



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Blackrock Abbey Nursing Home
Name of provider:	ACH Nursing Home and Healthcare Ltd.
Address of centre:	Cockle Hill, Blackrock, Dundalk, Louth
Type of inspection:	Announced
Date of inspection:	20 March 2024
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0042871

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Blackrock Abbey is a purpose built nursing home and care facility located in the seaside village of Blackrock, Dundalk Co Louth. The centre is registered to provide residential care to 64 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to elderly residents, dementia, Alzheimers, a disability and those requiring palliative care. No new residents with intellectual disability will be admitted to the centre. Residents are accommodated on two floors. There are 48 single and eight twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and roof garden. There is close access to the beach, restaurants, pubs, the local park and shops. There is an established bus service to the town nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 March 2024	08:45hrs to 16:15hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector observed that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents and 10 per cent of visitors in more detail to gain insight into their experience of living in Blackrock Abbey Nursing Home. Residents reported that overall, the service was good and that they were happy living in the centre. Relatives were very positive about the way their loved one was taken care of and spoke about the great efforts that were made by staff to ensure 'they were well looked after'.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living, for example, eating breakfast, mobilising in the corridors and reading the daily newspapers. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. Overall, the environment was clean and warm. The premises was mostly well-maintained, however due to wear and tear some areas required attention and will be discussed later in the report.

The centre comprised of two floors and there was sufficient private and communal space for residents to relax in. Stairs and lifts were available to support movement between floors. Hand rails were in place in corridors to promote residents' movement and independence.

Communal areas were found to be decorated and furnished to a high standard. Other facilities made available to residents included a spacious oratory, a sitting room and a hair salon. One resident informed the inspector that they enjoyed spending time in the newly refurbished 'Kelly's Bar' which was located on the first floor. The inspector heard that they could watch the sports on the big television or play games such as darts or chess. An enclosed courtyard was available which was easily accessible and suitable for residents to use.

Resident bedrooms were found to be clean and organised. The inspector observed that many residents had photographs, ornaments, soft furnishings and other personal items which gave their rooms a homely atmosphere. Residents who spoke with the inspector were happy with the size, layout and décor of their rooms.

Residents were supported to enjoy a good quality life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. There were a range of activities provided during the day including an exercise class and a visit from a singer entertainer. This proved very popular with residents as the entertainer appeared very enthusiastic and encouraged resident participation. There was a comfortable familiarity between the staff and residents that created a positive

atmosphere. Residents and staff were observed singing and enjoying a gentle dance.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were very complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. The inspector observed adequate staff offering encouragement and assistance to residents.

Laundry facilities were available on site. Residents informed the inspectors that they sent their laundry for washing and received it back clean and fresh. Clothing was labelled with the resident's name to prevent loss.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was ACH Nursing Home and Healthcare LTD. The person in charge was supported by the provider representative, the assistant director of nursing (ADON), the clinical nurse managers (CNMs), a team of nurses, healthcare assistants, catering, activity, housekeeping, administrative and maintenance staff.

The annual review of the quality and safety of the service for 2023 and quality improvement plan for 2024 was available for review. There was evidence that it was prepared in consultation with residents and their families.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual and collective needs. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Several volunteers also attend the centre, enhancing the residents' lived experience.

The training needs of staff were being met. They all had the required mandatory training completed. A clear, concise and up-to-date training matrix was available for review.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Overall, the documents reviewed met the legislative requirements including contracts of care, and complaints procedure. However, the information for residents did not fully meet the legislative requirements and will be discussed under the relevant regulation.

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed six contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Notwithstanding the positive findings, this inspection found further improvements were required to the premises and information for residents, and will be detailed in the report under the relevant regulations.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was evidence of ongoing discussion and consultation with the families in relation to the development of resident care plans.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and television. There was access to advocacy with contact details

displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for 10 residents and a separate central private property account was in place to safeguard residents' finances.

The premises was laid out to encourage and facilitate independence. It was of suitable size to support the numbers and needs of residents. However, the inspector found that a number of areas of the premises were in need of maintenance and will be discussed under Regulation 17: Premises.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

A residents' guide was available and included a summary of services available, the complaints procedure including external complaints processes such as the Ombudsman, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- Hand hygiene sinks located along the corridors, in the sluice rooms and in the medication room/nurses office did not meet the specifications of clinical hand hygiene sinks and required review.
- The ceiling surface in two areas showed signs of water leakage damage. The inspector was informed that repairs to the roof had started and once complete, painting of the areas had already been included on the maintenance schedule.
- Aspects of premises were not sufficiently maintained internally and some areas of the centre required painting and repair. For example, on the ground floor unit the inspector observed, dirty ceiling tiles, scuffed doors, chipped paint on walls, wooden skirting and handrails. Flooring on the corridor of the ground floor unit was heavily scored and marked, preventing effective cleaning. The interior walls of the ground floor sluice room was heavily marked and required review.
- A chair in the hairdressing room required repair or replacement as there were breaks in the integrity of the surface, which did not facilitate effective cleaning and decontamination.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of

wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

The Residents' guide in respect to the designated centre did not contain the following information:

- The terms and conditions of residency in the nursing home.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and contained detailed information specific to the individual needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspector reviewed a sample of staff files and all files reviewed had a record of Garda vetting obtained for staff prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0042871

Date of inspection: 20/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Hand hygiene sinks which are not meeting the specifications of clinical sinks will be phased out: <ol style="list-style-type: none"> 1. In both nursing station – time frame 30/06/2024 2. In both sluice rooms – time frame 31/12/2024 3. Sinks located along the corridors (9 all together) – 31/12/2025 • The ceiling surface in two areas to be repainted – time frame 31/05/2024 • Ground floor maintenance: <ul style="list-style-type: none"> - Dirty ceiling tiles to be replaced with new ones – time frame 30/07/2024 - The interior walls in the sluice and store room to be coated with PVC sheets – time frame 30/06/2024 - Scuffed doors – to be repainted and common places of impact to be protected with metal strips – time frame 30/06/2024 - Chipped paint on walls, wooden skirting and handrails – biweekly check list put in place – time frame: ongoing - Flooring on the corridor of the ground floor to be repaired – time frame 31/12/2025 • Chair in the hairdressing room to be refurbished – time frame 31/05/2024 	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> - Resident’s guide has been updated to include the terms and conditions of residency in the nursing home – time frame – completed 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	22/03/2024