



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:	26 February 2021
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0032011

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:	44
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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
Friday 26 February 2021	08:30hrs to 16:45hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector observed that this was a well-run and governed centre which ensured residents received a high standard of safe quality care. The new management team demonstrated commitment and resilience to provide good care for the benefit of the residents during a difficult time. Overall the inspection found good levels of compliance with all the regulations with minor improvements required to strengthen the management audit systems and to further enhance the infection prevention and control processes in the designated centre.

The inspector acknowledged the significant efforts made by the provider to promote, maintain and maximise residents' safety during the recent COVID-19 outbreak. The outbreak had significantly impacted the centre since the beginning of the year and sadly 17 residents had died. This was a tragic outcome for the families, the local community, other residents and the staff team. However, the inspector found that there was a real sense of endurance and cautious optimism for the future in the centre which was still recovering from the outbreak. Staff were already talking about their plans to pay their respect to the residents who had died and to their bereaved families. There were plans to create a memorial space in the garden and to arrange for a remembrance service to be held in the coming weeks.

The inspector completed a walkabout of the premises with the person in charge and found that the lived environment was warm, comfortable and met resident's needs. The centre was clean, well laid out and overall was well-maintained. However some improvements were required to ensure that the cleaning and storage of equipment followed good standards of infection prevention and control (IPC). This is discussed under Regulation 27.

Residents' bedrooms were clean and personalised, and a number of them had en-suite facilities. In addition, there were also a number of communal baths and assisted shower rooms. Accommodation consisted of single and twin en-suite bedrooms, however at the time of inspection all twin rooms had single occupancy which supported social distancing precautions.

There were a range of large open plan communal spaces and the layout and signage in the centre supported independence and good orientation. Residents had unrestricted access to a landscaped garden on the lower ground and a large terrace and conservatory on the upper floor.

Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with the residents. Residents spoke positively about the staff. Call bells were answered in a timely manner and staff were observed to spend time and chat with residents at leisure.

Residents confirmed that they felt safe in the centre, that they were well cared for and could see their general practitioner (GP) if they needed to. They said that they

were consulted about their plan of care and were kept up to date with any changes. The inspector reviewed a sample of the residents' care plans and found the records were comprehensive and person-centred and clearly demonstrated that residents were reviewed regularly and had access to specialist health services as required.

Residents said they were comfortable living in the centre and had all they needed. Throughout the day staff were seen taking residents out for walks and enjoying the good weather. Residents commented on how much they enjoyed the arrival of spring and admiring the flowers and blossoming daffodils in the garden and on the window sills. Preparations for St Patrick's day were ongoing, and residents were involved in arts and crafts sessions to make decorations for the day. Staff told the inspector that they used every opportunity 'to bring back some colour and joy in residents' lives' and hope for a return to normality.

Residents were integrated in the local community and throughout the pandemic they had participated in raffles to raise funds for community projects. They were also participating in a range of initiatives such as Cards of care, Pen pal and local artistic projects. There was a lot of positive feedback in respect of a Christmas Carol concert that took place on the grounds of the nursing home and which all the residents watched from the terrace with social distancing measures in place. Throughout the centre, the inspector observed numerous paintings and community letters of support for the residents.

Residents were observed to be engaging in a range of one to one and small group activities which included music, daily exercises, newspaper reading and doll therapy. Throughout the day staff were seen spending time with residents on a one to one basis, assisting them to complete a puzzle or a drawing, painting nails, looking together at pictures, chatting and reminiscing. It was evident that residents were comfortable in the presence of staff, and that they knew them well.

The inspector also observed the dining experience, and found that there were enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. Residents reported that food was very good and they were satisfied with the choices available to them. If they did not like what was on the menu, an alternative meal of choice was made available.

