

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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|---|--|
| Centre name: | Blackrock's Nursing Home |
| Centre ID: | 0321 |
| Centre address: | The Green |
| | Foxford |
| | Co Mayo |
| Telephone number: | 094-9257555 |
| Fax number: | 094-9257556 |
| Email address: | blackrocknursinghome@eircom.net |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered provider: | Michael Maloney |
| Person in charge: | Anne Maloney |
| Date of inspection: | 6 January 2011 |
| Time inspection took place: | Start: 09:30 hrs Completion: 16:30 hrs |
| Lead inspector: | P.J Wynne |
| Support inspector(s): | N/A |
| Purpose of this inspection visit | <input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection |

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The centre is a single-story complex, which was built and designed to meet the needs of dependent persons. Older people who need long term care, people who have dementia care needs and those who need respite or convalescent care are admitted.

The layout, furniture and décor are coordinated, bright, clean and modern. There is a sunroom reception located at the entrance foyer. The accommodation consists of 12 twin bedrooms and 26 single bedrooms, all which have en suites facilities comprising of toilet, shower and wash-hand basin. Other facilities include two spacious dining rooms, three day sitting rooms, two conservatory seating areas, a private visitors' room, a smoking room and a church.

The building is well maintained and attractively decorated. An enclosed courtyard with seating is easily accessible by residents. The external grounds provide ample car parking space for visitors.

Location

The centre is located off a driveway on the outskirts of Foxford, County Mayo, in an expansive landscaped setting. There are shops and business facilities close by.

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| Date centre was first established: | 1 September 1999 |
| Number of residents on the date of inspection | 39 |
| Number of vacancies on the date of inspection | 11 |

| Dependency level of current residents | Max | High | Medium | Low |
|--|------------|-------------|---------------|------------|
| Number of residents | 1 | 15 | 17 | 6 |

Management structure

The centre is owned and managed by a husband and wife team. Michael Maloney is the Provider and Anne Maloney is the Person in Charge.

The Person in Charge is supported in her role by nursing staff, care assistants, and ancillary staff, who report to the Person in Charge.

| Staff designation | Person in Charge | Nurses | Care staff | Catering staff | Cleaning and laundry staff | Admin staff | Other staff |
|---|-------------------------|---------------|-------------------|-----------------------|-----------------------------------|--------------------|--------------------|
| Number of staff on duty on day of inspection | 1 | 1 | 6 | 2 | 1 | 1 | *2 |

* 1 activities coordinator
1 maintenance

Background

The purpose of this inspection was to follow up on the action plan agreed with the provider from the inspection, which took place on the 23 and 24 February 2010 and is published on the Authority's website www.hiqa.ie. This inspection focused on the areas of practice that required improvement, as outlined in the action plan of that report. While inspectors were satisfied at that time of a commitment by the management team to continually improve the quality of the service to residents, the action plan contained 30 requirements and three recommendations. The provider replied within the specified timeframe with an appropriate action plan, which was agreed with the inspector to address the issues identified.

The key findings from the previous inspection identified the need for an improved person-centred approach in the delivery of care, the development of a recreational programme to meet the individual needs of residents and the establishment of a residents' forum group.

Other improvements identified included a need for additional training of staff to meet the changing needs of residents. An accountable system was required to indicate ownership of residents clothing and inspectors identified the need to establish a system to review the quality of life and care to residents, including the provision of additional policies to guide and inform best practice.

Summary of findings from this inspection

This follow up inspection was unannounced and focused on those areas of practice that required improvement as set out in the action plan of the inspection report. The provider and person in charge had addressed the majority of the actions identified in the previous report. In all, eighteen of the actions had been completed, six were partially completed and six had not been satisfactorily completed. While the inspector acknowledged that work had progressed on the remaining requirements, these had not yet been fully completed. The three recommendations had been completed.

The inspector identified a new issue on this visit that required improvement. The inspector was not satisfied that the nurse staffing levels were suitable to meet the needs. A review of nurse staffing levels during the day was required to ensure the needs of all residents are fully met.

The Action Plan at the end of the report identifies areas where improvements were 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*. These include the need to obtain all the documentation required by the regulations in respect of each person employed, to include Garda Síochána vetting, three written references and full employment history details. Establish a system for reviewing the quality of life and safety of care to residents. Review the statement of purpose and residents' guide to ensure it complies with the requirements of the regulations.

Issues covered on inspection:

Staffing Levels

The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24 hour period. The inspector was satisfied that the care assistant staffing levels were suitable to meet the needs of the residents on the day of inspection. However, the inspector was not satisfied that the nurse staffing levels were suitable to meet the needs of the residents during the day. There was one nurse on duty delivering clinical care in addition to the person in charge throughout the day. However, the person in charge required time to attend to her governance and operational management functions and was not delivering clinical care on a full time basis. There are 15 residents rated as high dependency and 17 with medium care needs. Due to the expansive layout of the building and the number of residents with a diagnosis of dementia or confusion which is an additional factor, to be considered in day time nurse staffing levels to ensure the care and welfare of all residents.

Actions reviewed on inspection:

1. Action required from previous inspection:

Develop care plans for residents that fully describe the personal, social and physical care needs and the day to day actions that they undertaken to provide appropriate care.

Involve the resident or their representative in care planning.

This action was completed. The person in charge told the inspector residents were consulted on their plan of care. The inspector viewed the residents' or their representatives' signature to indicate their care plan had been reviewed with them.

Work had been undertaken to ensure care plans reflected all aspects of resident's physical, social and personal needs. Life histories were being completed with residents to inform a holistic care planning process. There were care plans and daily records for all residents which were completed by nursing staff on a computer based system. In addition there were personal profiles and a system for care assistant to record the care they delivered during the day for example hygiene. The inspector found that there was good use of a range of evidence-based risk assessments by nursing staff when completing care plans. Risk assessments were fully completed and used to plan care. The inspector viewed personal wishes in relation to end of life outlined in a resident's care plan. Other residents like and dislikes had been recorded in their plan of care reviewed by the inspector.

2. Action required from previous inspection:

Ensure the residents' routines are flexible to meet their individual needs.

This action was completed. The inspector observed residents throughout the day and the residents' choice was noted to be respected.

The daily routines and care practices maximised residents' capacity to exercise autonomy. Residents could exercise choice in the way they live on a daily basis. Residents were observed getting up at different times throughout the morning. Staff spoke about, and residents confirmed, choice regarding snacks and drinks, where to eat, when to get up and retire, and activity participation.

3. Action required from previous inspection:

The activities program in the centre requires development to ensure activities are purposeful, meaningful and specific to individual residents' needs.

This action was completed. An activity coordinator had been recruited and was working in the centre three days a week. The person in charge told the inspector and the activity coordinator confirmed she was increasing her hours to work five days a week. The activity coordinator explained to the inspector the range of activities she involves residents in, to include bingo, card games and music. The inspector observed residents participating in a sing along session. Residents' told the inspector they enjoy a variety of activities on each day. There were appropriate activities to meet the needs of residents with cognitive impairment to include reminiscence time and story telling. The activity coordinator explained she spent time with residents with dementia, on a one to one basis and other residents who did not like to participate in group events.

4. Action required from previous inspection:

Provide facilitates for residents to participate in the organisation of the centre.

This action was completed. A residents' committee had been established. The inspector viewed the minutes of the most recent meeting. The meeting was chaired by the activity coordinator. The minutes reviewed indicated residents were provided with the opportunity to raise issues. The activity program was discussed and residents continued input was sought to include ideas for future day outings.

5. Action required from previous inspection:

Ensure all clothes are clearly marked and identifiable to each resident.

This action was completed. A new clothes tagging system had been implemented. The inspector viewed clothing in the laundry and in residents' wardrobes, which was discreetly marked to indicate ownership. Residents expressed satisfaction to the inspector regarding their clothing stating 'that their clothes were well taken care of by staff and clothes were laundered and returned quickly'.

