Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Blackrock Abbey Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>ACH Nursing Home and Healthcare Ltd.</td>
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<tr>
<td>Address of centre:</td>
<td>Cockle Hill, Blackrock, Dundalk, Louth</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>09 December 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000118</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0025984</td>
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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 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 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 to the town nearby.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 59 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>09 December 2019</td>
<td>08:30hrs to 17:30hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
<tr>
<td>09 December 2019</td>
<td>08:30hrs to 17:30hrs</td>
<td>Leanne Crowe</td>
<td>Support</td>
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What residents told us and what inspectors observed

Inspectors spoke with a number of residents and relatives about what it was like to live in the centre. Residents who spoke with the inspectors expressed high levels of satisfaction with all aspects of care, but in particular they emphasised the kindness of staff. Residents’ views were unanimous that staff were exceptional and worked very hard to ensure they could enjoy a high quality and fulfilling life while living in the centre. Residents reported that they felt safe and protected, that they were being treated with respect and that their wishes and choices were respected.

Residents and relatives were able to identify a staff member who they would speak with if they were unhappy with something in the centre. Residents confirmed that their views were listened to and acted on, and that efforts were made to ensure satisfaction with the service. Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing and preference. Residents described having freedom to make choices and being able to vary their routines.

A number of residents commented on how, despite the inconvenience of recent building works in the centre, the changes to the premises had ultimately made a very positive impact to their quality of life.

Capacity and capability

This was a registration inspection following an application made by the registered provider to increase the number of bedrooms and residents the centre can accommodate to 62.

The inspectors found that the governance and management of this centre was effective, which contributed to sustained compliance levels and residents’ experiencing a good quality of life. The centre was adequately resourced and well maintained throughout. The matters arising from the previous inspection had been addressed. Inspectors found that some improvements were required in relation to the submitting of mandatory notifications to the Office of the Chief Inspector.

The inspectors were satisfied that there were good governance arrangements in place. A new person in charge had been appointed since the previous inspection. The person in charge demonstrated good leadership abilities, knowledge and confidence to manage the designated centre for the benefit of the residents living there. They were supported by the registered provider representative and the operations manager, who were all in attendance at the inspection and facilitated the
process.

At clinical operational level the person in charge was supported by two clinical nurse managers (CNMs). The inspectors were informed of planned changes in the governance of the operational management in the centre, with the proposed creation of a new role of assistant director of nursing to support the person in charge. The strengthening of the management structure would help to ensure that effective staff supervision and oversight of care provided to the residents was enhanced, including at weekends.

Systems were developed and implemented to ensure the service provided was safe and continuously monitored by management and a new electronic system of auditing and monitoring that had been recently introduced. Records showed that areas for improvement were identified and clear action plans were implemented. The action plans could then be trended and further analysed. For example, an audit of the care planning records had identified regular inconsistencies and duplications in the documentation. As a result, a programme of training had been initiated for the nurses, which resulted in significant improvements in the documentation. The action plan was completed and a follow-up audit carried out to evaluate if the improvements had been achieved.

There was evidence of a quality improvement agenda with engagement of staff at all levels of the organisation. Staff reported good morale and inspectors observed effective communications and team work between staff which helped to create a positive and open culture within the organisation.

The registered provider representative maintained good oversight of the service by regular communications with the person in charge and visits to the centre in addition to the monthly governance meetings. There was evidence of good consultation with residents and their views and preferences were listened to and used to inform improvements in the service.

There was a positive approach taken to the management of complaints. All verbal and written complaints were promptly investigated by the person in charge, and it was clear that opportunities were taken to learn from complaints. There was evidence that changes were implemented in response to any issues identified. There were no open complaints at the time of inspection.

Registration Regulation 4: Application for registration or renewal of registration

An application to register the designated centre had been fully completed and timely submitted as required.

Judgment: Compliant
**Regulation 14: Persons in charge**

The person in charge worked full-time in the centre. They had a management qualification and had worked in services for older people over a number of years.

The person in charge demonstrated good attitude to regulation, good knowledge of legislation and a commitment to provide a good quality service and enhance the quality of life for the residents living in the centre. He was known to residents and relatives, who reported that management were approachable and always available to them.

**Judgment:** Compliant

**Regulation 15: Staffing**

On the day of the inspection, there were sufficient levels of staff with the appropriate skills to meet the needs of residents. The configuration of staff was reviewed regularly by the person in charge, and changes were made as required.