Residents in the centre had received their COVID-19 vaccine and there was a sense of relief and hope for the future. Residents who communicated with the inspector said that staff had done everything in their power to meet their needs and keep them safe and informed during the outbreak, and they could not think of any way in which things could have been done better or differently. Two residents said to the inspector that they felt they were 'just lucky' and were hoping to see their loved ones soon, and go out with their families. A number of residents who had contracted the virus had shown no symptoms, and had remained well throughout. They commented on the invisible nature of the virus which contributed to heightened anxieties and fears. One resident said that they did not know why they did not become unwell, 'it could well have been me'.

One of the residents described their shock at how fast the outbreak took over in the centre and how it felt unreal. They said that they had watched on the news what was happening in the outside world and then suddenly they were in the midst of it. The resident recounted how their friend who was in the next bedroom had been well one day and had become unwell and died by the next day. The residents' grief had been intensified by their inability to attend the funerals of their fellow residents and friends. Staff and residents had watched the funeral streamed live in the centre and that had given them some closure. However, passing by the empty bedrooms and seeing the empty seats at the dining tables was a constant reminder of what had just happened in the designated centre.

Although residents appeared positive and upbeat about the future, staff confirmed that the outbreak had a strong impact on the residents, one of whom described it like 'the life and soul was pulled out of the place'. Staff described how during the isolation period, they checked on the residents every 30 minutes, to see if they were well or lonely. Other staff reflected on how alienating and frightening the experience of seeing staff wearing personal protective equipment (PPE) was for some of the residents, who could no longer recognise the familiar faces. One staff explained how they used their voice in a soothing and cheerful tone to convey a message of reassurance to ease residents' fears.

The impact on staff had also been profound. A number of them voiced their disappointment that the virus had entered the home two weeks before the scheduled vaccinations. Staff told the inspectors how hard everyone had worked to keep the centre COVID-19 free throughout the pandemic. Others became visibly emotional when describing their experience and how they ensured that when residents passed away they were not on their own. For relatives who wished to see their loved one, visiting was facilitated with the appropriate PPE equipment in place to offer the necessary protection. One staff described how in the middle of a very busy day they dropped everything to sit with and sing to a dying resident in their final hour. It was evident that staff had meaningful connections with the residents with one staff saying that they spend so much time together, it 'feels like they are my family'. Some staff said that they did not have time to grieve at the height of the outbreak, as they were getting through each day prioritising residents' care needs; however there was a deep sadness setting in now as they were coming through the other side and reflecting on what had occurred.

All staff confirmed that they felt very supported in their work and that the management team was present on the ground throughout the outbreak, working tirelessly to ensure there were sufficient staff and resources at all times.

The inspector also met with an agency staff on their last day after working in the centre over the last two months. They commented on how they had been supported to integrate quickly within the team and were very complementary about staff's sustained efforts to keep residents safe. The inspector witnessed residents thanking and saying goodbye in a celebratory manner to the agency staff who helped them out during the difficult times. In their conversations a number of staff acknowledged the support they received from HSE, volunteers and other agencies during the

outbreak.

Due to national restrictions, there were no visitors allowed in the centre. The inspector only managed to speak with one relative who had arranged a window visit on the day of inspection. The visitor was very complementary about the care and services their loved one received in the centre and confirmed that they were satisfied with how they had been kept informed throughout the outbreak. While acknowledging the tragic outcome, the relative confirmed that they had confidence in the provider and the care and service residents received in the centre. There were very low level of complaints and the inspector saw many messages of support, thanks and appreciation received by staff and the centre.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

Capacity and capability

This was a resilient provider that managed to sustain a quality service for the residents in very challenging times by ensuring the designated centre had sufficient resources and that the staff team had support and was adequately prepared to continue to deliver safe care.

Managers were committed to ensuring that the centre was compliant with the regulations and the standards. While this inspection identified high levels of compliance with the regulations and the standards, the inspector found that some improvements were required in how the provider used audit information to identify and action the improvements that were needed.

