



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	09 July 2026
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0050609

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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How we inspect

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
Thursday 9 July 2026	07:00hrs to 15:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, conducted with a focus on adult safeguarding; to review the measures the registered provider had in place to safeguard residents from all forms of abuse.

This inspection found that safeguarding was embedded into all aspects of care delivery. This ensured that the residents were living in a safe environment where their dignity and well-being were protected at all times.

On arrival, the centre was calm and peaceful. The majority of the residents were in bed; some residents had already started their morning routine in the privacy of their bedroom and a small number of residents were observed in the communal areas, as was their preference.

The inspector met with many residents and spoke more in-depth with 11 residents. Residents stated that they felt well cared for by staff; residents said they valued staff relationships and described the atmosphere in the centre as 'friendly'.

Residents said that they felt safe living in the centre. They said staff knew them well and they trusted that staff would act promptly, if any concerns arose.

Residents told the inspector that they were happy with the care provided and how their healthcare needs were met, including the provision of on-site dental care. Residents told the inspector about their recent visit to the in-house dental clinic and how easy and comfortable they found the experience, without having to leave their home.

The centre comprised of two floors with sufficient private and communal space for residents to relax in. Stairs and lifts were available to support movement between floors. Overall, the centre was warm and clean. Fire exits and escape pathways were noted to be clear from obstruction.

The inspector followed up on compliance plans from the previous inspection. The registered provider had completed a program of fire safety works as outlined in their compliance plan and was awaiting a new fire certificate. Assurances were given that the fire certificate would be forwarded to the Chief Inspector, once received.

Extensive refurbishment works had taken place in respect of premises, for example: flooring was changed in all corridors and communal areas, new furniture and curtains were installed in resident bedrooms, new decorative panelling was installed on all corridors, and fresh painting and wallpaper was visible on corridor arches and feature walls in bedrooms. The provider had also replaced nine hand hygiene sinks and updated lighting on the corridors.

Refurbishment works were fully complete on the ground floor and were nearing completion on the first floor. The inspector observed a controlled and well-managed approach to the works, with minimal impact to residents. Residents told the inspector that they were kept informed about the works and they caused little or no disruption.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests, preferences and capabilities. Residents reported that they enjoyed outings, including trips to a local shopping centre and to a local scenic amenity.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms. The inspector saw that residents had access to their call-bell when in their bedroom alone, and all residents spoken with said their call-bell was answered promptly.

The complaints policy was on display in various prominent places throughout the centre and it included the contact details for the advocacy services. The residents spoken with told the inspector that any concerns raised were dealt with promptly.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were kept free from harm in their home.

This was an unannounced inspection to assess the providers level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). It also focused on the leadership and management arrangements in place with respect to adult safeguarding.

The registered provider is ACH Nursing Home and Healthcare Ltd. The person-in-charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON) and a team of

nurses, healthcare, activity, catering, household, administration and maintenance staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels were maintained to ensure residents' safety and wellbeing at all times.

Training records were maintained and provided assurance that all staff working with residents in the centre had completed the required mandatory training, including safeguarding vulnerable persons.

Staff were encouraged to pursue ongoing professional development in areas such as dementia care, human rights based training and gerontology.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff were suitable to meet the identified needs of residents while maintaining their safety and promoting their rights, at all times.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse. Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were stored securely within the designated centre and made available for the 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. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

This inspection found that overall, the provider was proactive in their approach to safeguarding residents. Appropriate measures were taken to protect residents from harm and to promote resident's safety.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently, if required.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each resident's individual needs and had supports in place to help them to respond appropriately.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through clear reporting lines and escalation pathways to senior management and external agencies.

Residents were supported to make informed choices, with advocacy support offered where required. Activities were tailored to meet individual needs and residents had input into planning their schedule including trips out of the centre. Arrangements were in place for residents to give feedback on the service provided to them. There

were resident meetings to discuss any issues they may have and suggest ideas on how to improve the service.

The registered provider ensured that there were accessible communication methods for all residents, including communication charts and communication boards, as required.

The premises was of suitable size to support the numbers and needs of residents. The provider upheld their commitment from the last inspection of maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations, with premises works close to completion.

The inspector noted that all fire works as outlined in the compliance plan from the previous inspection were complete. For example, a fire detector was installed at highest point in the stairwell, smoke seals were replaced on fire doors, new fire doors were installed in the kitchen and laundry, and new fire retardant attic hatch was installed. There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire, including ongoing vertical evacuation training.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of the residents and provided a safe, secure and accessible environment for all residents. Safety systems were used appropriately, balancing security with residents' privacy.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was high and described person-centred and evidence based interventions to meet the needs of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre. The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The nursing home was pension-agent for a number of residents and the management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. The sample of files reviewed, had evidence that staff had obtained An Garda Síochána vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect; residents were living in a safe and supportive environment, where their individual choices and rights were upheld.

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
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	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