6. Action required from previous inspection:

Ensure each resident retains control over their personal possessions.

This action was partially completed. While some toiletries were marked, the inspector viewed other personal toiletries in twin room and noted not all were individually marked to ensure they were clearly distinguishable to each resident.

7. Action required from previous inspection:

Ensure all food portion are properly served and distinguishable.

This action was completed. The inspector observed lunch being served to residents in the two dining rooms. Residents were seen to enjoy a hot well presented meal and were asked about their choice from the menu. Each portion was individually plated and clearly distinguishable. Those that required help were offered assistance sensitively and discreetly.

8. Action required from previous inspection:

Provide facilitates for residents to meet visitors' in private.

This action was completed. A private room for residents to meet visitors had been provided. The room was comfortably furnished and had many home like aspects ensuring residents could meet visitor in private, separate from their own bedroom.

9. Action required from previous inspection:

Provide a means of communicating information to residents.

This action was completed. Notices boards had been provided in each day sitting room. A poster containing the contact details of an advocate was displayed for residents' information. Artwork completed by residents was displayed on the notices board to help remind them of past activities.

10. Action required from previous inspection:

Provide a bed pan washer in the sluice room.
Secure sluice and laundry room to prevent access by residents and visitors.

This action was completed. The inspector viewed the bed pan washer provided in the sluice room. A coded key pad had been provided to the secure sluice and laundry room to prevent access by residents and visitors in the interest of their safety and wellbeing.

11. Action required from previous inspection:

Implement a system that provides an appropriate level of accountability for managing all aspects of residents' finances.

This action was partially completed. The inspector viewed the system to manage residents' finances. The provider did not manage pensions on behalf of any of the residents. A petty cash system was in place to manage small amounts of money for some residents. While there was a clear system to manage residents' finances, and two signatures were recorded in all instances, namely the resident or their representative and the provider. There was not an additional witness signature to ensure full accountability overall for each financial transaction.

12. Action required from previous inspection:

Provide a cleaning room.

This action was completed. The inspector viewed the cleaning room provided which was suitable in size and contained a sink for washing mops and a hand-wash basin.

13. Action required from previous inspection:

Establish a system for reviewing the quality and safety of care to residents.

This action was not completed. While the provider demonstrated a commitment to continual improvement, an overall system for the review of the quality of care and the quality of life of residents at appropriate intervals was not in place. There was no auditing or analysis of information to guide quality improvements.

14. Action required from previous inspection:

Develop a policy to govern the practice of crushing medication and for the safe disposal of unused or out of date medication.

This action was completed. The inspector reviewed the medication policy. The policy included a procedure to govern the practice of crushing medication and for the safe disposal of unused or out of date medication.

15. Action required from previous inspection:

Implement a procedure to record medication errors.

Conduct auditing of medication practices.

This action was not completed. A procedure to record medication errors was not included in the medication policy. There was no evidence of auditing medication practices.

16. Action required from previous inspection:

Develop a policy in accordance with current legislation in relation to end of life care.

Implement a procedure for nurses to verify death.

This action was completed. The inspector viewed the policy on end of life care. The policy outlined appropriate procedures to guide and inform staff. The policy included a procedure for nurses to verify death and the reporting procedures to the local coroner.

17. Action required from previous inspection:

Provide a comprehensive emergency plan for responding to emergencies.

This action was completed. An emergency plan was in place to guide staff in responding to untoward events. A designated senior person was nominated to be the contact point in the event of an emergency. The plan outlined the procedure to follow in the event of fire, loss of electrical power, discontinuation of the water supply and explosion. Contingency arrangements were provided for should it be deemed necessary to evacuate the building. The contact numbers for the various emergency services were contained within the plan. The emergency plan contained specific action instructions for each grade of staff.

18. Action required from previous inspection:

Obtain Garda Síochána vetting for all staff.

This action was not completed. A review of staff files indicated that Garda Síochána vetting was absent for nine staff. The provider told the inspector vetting had been applied for all staff. Copies of the vetting applications were viewed in staff files. The provider was awaiting the return of Garda Síochána vetting for the remaining nine staff employed.

19. Action required from previous inspection:

Ensure the complaints procedure is displayed in the centre.

Draft the complaints policy to ensure all aspects of the complaints procedure are managed and as required by the regulations.

This action was partially completed. The complaints procedure was displayed prominently in the centre. Residents informed the inspector if they had a complaint they would speak to the person in charge.

The complaints policy had been reviewed and updated. However, it did not contain an independent appeals process or identification of a nominated person (one who is independent of the person responsible for investigating the complaint) to ensure that all

complaints are responded to within the timeframe outlined in the complaint policy and records are appropriately maintained.

20. Action required from previous inspection:

Develop written operational policies and procedures on communication.

This action was partially completed. There was a written operational policy and procedure on communication. The policy entailed the different procedures for communicating with residents and staff. However, the policy did not outline any procedures to guide staff to communicate with residents who have dementia or confusion, impaired hearing or loss of vision.

21. Action required from previous inspection:

Implement training and educational development to ensure staff meet the changing needs of residents.

This action was partially completed. The provider had developed a training matrix to identify all staff training needs. The inspector reviewed the training records for staff. A comprehensive programme of training to include, safe moving and handling of residents, fire safety and evacuation, care of the elderly with dementia and challenging behaviour had been undertaken. The inspector viewed evidence of future planned training to include cardio pulmonary resuscitation techniques. Mandatory training required by the regulations in adult protection, was well attended by most staff however, the inspector identified ten staff who had not been trained.

22. Action required from previous inspection:

Implement a safe mechanism to evacuate immobile residents safely in the event of a fire.

This action was completed. The inspector viewed fire evacuation sheets that had been fitted to the beds of each resident. Staff spoken with were clearly able to explain and demonstrate the procedures to be followed in the event of fire.

23. Action required from previous inspection:

Ensure there is a nominated person in charge for each 24-hour period on the off duty rota.

This action was completed. The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24 hour period. The rota indicated there was a registered nurse on duty at all times. The rota clearly identified on call arrangements to contact a senior person.

24. Action required from previous inspection:

Develop and implement a system of staff appraisals.

This action was partially completed. An appraisal to discuss each staff members' training needs had been developed. While the provider had a clear timescale to progress completing appraisals with each staff member, to reference their professional development and educational goals, this had not yet been completed with all staff.

25. Action required from previous inspection:

All staff members are supervised on an appropriate basis pertinent to their role.

This action was completed. The person in charge told the inspector there was no staff working nights only. A review of the rota, over a three week period confirmed staff were not rostered on nights permanently.

26. Action required from previous inspection:

Provide a separate and planned and actual copy of the rota.

This action was completed. The inspector viewed separate copies of the planned and actual staff rota which were maintained. The rota was noted to be clear and legible allowing the inspector to easily identify the staff on duty in each 24 hour period.

27. Action required from previous inspection:

Develop a recruitment policy to include jobs descriptions.

This action was completed. There was a clear and transparent recruitment policy in place outlining the recruitment practices for employing staff which was viewed by the inspector. The policy included job descriptions for different grades of staff. The job descriptions reviewed outlined the reporting relationships, the purpose of the post and the principal duties and responsibilities.

28. Action required from previous inspection:

Provide all information as required by Schedule 2 of the regulations.

This action was not complete. A good effort had been undertaken by the provider to obtain all of the information required by Schedule 2 of the regulations. However, a review of staff files indicated three written references and full employment history details was not in place for each employee.

29. Action required from previous inspection:

Produce a residents' guide in line with regulations and provide a copy to each resident.

This action was not completed. While a residents' guide was available, it did contain all the information required by the regulations to include a summary of the complaints procedure and copy of the contract of care. The residents' guide did not include a copy of the most recent inspection report by the Authority and the name and address of the Chief Inspector of Social Services.

30. Action required from previous inspection:

Include in the statement of purpose all matter outlined in Schedule 1 of the regulations.

This action was not completed. While a statement of purpose was available it did not meet the requirement of the regulations in a number of ways for example, the address and phone number of the centre and the name, address and qualification of the provider was omitted. The size of rooms was not indicated. The statement of purpose did not specify the maximum number of residents that can be accommodated, the range of needs the centre intends to meet and the type of nursing care provided.

Recommendations

| Standard | Best practice recommendations |
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| <p>Standard Consultation and Participation</p> | <p>There was no independent advocate available to residents should they wish to obtain help to make a complaint or require assistance to express their views.</p> <p>Review The person in charge told the inspector residents have access to an advocate who spends time keeping residents company and assists them to raise any individual issues they may have. The contact details for the advocate were viewed on the notice board. The person in charge informed the inspector the advocate is presently completing the national advocacy programme.</p> |
| <p>Standard 4: Privacy and Dignity</p> | <p>All residents wore clothes protector during meals and were not offered an option or alternative choice.</p> <p>Review The inspector observed residents were offered a choice of a paper napkin or clothes protector during lunch.</p> |
| <p>Standard 1: Information</p> | <p>Include care assistants in the nurse handover report at the end of each shift.</p> <p>Review The person in charge informed the inspector and staff confirmed they are included in the handover report between the changes of shifts.</p> |

Report compiled by:

P.J Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 January 2010

| Chronology of previous HIQA inspections | |
|--|--|
| Date of previous inspection | Type of inspection: |
| 23 and 24 February | <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced |

Provider's response to additional inspection report *

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| Centre: | Blackrock's Nursing Home |
| Centre ID: | 0321 |
| Date of inspection: | 6 January 2010 |
| Date of response: | 10 February 2011 |

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, 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*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

The inspector was not satisfied that the nurse staffing levels were suitable to meet the needs of the residents during the day.

Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:

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

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| <p>Provider's response:</p> <p>One nurse has been recruited and has commenced employment since the end of January.</p> <p>The recruitment of additional nurses with appropriate skills is ongoing.</p> | In Progress |
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| <p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all staff had been trained in adult protection/elder abuse.</p> | |
| <p>Action required:</p> <p>Ensure all staff are trained in adult protection/elder abuse.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</p> | |
| <p>Please state the actions you have taken or are planning to take with timescales:</p> | <p>Timescale:</p> |
| <p>Provider's response:</p> <p>An elder abuse refresher training programme has been arranged for all staff.</p> | <p>March 2011</p> |

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| <p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Garda Síochána vetting was not available for all staff employed.</p> <p>All of the information required by Schedule 2 of the regulations to include, three written references and full employment history details was not provided for all staff.</p> | |
| <p>Action required:</p> <p>Provide Garda Síochána vetting for all staff.</p> | |
| <p>Action required:</p> <p>Provide all information as required by Schedule 2 of the regulations to include, three written references and full employment history details.</p> | |

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| Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Garda Síochána vetting for all staff is applied for on recruitment of new staff as required by the home's quality assurance procedures. Unfortunately, the vetting can take some considerable time. All new staff have applied for same. Blackrock's Nursing Home's recruitment procedures will be updated to ensure Schedule 2 of the regulations is met to include, three written references and full employment history details. | March 2011 |

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| 4. The provider is failing to comply with a regulatory requirement in the following respect: There was no procedure in place to record medication errors and there was no auditing of the medication management practices. | |
| Action required: Implement a procedure to record medication errors. | |
| Action required: Undertake auditing of medication practices. | |
| Reference: Health Act, 2007 Regulation 25: Medical Records Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 32: Register and Residents' Records Standard 30: Quality Assurance and Continuous Improvement | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: The medication management policy will be updated to include the recording of medication errors. We will implement and undertake auditing of medication practices. | March 2011 |

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| <p>5. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Personal toiletries were not clearly identifiable to each resident.</p> | |
| <p>Action required:</p> <p>Ensure all personal belongings are clearly identifiable to each resident.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity</p> | |
| <p>Please state the actions you have taken or are planning to take with timescales:</p> <p>Provider's response:</p> <p>The procedures will be updated to ensure personal belongings are audited more often to ensure compliance.</p> <p>Personal items will be individually marked to ensure they are identifiable to each resident.</p> | <p>Timescale:</p> <p>March 2011</p> |

