



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:	Unannounced
Date of inspection:	28 March 2023
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0039647

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:	61
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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
Tuesday 28 March 2023	08:30hrs to 17:20hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Blackrock Abbey Nursing Home. Overall feedback from residents was that staff were kind and attentive. All expressed satisfaction with the food, bedroom accommodation and services provided to them.

Following a short opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. Overall, the centre was seen to be in a good state of repair, clean and homely throughout. The building was laid out over two floors and serviced by a lift.

An enclosed courtyard was available which was easily accessible by the residents from the day room. There were safe wide paths for residents to safely mobilise along and view the planting. Two pet rabbits roamed freely in the area and the inspector observed how they provided energetic experiences to residents as they interacted with the pets.

Residents informed the inspector how staff supported them to enjoy life in the centre. Activity coordinators were on site to organize and encourage resident participation in events. A digital collage of residents' water colour paintings was displayed on a canvas in the centre, which was created as part of a national creativity project in older age. Mass was provided in the oratory every Sunday. Residents were encouraged to maintain links with the community through outings and through giving back to the community. For example residents, relatives and staff participated in a pink fundraiser for breast cancer, bake sale and most recently fund raised for Africa to help health care services in need.

Residents' rights and choices were respected as residents were actively involved in the organization of the service. There were two monthly resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. The inspector observed actions and quality improvement plans based on resident satisfaction surveys. Human rights and the charter of rights was discussed at the most recent resident meeting. The charter of rights was also advertised on resident advocacy boards on both floors and in the lift.

The inspector observed a mealtime service and noted that the food looked appetising and was served hot. Mealtime was observed to be well managed and unhurried. There were sufficient numbers of staff available to assist residents during meal times. Residents who spoke with the inspector expressed great satisfaction with the food.

Residents and visitors informed the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspector that they were happy

with the care provided and felt it was a good place for their loved one to live.

The inspector observed that following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre and generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). An improvement plan to enhance infection, prevention and control was put in place to address outstanding issues. For example, all furniture had been reviewed and refurbished or replaced, a chemical storage cabinet was installed in the sluice room, rust was removed from the sluice sink, painted surfaces were repainted and resealed where required, additional janitorial units were installed in each sluice room to ensure the safe disposal of body fluids and a system had been put in place that ensured the process of identification of clean equipment.

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

Overall, this centre provided a good standard of care to residents living there. There was a clearly defined management structure in place, with effective management systems to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

This was an unannounced risk 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 senior management team included the provider representative, person in charge, clinical operational manager and assistant director of nursing.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay. The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. There were no volunteers working in the centre.

The centre had a directory of residents in accordance with Schedule 3, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in an electronic format and was appropriately maintained, safe

and accessible.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff.

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. There was a minimum of two qualified nurses on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals. Assistive technology was in place for those that needed them.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was kept in a good state of repair and suitably decorated. The twin bedrooms viewed on inspection allowed for enough private space for each resident.

The National Transfer document was used where a resident was temporarily absent or discharged from the designated centre and contained all relevant resident information including infection status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including

out of hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for nine residents and a separate client account was in place to safeguard residents' finances.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their well being, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintains and enhances their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was well maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, this happened in a planned and safe manner. Upon residents'

return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant