulnerable people was up to date. Training completed during the last two years included pressure ulcer care, resuscitation-cardiac first responder and nutrition management.

The organisational structure in place provides appropriate support for the person in charge and ensures that she has appropriate time to undertake her clinical and administrative duties. There are two nurses who participate in the management and both are experienced in the care of older people. One was on duty during the inspection and conveyed a thorough knowledge of care practice, residents who had specific needs and the legislative responsibilities of the person in charge.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure that the records, policies and procedures required by the regulations and associated schedules were in place. Medical records and other records, relating to residents and staff, were maintained in a secure manner and information was accessible and easily retrievable.

The required operational policies and records as required by Schedules 4 and 5 of the regulations were maintained. These were noted to be up to date and reviewed regularly. The directory of residents' contained all the required information including the cause of death when residents died in the centre.

The inspector examined a sample of staff files and the documents to be held in respect of persons working at the centre. All documents required by current legislation were in place.

Appropriate public and employers liability insurance cover was in place until August 2018.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider representative and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge longer than

28 days.

There were two nurses at clinical nurse manager level who are nominated as persons participating in management and who take charge in the absence of the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

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

**Findings:**

Measures were in place to protect residents from harm and from abuse. The inspector found that all staff had been provided with training on the prevention and detection of abuse. All staff that the inspector talked to were confident that they would recognise an abuse situation and were clear about their role and responsibility in relation to reports of abuse or suspected abuse. Staff could also describe possible signs and symptoms of abuse such as unexplained bruising, anxiety or distress. There was one adult protection incident reported to HIQA during 2017. This was investigated fully and was not substantiated. The person in charge and the psychologist had attended the training provided by the Health Service Executive (HSE) on adult protection and the safeguarding of vulnerable people. The inspector viewed the training record which confirmed there was on- going training and refresher training in protection of vulnerable adults. During the last inspection some staff were working without the required vetting checks in place. This was judged as a major non- compliance and had been addressed. All staff employed now had the required vetting disclosures in place.

The inspector discussed the varied needs of the current residents with staff and also discussed how responsive behaviours and behaviours associated with dementia were addressed. Staff told the inspector that very few residents displayed responsive behaviours and said that this was only an occasional problem. Staff confirmed that they had attended training in dementia care and were aware of ways to manage behaviours associated with dementia. Records confirmed that changing behaviour patterns were described in care records. The psychologist had a key role in assessing such behaviours and in helping staff devise strategies to prevent and address such behaviours. Staff conveyed a good understanding of the frustration that loss of memory, sensory capacity

and independence can cause and that can lead to unsettled behaviours.

During conversations residents told the inspector that they felt safe and comfortable in the centre and described staff as caring and kind. Several residents said that they had would have no hesitation in alerting staff if they had concerns or a complaint.

There was emphasis on promoting a restraint free environment with an increase in the use of alternative safety measures to prevent falls such as sensor alarms and low level beds. Evidence of the alternative measures considered or trialled was available and there was a rationale for the use of bed rails which was usually to prevent falls or for enhanced security at the request of residents. Some bedrails in use were used as enablers and were in place for the purpose of positioning or enhancing the residents' function. The person in charge said that there are regular reviews of bedrails undertaken to ensure that the measures are required and appropriate.

Some residents had ward of court arrangements in place and the provider representative was an agent in one instance. This was a long standing arrangement that the resident and her relatives had agreed was appropriate some years ago and wished to continue. It was described in the contract arrangement.

There was a visitors' record located at the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be complete and was signed by visitors to the centre on arrival.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, visitors and staff was generally promoted well in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations including evacuation of the centre. There were contact details for statutory organisations, the emergency services and for other essential services such as electricity and gas providers. Each resident had a personal evacuation plan that described factors of relevance to guide staff in an emergency situation. Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change following falls as neurological observations were completed to monitor change in neurological function.

