Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Blackrock Abbey Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>ACH Nursing Home and Healthcare Ltd.</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Cockle Hill, Blackrock, Dundalk, Louth</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 November 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000118</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0025492</td>
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</table>
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 60 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 active elderly residents, those with an acquired brain injury, dementia, alzheimers, a disability and those requiring palliative care. Residents are accommodated on two floors. There are 44 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 nearby to the town nearby.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 54 |
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 November 2018</td>
<td>09:30hrs to 16:00hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### Views of people who use the service

Residents expressed a high level of satisfaction with all aspects of their care.

They described it as a good place to live. The new provider representative had introduced himself to them and they said they were kept informed of changes made to the ownership of the centre.

Residents said staff were kind, always helpful and respectful. They were happy with the wide variety of good quality food served to them describing it as fantastic. They said they had choices and these were respected by staff.

Residents said the schedule of activities met their needs. They said there was always something happening in the centre.

They felt their views were important and they were aware of how and to whom they would make a complaint. They held a residents meeting each month, and brought their complaint up at this, any issues identified were brought to the attention of the person in charge who addressed them promptly.

### Capacity and capability

This was a well managed service. The provider representative and person in charge had maintained the established systems and processes to ensure appropriate oversight and governance of the centre.

Staffing numbers and skill mix changed in response to the needs of residents. There was evidence of a learning culture in the centre with all staff having mandatory training in place.

The management team continually monitored the ongoing performance of the centre by following an audit schedule. Audit action plans were implemented and practices were re-audited to ensure continuous improvements in care delivered to residents. Audit results were also discussed at management meetings held every month and with staff at staff meetings.

The insurance certificate and the statement of purpose had been updated to reflect the new provider. Residents had been informed of the new provider and a new contract of care had been issued to all residents.
### Regulation 14: Persons in charge

The person in charge had not changed. She continued to work full-time in the centre. She has the experience and qualifications to be person in charge.

**Judgment:** Compliant

### Regulation 15: Staffing

The staffing levels and skill mix was adequate to meet the needs of residents. The management team kept these under review. Tasks undertaken by health care assistants were not always resident focused and there was poor supervision of residents identified as at high risk of falling in one of two sitting rooms on the first floor.

**Judgment:** Substantially compliant

### Regulation 16: Training and staff development

Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place. All staff had also completed training in managing behaviours that challenge.

**Judgment:** Compliant

### Regulation 19: Directory of residents

The directory of residents was maintained. It contained on the information as outlined in schedule 3.

**Judgment:** Compliant

### Regulation 21: Records
Staff files contained all the documents outlined in schedule 2.

Judgment: Compliant

**Regulation 22: Insurance**

The centre had a contract of insurance in place which met the regulatory requirements.

Judgment: Compliant

**Regulation 23: Governance and management**

There was adequate resources and a clear management structure to ensure the centre delivered appropriate, safe and constant care to residents. Established systems to review the quality and safety of care delivered to residents were being maintained. Data was being gathered for the 2018 annual review.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

A contract of care had been developed by the new provider representative and issued to all residents. A number had been returned and were available for review, their content met the regulatory requirements and were signed by the resident or their representative.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose had been reviewed and was on display in the centre. Its content met the regulatory requirements.

Judgment: Compliant
### Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five were available for review. They had all been updated within the past three years.

**Judgment:** Compliant

### Quality and safety

Residents received safe quality care. The management team had appropriate systems and governance structures in place to ensure this was continuously monitored.

Residents' safety and well-being was promoted through staff awareness how to safeguard residents from abuse. All staff had up-to-date training in place and were confident in what they would do in the event they witnessed any such incident.

Residents' nutritional needs were met. They could choose where they dined and what they had to eat. Residents' independence was promoted by the provision of assistive cutlery and crockery. The food served appeared wholesome and nutritious with quantities to meet the needs and dietary requirements of the resident. The use of large patterned protective clothing by some residents at lunchtime was not discrete and required review to ensure the delivery of person centred care.

Residents' rights were protected in a holistic inclusive manner. They had access to a schedule of activities which they said they enjoyed. Daily newspapers were delivered to them each morning.

Precautions were taken to protect residents against fire including the servicing of fire equipment, the fire alarm and emergency lighting. Residents had individual evacuation plans in place and staff practiced what to do in the event of a fire on a monthly basis. Residents were protected against potential risks by the implementation of the risk management policy and continuous updating of the risk register.

### Regulation 18: Food and nutrition

Residents were offered a choice of food. They were provided with adequate quantities of food and drink. The food appeared wholesome and nutritious with a
The management team reviewed all risks environmental, clinical and individual residents.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were adequate arrangements in place against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the alarm system. Fire drills were practiced with staff on a monthly basis and the support needs of residents were documented.

Judgment: Compliant

**Regulation 8: Protection**

Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff. The safeguarding policy in place was followed when incidents of alleged abuse were reported.

Judgment: Compliant

**Regulation 9: Residents' rights**

The rights of residents were respected. They had opportunity to participate in a wide range of activities. Their privacy was respected and maintained. They had access to an advocacy service, their religious needs were met and they had access to television, radio, telephone and daily newspapers.
<table>
<thead>
<tr>
<th>Regulation 11: Visits</th>
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Arrangements for visiting the centre were reflected in the residents guide and in the statement of purpose. There was a visitors sign in book and a private room where residents could receive visitors in private.

Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
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<td>Regulation 11: Visits</td>
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</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:
• Tasks identified under Regulation 15 Staffing - Have now been reassigned to Catering/ Household departments as and from 28 Nov 2018 – Post Staff Meetings same documented
• HCAs on supervision Duties are now solely resident Focused
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/11/2018</td>
</tr>
</tbody>
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