This was an unannounced risk inspection during a significant outbreak of COVID-19 in which more than three quarters of the residents had contracted the virus and 17 residents had sadly lost their lives. This was the centre's first outbreak of COVID-19 since the beginning of the pandemic and the provider had been transparent and liaised closely with the public health department and relevant regulatory and statutory bodies throughout. Almost half of the staff team became infected with the virus, and as a result the provider had received support from the Health Service Executive (HSE), volunteers and agency staff in order to continue to provide a safe service for the residents.

The centre had a good regulatory history of compliance and future inspections will determine the ability of the provider to sustain a good service as the management team was new. The person in charge was well supported by the registered provider representative who visited the centre daily, an operations manager, a clinical care director and two senior nurses who deputized in her absence. The governance and management team worked really well together and provided strong leadership and support to the staff. There were monthly governance and management meetings

with the heads of all departments, in addition to the regular management meetings in respect of operational management.

The person in charge had been appointed in the role since November 2020 and demonstrated a clear understanding of their role and responsibility and a comprehensive knowledge of the residents and their health and social care needs. They discussed with the inspector future plans to provide debriefing and psychological support for staff at the end of the outbreak, and take time to reflect and conduct a serious incident review on the management of outbreak.

There was good oversight of staff and service and an out-of-hours system was also in place to ensure senior management availability at all times. Communication with staff occurred regularly at formal staff meeting, huddle sessions, safety pause talks and daily handovers. As a result and despite the challenges, staff had remained engaged and positive and morale was good. One staff said that they really had to pull together as a team and having come through the other side, it made them appreciate and love their profession more.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to the residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. Staff reported that they were kept informed and regularly updated of changes in infection prevention and control guidance. Training records showed that all mandatory and other relevant training had been completed by staff and volunteers working in the centre.

Despite the loss and emotional trauma suffered, the staff were clear about their roles and confident in their ability to meet residents' needs and maintain their safety.

There were no open complaints at the time of inspection and overall there was a very low level of complaints in the centre. The inspector followed up on two recent unsolicited information received in respect of the care provided in the centre and found that they had been appropriately addressed by the provider. Residents and relatives reported a very high level of satisfaction in respect of care and services received and confirmed that they were regularly consulted about the service.

An annual review for 2020 had been completed which included feedback from service users and relatives and described the improvement plans for 2021 to continue to support a quality service for the residents. It was evident that the provider was regularly seeking feedback about the service and a recent survey of residents' families which was completed in November 2020 identified high levels of satisfaction. There was evidence that the information from residents and relatives' feedback was used to further improve the service.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre. They had the appropriate management qualifications and required experience for the role. In the interview with the inspector, the person in charge demonstrated knowledge of regulations, their role and responsibilities. The person in charge was a visible presence in the centre, she was known to residents and staff and was available to meet with residents if they had any concerns.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing resources with the right skill-mix in place for the number of residents and the layout of the centre. There were no staffing vacancies at the time of inspection.

Clinical and care staffing levels had been enhanced during the outbreak to support segregation of teams and account for the extra time required for correct donning and doffing of PPE and to implement appropriate infection prevention and control procedures. There were three activity staff in place to meet residents' psychosocial needs and ensure they did not experience social isolation at a time of visiting restrictions. In addition cleaning and housekeeping hours had been increased. All staff confirmed that even at the height of the outbreak, there were sufficient staffing levels to provide safe care, which had been supplemented with volunteers who took on additional duties.

There were a minimum of two registered nurses on duty at any time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff confirmed that they had access to appropriate training to support them in ensuring residents' care needs were met in accordance with best practice. The training matrix records showed that staff took part in regular fire drills and all had completed the mandatory fire training, safeguarding vulnerable adults, manual handling and a suite of other relevant courses in infection prevention and control which included standard precautions, breaking the chain of infection, hand hygiene and donning and doffing of PPE.

All registered nurses had completed medication management training and two thirds of them had recently completed training in antimicrobial stewardship. Records showed that all nurses working in the centre had an active registration with Nursing and Midwifery Board of Ireland (NMBI).