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| <p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure did contain an independent appeals process.</p> <p>A second person was not nominated to ensure all complaints were responded to and records appropriately maintained.</p> | |
| <p>Action required:</p> <p>Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.</p> | |
| <p>Action required:</p> <p>Nominate a second person to ensure that all complaints are responded to within the timeframe outlined in the complaint policy and records are appropriately maintained.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints</p> | |

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
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| <p>Provider's response:</p> <p>A nominated independent second person to ensure complaints are responded to within the timeframe has been identified and will be properly briefed.</p> <p>The complaints policy and procedures will be updated to reflect these changes. Records of complaints will be recorded and reviewed by management and any action items implemented.</p> | <p>March 2011</p> |

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| <p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The communications policy did not outline any procedures to guide staff to communicate with residents who have dementia or confusion, impaired hearing or loss of vision.</p> |
| <p>Action required:</p> <p>Revise the communication policy to include procedures to guide staff on communicating with residents' dementia or confusion, impaired hearing or loss of vision.</p> |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 11: Communication Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p> |

| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
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| <p>Provider's response:</p> <p>The communications policy will be updated to include procedures to guide staff on communicating with residents' dementia or confusion, impaired hearing or loss of vision.</p> <p>Staff trained in updated policy.</p> | <p>March 2011</p> <p>April 2011</p> |

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| <p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was not a system established to review the quality and safety of care and life.</p> |
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| Action required: | |
| Establish and maintain a system for improving the quality of care provided and the quality of life of residents in, the designated centre. | |
| Reference: | |
| Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>As part of Blackrock's continuous improvement programme quality monitoring and auditing will be further developed to reflect the centre's drive to embrace quality assurance processes. To this end monitoring of the new operating policies and procedures will become more comprehensive. Management will carry out regular audits which will be reviewed at management meetings and identified improvements implemented. Auditing to include:-</p> <ul style="list-style-type: none"> ▪ resident health and wellbeing / changes in behaviour ▪ accidents including resident falls ▪ medication management ▪ care plans (at least three monthly) ▪ infection control ▪ communication processes with residents / staff | March 2011 |

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| 9. The provider is failing to comply with a regulatory requirement in the following respect: | |
| The statement of purpose did not contain all the required information required by the regulations. | |
| Action required: | |
| Revise the statement of purpose to include all the information required by Schedule 1 of the regulations | |
| Reference: | |
| Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |

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| <p>Provider's response:</p> <p>The statement of purpose will be updated to include all the information required by Schedule 1 of the regulations.</p> | <p>March 2011</p> |
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| <p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The residents' guide did not include all the information required by the regulations.</p> |
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| <p>Action required:</p> <p>Revise the residents' guide to include all the information required by the regulations.</p> |
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| <p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p> |
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| <p>Please state the actions you have taken or are planning to take with timescales:</p> | <p>Timescale:</p> |
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| <p>Provider's response:</p> <p>The residents' guide will be revised to include all the information required by the regulations.</p> | <p>March 2011</p> |
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Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

| Standard | Best practice recommendations |
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| <p>Standard 9 Resident's Finances</p> | <p>Ensure two signatures are recorded to ensure accountability for each financial transaction.</p> <p>Provider's response : We will revise the policy and procedures manual to ensure two signatures are required for each financial transaction.</p> <p>March 2011</p> |
| <p>Standard 24: Training and Supervision</p> | <p>Complete appraisals with all staff to provide a mechanism for staff to receive feedback on their performance or to identify their strengths, to ensure continuous professional development.</p> <p>Provider's response: We will complete staff appraisals with all staff in line with our policies and procedures.</p> <p>March 2011</p> |

Any comments the provider may wish to make:

Provider's response:

The inspection was conducted in a professional and courteous manner. The review given from the inspector and from this document have been accepted fully and will be implemented in line with the timeframes set out.

Provider's name: Michael Maloney

Date: 10 February 2011