The inspector reviewed the health and safety procedures and the organisation of the service in relation to health and safety. There was an up to date safety statement and the procedures and risk assessments covered the required topics of abuse, violence, aggression and self-harm. The inspector observed how staff managed practice in relation to infection control and moving and handling situations to determine how health and safety was addressed in practice. The inspector noted good practice in relation to infection control. Staff were observed to handle laundry safely and to use hand gels regularly as they moved around the centre. Staff had attended training in infection control and hand hygiene and this was included in the training schedule for 2018. There was good emphasis on promoting independence and staff used equipment to support residents as they encouraged them to walk from one area to another. There were moving and handling assessments available for all residents. These were completed and updated by the physiotherapist when care needs changed or following falls. All staff had up to date training in manual handling and in the use of the hoists.

The inspector viewed the fire safety procedures and fire training records. All staff were up to date with training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire and what to do if clothing caught fire. There were fire safety action signs on display with route maps to indicate the nearest fire exit. Fire drills and fire training was completed regularly during the year. The most recent drills were conducted during August, September and November. There was a record of each drill and any shortfalls that would present risk were identified for remedial action. For example, failure to identify the assembly point, to close fire doors when an area was evacuated and evacuation sheets not correctly attached to beds were areas identified for learning to reduce hazard in the future.

Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly as required and emergency lights and extinguishers were serviced annually on a contract basis. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes however the system required improvement to ensure that checks to be completed daily were completed as scheduled. The inspector found that there were gaps in the records particularly during weekends.

Accidents and incidents were recorded and were reviewed to prevent further episodes. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Evidence of risk prevention strategies for example a review of moving and handling needs and the provision of additional equipment such as sensor alarms was available. Staff were also advised about good moving and handling techniques to ensure skin injuries did not occur. The centre has a low incidence of falls.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records that confirmed that equipment was serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. The call bell system and the electrical installation were serviced in November 2017.

There were a sufficient number of cleaning staff available each day to ensure adequate cleaning of rooms and communal areas. There were separate sluice and cleaning areas provided and staff were knowledgeable about the use of hazardous substances and the inspector observed that they had safe working practices in place to ensure that cleaning products and materials were not left unattended.

**Judgment:**  
Substantially Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

**Findings:**  
The medicines management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurses on duty were familiar with all residents' medicines and any specialist requirements in relation to administration. The inspector observed that medicines was administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medicine administration sheets viewed were signed by the nurse immediately following the administration of medicines. Drugs were administered within the prescribed timeframes.

The medicine administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The General Practitioner's signature was present for all medicines prescribed however where nurses transcribed medicines there was only one signature which is not in line with good practice. The maximum amounts of PRN (as required medication) to be given in a 24 hour period was recorded.

There was good evidence of pharmacy input to support good practice. The majority of medicines were dispensed from a blister pack system. These were delivered to the centre and the prescription sheets and the blister packs were checked to ensure medicines were correct for each resident. Medications that required strict control measures were kept in a secure cabinet. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses.

**Judgment:**  
Substantially Compliant

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

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The quarterly notifications had been submitted to HIQA as required and these contained information on deaths, cause of deaths and pressure wounds where applicable.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

There were 44 residents in the centre during the inspection. There were eleven residents assessed as maximum or high dependency. Ten residents had medium level care needs and eighteen were assessed as low dependency. There were thirteen residents with a diagnosis of dementia, cognitive impairment or Alzheimer's disease accommodated in the dementia unit-St. Anne's.

All residents had a care plan and these were maintained on a computer programme. This was well understood by staff and one of the staff nurses demonstrated to the

inspector how assessments, care plans, reviews, accidents and incidents were recorded. The inspector found that residents had an assessment prior to admission and residents and relatives confirmed that they had visited the centre, met staff who explained varied aspects of the service and provided information in response to their queries. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine health and care needs. Risk areas that included falls, vulnerability to the development of pressure sores, malnutrition and dementia were also assessed and care plans put in place to prevent deterioration and enhance wellbeing.

The range of assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspector found that there was information recorded that reflected a person-centred approach to care had been adopted. For example in the dementia unit where residents were known to have particular interests such as music or farming these had been recorded and social care interventions reflected these interests. Music for example was available on I pads and was used to stimulate memory and prompt participation in activity. The inspector found that the action plan outlined in the last report in relation to care plans not being linked to assessments had been addressed.