A planned and actual roster was available in the centre, with any changes clearly recorded. The rosters reflected the number of staff on duty on the day of the inspection. A nurse was on duty at all times, in line with residents' assessed needs.

**Judgment:** Compliant

**Regulation 16: Training and staff development**

All staff had up-to-date training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Staff were facilitated to avail of other training including cardiopulmonary resuscitation (CPR), infection control, medication management and dementia care.

There were good processes in place to ensure that staff were adequately supervised. Induction programmes were in place for newly-recruited staff, which included good levels of supervision and regular meetings with management during the probationary period.

The person in charge was planning to commence annual appraisals in January 2020, and these would consist of self-reflection as well as a meeting with management. The person in charge expected to use these appraisals to identify any opportunities for staff learning and development.
Judgment: Compliant

**Regulation 22: Insurance**

The centre had a current certificate of insurance which provided appropriate cover against injury to residents and material damage.

Judgment: Compliant

**Regulation 23: Governance and management**

Effective leadership, clear governance and management arrangements and appropriate monitoring systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The management structure was clearly defined. Lines of authority and accountability, and the roles and responsibilities of each member of the management team were identified regarding the provision of care and service.

The service was adequately resourced and the person in charge had the authority and autonomy to manage the service.

There was a robust system of clinical governance with detailed audits taking place in areas such as care planning, use of restraints, end of life care, hand hygiene, falls and medication management. These audits were followed up with areas for improvement and further development being identified and there was evidence of shared learning.

An annual review, which included consultation with residents, had been completed and was available.

Judgment: Compliant

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

A sample of contracts was reviewed by the inspectors. The contracts clearly outlined the services to be provided to residents, as well as the fees to be charged for these services. The terms relating to a resident's bedroom accommodation, including the room number and the number of other occupants in the room, were also stated. The contracts were signed by the resident and or their representative.
Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose contained all matters as per Schedule 1 of the regulations including; the ethos and aims of the centre, the facilities and services provided and the required details about the management and staffing of the designated centre.

The document described how each resident’s well-being and safety would be maintained.

The statement of purpose had been revised and reviewed within the last year.

Judgment: Compliant

**Regulation 30: Volunteers**

There were a small number of volunteers operating in the centre at the time of the inspection. Their roles and responsibilities were set out in writing and An Garda Síochána vetting disclosures had been received for these persons.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The person in charge ensured that all three-day notifiable incidents were brought to the attention of the Chief Inspector in a timely manner.

All quarterly notifications had also been submitted.

The six-monthly nil reports were submitted immediately following the inspection.

Judgment: Compliant

**Regulation 32: Notification of absence**

The provider was aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days. In the
months leading up to inspection, the Chief Inspector had been notified of the proposed absence of the person in charge within the required time frames.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The complaints procedure was displayed prominently in the centre. There was a nominated person who dealt with complaints. The complaints records reviewed by the inspectors included information about the nature of the complaint, the investigation into the complaint and any action plans that arose. The level of satisfaction of the complainant was also documented. An independent appeals process was in place.

A second person was nominated to ensure that complaints were appropriately managed and recorded. Complaints were discussed at monthly governance meetings, where any significant trends were identified.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The Schedule 5 policies were in place and were being used to inform and guide staff practice. The policies were centre specific and all had been reviewed and revised in the previous three years.

Judgment: Compliant

**Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre**

The provider was aware of the need to inform the Chief Inspector of the arrangements required to be put in place in the absence of the person in charge. However, while arrangements were implemented in practice by the provider, not all the information required by the regulation was submitted within the appropriate time frame and using the appropriate notification process.

The inspectors were satisfied that residents had not been adversely affected by this oversight and that remedial action was taken promptly by the provider to ensure regulatory compliance.
Judgment: Substantially compliant

Quality and safety

Overall the quality of care and support provided to the residents was found to be of a good standard. The atmosphere in the centre was calm, friendly and welcoming. The inspectors were assured that the residents living in this centre experienced a good quality of life and had access to a range of health and social care services to meet their ongoing needs. This was confirmed by many residents who spoke with the inspectors on the day.

Some improvements were required in relation to the fire safety arrangements to ensure residents’ safety was maximised, specifically in respect of the requirement for self-closing devices to be fitted for each fire door, including residents’ bedrooms. This is addressed under Regulation 28.

Inspectors observed a relaxed and inclusive atmosphere throughout the day, with positive connective engagement evident between staff and residents. Staff knew the residents well and were seen to provide care and support in line with residents’ individual care plans. Residents’ care plans were personalised to reflect the residents' assessed needs, interests, wishes and preferences. Residents’ communication needs were also detailed in relation to their sight, hearing, ability to communicate verbally and their cognitive ability. Staff were seen to be using this information to engage appropriately with residents.

Residents’ nutritional status was assessed regularly using a validated nutritional screening tool. Weights were checked monthly or more often if weight loss was detected. Care plans were in place and identified nutritional needs, including advice of specialist personnel such as dietitian. Food preferences were detailed and residents told the inspectors that these were respected.

Pressure sores and chronic wounds were managed well, with multidisciplinary support available and input from tissue viability nurse, dietitian and general practitioner (GP) sought when required. Pressure relieving equipment was also available to residents who required it.

Falls were well-managed. They were trended, analysed and comprehensively reviewed to ensure the least restrictive measures were implemented to support the residents. Inspectors saw evidence of regular nursing assessments, post fall reviews with multidisciplinary involvement such as the general practitioner (GP), the occupation therapist and physiotherapist. Fall prevention measures were in place and documented in residents’ care plans.

There was no resident receiving active palliative care at the time of inspection. Upon review of documentation and discussions with residents, the inspectors were satisfied that end-of-life care practices in the centre met residents’ needs.
Emotional, spiritual and practical support and assistance with complex medical decision-making process was provided in a respectful and dignified manner. Residents’ wishes were documented.

Risks were well-managed and no immediate risks were identified by the inspectors while touring the premises. The risk register was a live document, which was regularly updated. Infection control practices observed were good and in line with best practice.

The premises was clean, tidy and well-maintained inside and the centre was bright, warm and homely with unrestricted access to a secure outdoor space. There was plenty of access to communal rooms for residents.

All residents spoken with on inspection reported that they felt safe in the centre and the inspectors were satisfied that there were effective systems in place and that all reasonable measures were taken to protect the residents from all forms of abuse and neglect.

**Regulation 10: Communication difficulties**

The communication policy was available and effectively guided staff on how to deliver care. Specific care plans were in place for residents with identified communication needs and were of high standard.

Staff were observed to communicate well with the residents and ensure residents’ communication aids such as hearing aids and glasses were in use or within reach.

Access to speech and therapy specialist was available to those residents who required the service.

**Judgment: Compliant**

**Regulation 12: Personal possessions**

Residents were supported to manage their personal belongings. A property list was completed upon a resident's admission, which recorded all of their belongings. Inspectors found that there was sufficient storage space in residents' bedrooms, including wardrobes and chests of drawers. Residents also had a lockable space in their bedrooms, should they wish to store valuables. Residents were supported to bring ornaments and items from home, and such items were displayed in many of the residents' bedrooms.

New laundry facilities had been developed, facilitating the laundering of residents' clothes in the nursing home. While issues had previously been identified in relation
to the misplacement or shrinking of clothes, the person in charge described actions that were being taken to address these. A discreet tagging system was in place for items of clothing.

Judgment: Compliant

**Regulation 13: End of life**

The end-of-life care provided in the centre was of a good standard and met residents’ needs. There was evidence of family involvement with the resident’s consent and a person-centred approach to end of life care.

Where decisions had been made in relation to advance care and resuscitation status, such decisions were recorded and reviewed at regular intervals.

The community palliative services were also available to provide support if required.

Judgment: Compliant

**Regulation 17: Premises**

The centre accommodates a maximum of 60 residents in 44 single bedrooms and eight twin en-suite bedrooms over two floors. 14 of the single bedrooms have en-suite shower rooms. This inspection was being used to inform the registration of additional facilities: two single bedrooms with en-suite shower rooms, laundry facilities, a sluice room, a store room and an assisted bathroom, all located on the ground floor. Additional en-suite shower rooms had also been installed in eight existing single bedrooms, which ensured that there were sufficient sanitary facilities on each floor for the residents. The works will increase the number of residents accommodated in the centre to 62.

The two additional bedrooms were nicely decorated, and included a wardrobe, chest of drawers, a locker, armchair and bedside table. The new sanitary facilities were bright and clean, and grab rails had been installed in key areas. The assisted bathroom accommodated a bath with an attached hoist, which would facilitate use of the bath by residents of varying dependencies. Call bells were in place in new bedrooms and en-suite facilities.

The improved laundry facilities were spacious and supported good infection control practices.