From conversations with staff, a review of records and inspector's observations on the day, staff were appropriately supervised and monitored to ensure their practices were safe and supported good quality outcomes for the residents. Staff confirmed that they had access to the national guidance in relation to the COVID-19 pandemic, and were provided with regular updates and refreshers by the management team. There was an induction system in place for the newly appointed staff and students working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that services provided in the centre were safe and consistently monitored. These included spot checks of staff practices, clinical and environmental audits, and reviews of care provision and risk management on each unit.

The electronic system of care records facilitated good data collection and organisation. However, some improvements were required in how the information that was collected was then used to identify areas for improvement and what actions were needed to bring about those improvements.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers working in the centre on the day of inspection. A sample of volunteer records reviewed showed that An Garda Siochana vetting had been obtained and relevant training had been completed prior to commencement in the role. This included training in infection prevention and control, hand hygiene, donning and doffing of PPE, safeguarding vulnerable adults, fire training and manual handling procedures. The volunteer's role and responsibilities were clearly set out and agreed in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy identified the nominated people assigned to respond to complaints and to oversee the process as well as the independent appeals process, advocacy and the

Ombudsman service. There was a low level of complaints in the centre and a suggestion box was located at the entrance to the centre.

A sample reviewed by inspector evidenced that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded separately from residents' care plan.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 had been reviewed and updated within the previous three years. In addition, a suite of other relevant policies were in place and had been updated to reflect the COVID-19 pandemic and public health guidance.

Judgment: Compliant

Quality and safety

The inspection found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times. Although the outbreak of the COVID-19 had severely impacted the centre, the inspection found that the systems and the contingency plan in place had been effectively implemented to maximise quality of life and promote the safety of the residents. While good levels of compliance were found in most of the regulations and standards, there were some opportunities for further improvement in infection prevention and control processes in the designated centre. This is further detailed under Regulation 27.

Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care which were regularly reviewed and updated when residents' condition changed. Plans for end of life had been discussed with the residents and their families, and they provided clear person-centred guidance on residents' expressed wishes and preferences. Clinical decisions were recorded and anticipatory prescribing for good symptom control was in place as per assessed needs. Wounds were managed well with active support from tissue viability nurse and dietitian. Staff implemented the plan of care, carried out regular turns and provided the necessary equipment to support wound healing. A proactive approach to recovery following illness was in place, and residents who had lost weight had comprehensive plans in place to support and promote their wellbeing and health.

Residents who spoke with the inspector confirmed that they were consulted and involved in decisions regarding their care and that they could see their general practitioner (GP) if they needed to. Throughout the outbreak, the provider ensured that residents had accessed appropriate medical support to meet their needs. Residents could avail of additional expertise and treatment as needed, and other allied health professionals were involved in residents' care as needed. A physiotherapist visited the centre on a weekly basis, however this service was suspended at the time of inspection due to the outbreak.

Residents reported they felt safe in the centre and that staff were quick to respond to their needs. Despite the limitations imposed by the pandemic, the inspection found that residents were supported to have a good quality of life in the centre and that their rights were upheld. Staff knew the residents well and care and services were person-centred. Residents' privacy and dignity were respected and all interactions between residents and staff were empathetic and kind.

Residents were consulted, and supported to make informed choices. The last resident's meeting had taken place on 18 December 2020. Until the outbreak, these meetings were held on a monthly basis. Records showed that they were well attended and any issues discussed were followed up and responded to.

The management team was responsive in their arrangements to manage risks within the centre and protect residents from harm. Accidents and incidents were timely reviewed and appropriately responded to. In line with current guidance, an outbreak control management team had been set up, which included representatives from senior management team and relevant departments such as public health and infection prevention and control.