Care plans were updated at the required four monthly intervals and there was evidence of consultation with residents in the majority of care plans reviewed. Relatives' feedback conveyed that they had been informed about care plans at the time of admission and at intervals throughout the year. The inspector was told by two relatives that they are regularly informed about their relatives care said that they are advised and consulted when changes occur. The person in charge confirmed that she or the clinical nurse managers make arrangements to meet with relatives to discuss care practice and residents' well being. The inspector found that care plans had been updated following periods of illness and when respiratory or other infections were present.

There was one resident with a wound care problem. This related to a vascular problem. There was an appropriate care plan in place and a referral made for specialist tissue viability advice. The wound care record and evaluations indicated that the situation was stable and responding to the dressing regime.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and nurses were confident that a referral for specialist advice would be made if weight loss persisted over two months. Residents with a diagnosis of diabetes were monitored weekly for changes and at the time the inspection was completed all were stable.

A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort and the inspector saw that specialist beds were set at appropriate pressures for the weight of the residents and that suitable cushions were available for residents' chairs during the day. Care staff ensured that residents moved around, walked to and from their rooms and communal areas where possible and residents who required assistance were helped to mobilise at suitable intervals to protect

their skin integrity. The physiotherapist told the inspector that he provides guidance to carers on varied exercises they can do with residents to help people maintain their independence and mobility. Moving and handling assessments were readily available in all residents rooms and were noted to be updated after falls or following changes in health needs.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents likes and dislikes in relation to when they had showers or baths for example and where they preferred to spend their time.

Residents with dementia were assessed and supported in accordance with their capacity and staff knowledge of their abilities. The inspector noted that residents in the dementia unit were fully engaged with what was going on and appeared relaxed and content. There was a full daily schedule of activity and this was noted to be meaningful and absorbing and included sorting items, exercise, music, planting window boxes and reminiscence. The psychologist said he was updating personal profiles for residents to ensure that health and social care was delivered in a truly person centred way.

Residents had access to doctors and primary care services. There was information that conveyed that medical reviews were completed shortly after admission, to review medication and health needs. There was timely access when a resident became unwell. Allied health professionals that included speech and language therapists and dieticians were available.

There were procedures in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between the varied services.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**  
Effective care and support

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

**Findings:**  
The centre's location, design and layout was suitable for its stated purpose and the facilities met residents' individual and collective needs in a comfortable and home like

manner. The building met legislative requirements and good practice standards for dementia care. The premises had a number of features that takes account of residents' needs and abilities. Hallways were wide, had handrails that were visible and were free from obstructions. There were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment available.

The building was well maintained, warm, decorated in a comfortable home like style and was visually clean. There are three sitting rooms and two dining rooms suitable in size to meet residents' needs and these areas were noted to be comfortably furnished. All areas were observed to be well used throughout the day. Other facilities include several visitors' rooms, office space, a large catering kitchen and the church which provided a quiet area for reflection or prayer.

Bedroom accommodation comprises of twenty six single and 12 double bedrooms all of which have ensuite facilities. Bedrooms are appropriate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and light switches were within residents' reach. There were suitable screens that fully enclosed beds in shared rooms. Residents told the inspector said that their rooms were comfortable, that they had been able to take in personal items from home that they treasured and said that they were free to organise their rooms as they wished. Many bedrooms were noted to have pictures and family photographs on display. Bedrooms had good levels of natural light and the garden and outside areas were readily visible from bedrooms.

There were a sufficient number of toilets and showers provided for residents. There are toilets located close to communal rooms for residents' convenience. Some toilets had handrails on one side only which may not provide adequate support to residents with mobility problems. There was signage to guide residents around the building and signage on doors to help residents locate their rooms. These signs were noted to have visual impact as they had contrasting colours to help residents with vision or orientation problems. The action plan in the last report where the layout was described as in need of improvement to meet the needs of residents due to a lack of signage and colour contrast had been addressed. Decoration undertaken now takes into account the need for contrast to support residents' orientation and sensory problems.

Staff facilities were provided. Separate toilet facilities were provided for care and kitchen staff in the interest of infection control.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints process in place and a complaints record that contained the all relevant information about complaints was maintained. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The person in charge said that any concerns brought to her attention were addressed immediately and the record confirmed this. The feedback from relatives and residents provided to HIQA conveyed that they were satisfied with how the complaints process operated and all felt that their concerns were addressed promptly and resolved. A range of matters raised by relatives and residents had been addressed and included a noisy alarm and a call bell left out of reach. The inspector saw that matters that were the subject of complaints were discussed in staff meetings and at handovers to prevent recurrences.

The inspector found that the arrangements for addressing complaints met the requirements of regulation 34-Complaints procedures.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents' food preferences were identified, catering staff were informed about specialist needs and the menu choices and food were discussed at residents' meetings.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of fluids and hydration, medicines management and the care of residents with conditions such as diabetes.

Residents expressed positive views about the menus and food served. They described catering staff as helpful and concerned that they enjoyed their food. The different choices available were observed at lunch and tea time. Catering staff were very familiar with each resident's food likes and dislikes.

The inspector observed that food was attractively presented and served in variable portion sizes to meet residents' choices. Staff said that they encouraged residents to be independent at meal times. The inspector noted that plenty of time was devoted to meal times and residents were not rushed to finish meals. There were nutritious snack options available between meals to ensure sufficient calorie intake, particularly for residents who required fortified diets. A substantial range of food was prepared by catering staff in the evening so that residents could have a choice at supper time.

Residents who needed assistance were supported by staff who sat by them and chatted as they prompted them to manage independently or actively assisted where needed. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed monthly and those at risk were reviewed on a more frequent basis. Records of fluids and food were noted to be fully complete and provided an accurate overview of the diet consumed.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that the person in charge encouraged good communication among residents, the staff team and relatives. Information supplied to the inspector from relatives and from feedback questionnaires conveyed that communication was good and

that issues were addressed promptly. Residents said that they had regular meetings and were free to discuss how they found the service and to raise points for improvement. Meetings were held separately in the dementia unit and the general care unit. This meant that residents who had problems communicating could be supported to express their views. The records of meetings conveyed that they took place each month and that a range of matters were discussed. These included laundry, food, the activities available and equipment. Residents' requests for changes were addressed and the inspector saw that actions taken were discussed at the next meeting. Some meetings were attended by representatives/advocates from an advocacy service and residents were able to speak to them individually and as part of a group. The person in charge said the contact details for the advocacy service was available to ensure residents and relatives could independently access the service.

There was a range of activities available to residents. Activity staff, the psychologist and carers on duty daily facilitated the activity programme. The activity schedule was noted to be well organised with specific activity organised for residents with dementia. The inspector observed that the activities that took place were well organised and there was a full programme for each day. Activities were based on residents' interests and focused on engagement and occupation. Staff had recorded details of residents' backgrounds and interests to help develop the activity schedule to meet residents' interests. There were group and individual sessions and the inspector saw that there was also scope for spontaneous activity where residents initiated singing, discussion or completing jigsaws. Residents at the November meeting said they were looking forward to making Christmas wreaths, cards and the Christmas party. A range of reminiscence material was available to prompt conversation and participation. Residents told the inspector that they enjoyed talking together and chatted to staff and their visitors. The inspector observed that staff interacted positively with residents, greeted them when they entered rooms and were at all times cheerful and pleasant. The inspector observed that staff respected residents' privacy at appropriate times and knocked on doors before entering bedrooms.

Residents had access to television, radio and local and national newspapers.

There were satisfaction surveys completed on varied aspects of the service. Some topics covered during 2017 included safeguarding, health and social care and nutrition and food. The comments made by residents were positive in nature and changes were made in response to comments made.

**Judgment:**

Compliant

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents had adequate storage space for their belongings and many had a range of personal possessions displayed in their rooms. A property record was completed by staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss.