Overall there was a good standard of infection prevention and control in the centre. A self-assessment questionnaire in respect of infection prevention and control had been completed which identified achievements as well as areas for further improvement. There was a designated COVID-19 lead in the centre and an infection prevention and control committee had been set up and was overseeing centre's performance in this area against the *National standards for infection prevention and control in community services, 2018*. A comprehensive and evidence based infection prevention and control policy was in place, which had been updated in February 2021. Enhanced measures had been put in place within the nursing home to limit and control the spread of infection which included ongoing health surveillance measures, education and refreshers for staff, appropriate signage and adequate supplies.

Staff worked in dedicated teams and during the outbreak they had been provided with walkie-talkies to support their communication and separate electronic tablets and phones for each contaminated areas to ensure there was no cross-over between identified zones. There were clear protocols in place and staff were familiar with them.

Cleaning schedules were in place and had been appropriately completed as reviewed on the day of the inspection. Appropriate handwashing facilities for staff were in

place, separate from residents' bedrooms. Throughout the inspection staff were observed to adhere to correct infection prevention and control procedures.

There were processes for cleaning and decontaminating furniture and equipment which included daily disinfection and weekly steam cleaning. However, the inspector found that further improvements were required to ensure that equipment was cleaned and stored in line with infection prevention and control standards.

Regulation 11: Visits

Visiting was observed to be restricted in the centre in line with public health guidance (Health Protection and Surveillance Centre, *COVID-19 Guidance on visits to Long Term Residential Care Facilities*). Window visiting was facilitated for all residents and the inspector observed that appropriate arrangements were in place to ensure they were safe and comfortable. Compassionate visiting was arranged on an individual basis as required.

Judgment: Compliant

Regulation 13: End of life

A review of care records showed that each resident had an end-of-life care plan in place which was person-centred and included the detail in respect of their preferences for care if they became seriously unwell. Anticipatory prescribing was in place and resuscitation status clearly established and documented by the general practitioner (GP) in consultation with the resident. In the event of transfer to hospital residents' expressed wishes and preferences were appropriately communicated.

The inspector also reviewed a sample of records for two residents who had died in the centre during the outbreak and found that they had received a good standard of care, which included appropriate personal care and symptom management and control as well as emotional and psychosocial support for the family who could visit on compassionate grounds. There were good systems in place to communicate residents' end of life wishes and ensure that in the absence of regular staff, effective care was provided to all residents. For example, the handover sheets were detailed and had a colour coded systems of hearts which signified whether the resident was to be transferred to acute services, to be resuscitated or be provided with comfort care in the designated centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable to meet residents' needs and the regulatory requirements. The centre was observed to be clean, warm, comfortable and pleasantly decorated. There was a preventative maintenance programme in place, which was overseen by the management team.

Since the last inspection the provider had further enhanced the premises with the addition of a number of en-suite facilities and two single en-suite bedrooms, thus increasing the capacity to 64 residents. These bedrooms were inspected and found they met the regulatory standards and requirements.

Judgment: Compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a live risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated as required. This included clinical risks and service risk. There were no immediate risks identified by the inspector on the day of inspection.

A comprehensive COVID-19 contingency plan had been developed which was updated regularly as the guidance changed. The plan had last been updated on 3 January 2021 and included clear guidance on communication with families, psychosocial support for residents, resources, infection control and environmental hygiene, catering and visiting arrangements as well as the nominated personnel to be contacted in the event of resources or workforce shortages.

A safety statement was in place which had been updated in February 2021.

Judgment: Compliant

Regulation 27: Infection control

While many good infection prevention and control (IPC) practices and procedures were in place as detailed in the above report, the inspector observed that improvement was required in the following areas:

- A review of all equipment to ensure that any torn or damaged items were timely refurbished or discarded; for example mattresses, pillows.
- The management of sharps was not in line with good IPC standards.

- A review of storage facilities to ensure appropriate segregation of clean and dirty items was consistently applied and that clean equipment was labelled as ready for use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of current and recently deceased residents' care plans and found that they were person-centred, regularly updated and created in consultation with the resident. All care plans reviewed reflected resident's current condition. There was evidence of comprehensive assessments using validated screening tools, and these were reviewed every four months or sooner if resident's condition changed.