The centre provided a laundry service and except family members wished to do personal laundry, clothing was laundered on site.

There were staff assigned to the laundry each day and there was appropriate equipment available to ensure that laundry was washed at appropriate temperatures and ironed effectively.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

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

**Findings:**

The inspector found that there was an adequate complement of nursing and care staff on duty to ensure health and social care needs were met and the business of the service was managed effectively. The skill mix was varied and took into account the varied needs of residents. There are three nurses including the person in charge and six care staff on duty daily. One nurse on duty over the seven day week is a clinical nurse manager. In addition there are two catering staff, two cleaners, a general manager and activity staff on duty. A full time psychologist is employed in the dementia care unit and a physiotherapist is also employed for two days a week. The inspector found that the arrangements in place provided adequate support for the person in charge, facilitated a consistent approach to care practice and provided adequate supervision and guidance for carers. Carers were noted to be deployed effectively and were available in adequate numbers during the early morning and evening when residents were getting up and going to bed.

An action plan that required a review of the staff deployed at night was outlined in the last inspection report. There is one nurse and three carers on duty at night. In the context of the dependency of residents and vacancy level at the time of this inspection the inspector judged this to be adequate. A review of this arrangement should continue in view of the potential for change in the number accommodated, the dementia care needs of residents and the large scale layout of the centre.

Staff conveyed that they had appropriate skills and were well informed about their duties, responsibilities and care needs of residents during interviews. They are provided with regular training to ensure that they had up to date knowledge to support their care practice. The training records showed that staff had up to date training on the mandatory topics of safeguarding, moving and handling and fire safety. Training needs were reviewed regularly at management meetings and there was a training plan for 2018 that included additional training on infection control for all staff and training on evidenced based practice for nurses. The clinical nurse managers were scheduled to attend management courses to support them in their roles. The psychologist provided training on responsive behaviours for staff and this was part of an on going programme. Staff were knowledgeable about the regulations and standards that govern designated centres and were familiar with the inspection process.

There was a policy for the recruitment, selection and vetting of staff. This was reflected in practice and evidence was provided in the staff files reviewed. Interviews were conducted for all posts. There was a formal process that underpinned interviews and references and full employment records were available in the sample of records reviewed.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Blackrocks Nursing Home
<b>Centre ID:</b>	OSV-0000321
<b>Date of inspection:</b>	04/12/2017
<b>Date of response:</b>	16/01/2018

**Requirements**

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

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

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

There were gaps in the arrangements for checking some of the fire safety systems such as the fire alarm and fire exits at weekends.

**1. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

<sup>1</sup> 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:**

Fire Fighting Equipment, fire alarm and fire exits will be checked using the weekly checklist which will ensure all weekend as well as weekday checks are carried out so this gap is closed.

In addition to the regularly scheduled Fire Prevention checks, all members of staff are encouraged to log any defects identified throughout the building as they carry out their routine work. A Maintenance Programme is carried out which is scheduled on a monthly, quarterly and annual basis. We will ensure compliance with this programme.

**Proposed Timescale:** 31/01/2018

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Medicines transcribed by nurses were not always signed by two nurses in accordance with good practice guidance.

**2. Action Required:**

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

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

We will ensure that medicines transcribed by nurses are always signed by two nurses in accordance with good practice guidance.

**Proposed Timescale:** 01/01/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Some toilet areas had handrails on one side only which may not provide adequate support to residents with mobility problems.

**3. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated

centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We will ensure all toilet areas have handrails on both sides which will provide adequate support to residents with mobility problems.

**Proposed Timescale:** 31/01/2018

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The staff deployment model requires ongoing review to ensure that the one nurse available at night remains adequate to meet the needs of residents.

**4. Action Required:**

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

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

The PIC will ensure that at all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents and which reflect the size, layout and purpose of our home.

The Roster will be reviewed on a daily basis by the PIC to ensure that this requirement is compliant and that residents are delivered safe and consistent care.

**Proposed Timescale:** 01/01/2018