Communications with families in respect of residents' plans of care occurred frequently and it was appropriately documented.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and specialist care in line with their assessed needs. These included general practitioner of choice, tissue viability nursing, dietitian, physiotherapy, psychiatry of old age, palliative care, occupational therapy and chiropody. Where services had been restricted due to the COVID-19 pandemic, phone and video assessments and consultations had been provided.

A high standard of evidence-based nursing care was provided as evidenced by regular risk assessments using validated tools and heightened surveillance for signs and symptoms of COVID-19. Each residents' temperature was checked twice daily and appropriate action was taken when there were variations from baseline.

Judgment: Compliant

Regulation 8: Protection

All staff and volunteers had completed training in safeguarding vulnerable adults and in their conversations with the inspector they showed confidence and knowledge of what to do in the event of suspected abuse. Records showed that any incidents that occurred were appropriately notified, investigated and reported to the

Safeguarding National Team.

A sample of staff files reviewed showed that an up-to-date Garda vetting had been obtained prior to commencing the employment.

The provider acted as a pension-agent for nine residents living in the centre and a separate account had been opened to safeguard residents' finances in line with legal requirements.

Judgment: Compliant

Regulation 9: Residents' rights

There was good evidence that staff provided person-centred care and that residents' rights were upheld by the designated centre. Residents' wishes or right to refuse were respected and residents could choose how they wished to spend their day. Access to outside space was unrestricted and residents were seen to be supported by staff to go outside and enjoy the fresh air.

Facilities were available and residents had opportunities for recreation and meaningful engagement which included both group activities as well as one to one social support where required. Window visits were facilitated in line with current public health guidance and the provider ensured that residents maintained close contact with their families throughout the pandemic using telephone and media calls.

Residents were maintained informed of current news and had access to internet, radio, television and newspapers in line with their preferences. Their views were elicited at the regular residents' meetings and via satisfaction surveys and the inspector found that they were acted on and respected. For example when residents and relatives feedback that they would like a visiting area which provided shelter from the elements, the provider had brought in a canopy and outdoor heater to facilitate a private and comfortable visit.

An advocacy board was in place to assist residents with information in respect of their rights, bereavement support line, the complaints process and how to access advocacy services if needed. The information guide for residents also included relevant information about all aspects of the service and other information and supporting resources were available and could be accessed by the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0032011

Date of inspection: 26/02/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Our auditing system ensures that any non-compliances must be actioned. Weekly reminders are then automatically emailed to the audit owner until the action has been completed and the item is compliant • All audits, non-compliances and actions are reviewed at management/quality and safety meetings to monitor levels of compliance and actions are reviewed • Learning from these meetings is then brought to staff through monthly staff meetings/huddle groups/work emails • Audits will now also be monitored on a quarterly/6 monthly/yearly basis (depending on how often the audit is carried out) to monitor ongoing quality improvement and results of actions from non-compliances • Key performance indicators are monitored weekly and graphed monthly. These are reviewed at the end of each quarter and the end of each year • Quality improvement plans are developed and implemented where key performance indicators are not performing at a high standard • They will continue to be reviewed as aforementioned to ensure improvement plan has been effective 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • A review of all equipment has been completed and any equipment that is no longer suitable for use (due to being worn/torn) has been taken out of circulation and replaced 	

- A review of all furnishings has also been completed and a maintenance plan is in place to ensure all furnishings are suitable to comply with high IPC guidelines and standards
- Sharps management training is due to be given to all nurses and a monthly sharps management audit has been introduced to monitor and ensure compliance
- New storage facilities have been identified to allow for appropriate segregation of clean and dirty items.
- A tag system has also been introduced to identify that equipment is clean and ready for use
- All relevant policies and risk assessments relevant to IPC have been updated and circulated to staff
- Robust IPC auditing and monitoring is also in place to ensure high standards of IPC and high levels of compliance

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/07/2021