Existing bedroom accommodation was sufficiently spacious, furnished well and met the regulatory requirements. Twin rooms were large, and were configured in a manner that facilitated each resident to have independent access to their own
personal space. The placement of curtains ensured that residents' privacy and dignity was maintained.

Some existing areas of the building had been redecorated to improve the overall appearance of the nursing home. Many communal rooms had been repainted or wallpapered, making the building more homely. The variety of communal rooms throughout the building offered residents choice in relation to socialising, while also providing access to quiet spaces.

A large internal courtyard was available to residents which was accessible from a number of doors throughout the ground floor. A balcony was also located on the first floor, which accommodated a smoking shelter for residents. This balcony area could be further improved with the addition of seating and flowers or shrubbery.

While there were several storage rooms available on both floors the inspectors found that a number of items of equipment were stored in the two sluice rooms. This practice restricted staff's access to the hand-wash basins and did not promote good hand hygiene practices. This was addressed by the person in charge at the time of the inspection.

Handrails were available throughout the centre, to support residents to safely navigate and mobilise around the building.

A passenger lift was available between the ground and first floor, and the first floor was also accessible from a roadway located at the same level at the back of the centre.

A visitors room was also available if residents wished to meet their relatives or friends away from their bedrooms.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**

There were processes in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Admissions and discharges were planned and coordinated with community or other relevant services.

Judgment: Compliant

**Regulation 26: Risk management**

The risk register was maintained up to date with good control measures in place for
The centre had an up to date safety statement. The risk management policy detailed the arrangements for the identification, assessment and control of hazards in the centre. These included specified risks such as abuse, unexplained absence of any resident, accidental injuries, aggression and violence and self harm. Controls were in place where the risk could not be eliminated and these controls were regularly reviewed and updated.

 Judgment: Compliant

 Regulation 28: Fire precautions

The registered provider had comprehensive arrangements in place to protect the residents were safe in the event of a fire. However some improvement were required in relation to ensure that all fire doors closed when the fire alarm was activated.

The centre was sub-divided into fire compartment in a number of zones and there was a policy of progressive horizontal evacuation in the event of a fire emergency.

All staff were trained annually in relation to fire safety. Staff were knowledgeable of the training that they had completed. The registered provider ensured that regular fire drills took place on a regular basis. Records indicated that these drills simulated staffing levels on both day and night duty and were used to identify areas of improvement. While fire drills records were reasonably detailed, clearer documentation of evacuation times would support further learning.

All bedroom doors were fire safety doors. However, the bedroom doors did not have automatic closing devices to ensure that doors would close in the event of a fire and therefore prevent the spread of smoke and fire within the zone.

Throughout the inspection a number of bedroom doors were seen open and staff who spoke with inspectors confirmed that some residents liked to keep the doors open at night and that their choice was respected. Staff informed the inspectors that in the event of fire they would close all individual bedroom doors as per local policy.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were in place for quarterly servicing of emergency lights throughout the centre, as well as annual maintenance of fire extinguishers.

Personal evacuation plans (PEEPs) were available for all residents in the centre.

The emergency plan and evacuation procedure were prominently displayed in the centre and all staff spoke with were knowledgeable and confident on what to do in
the event of fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were maintained on a password protected computerised system. Residents had a pre-admission assessment completed by the person in charge prior to admission to the centre, to ensure residents’ needs could be met.

A range of validated assessments, including risk assessments, were completed on admission and revised on a three-monthly basis, or more frequently if required. These assessments informed the care plans, which were also reviewed and evaluated on a regular basis. The care plans contained detailed information to guide staff and enable them to provide person-centred care to individual residents.

Residents who spoke with the inspectors verbally confirmed that they were consulted in respect of their care planning arrangements; written evidence was also available to support this.

Judgment: Compliant

### Regulation 6: Health care

Residents’ health care was being maintained by a high standard of nursing care with appropriate access to medical and allied health care support. Community services were accessible to residents via referral process and at the time of inspection the provider was in the process of sourcing mobile services such as dentist or optician to visit the designated centre. Residents could retain their own GP and had access to treatment and expertise as required.

Residents had prompt access to members of the health and wider social care team care including GP, physiotherapist, occupational therapist, dietetics, psychiatry of later life, chiropody and specialist services when required.

From the sample of residents’ records reviewed, the inspectors were satisfied that there was no delay in the residents being referred or reviewed when a review was requested.

Judgment: Compliant
### Regulation 8: Protection

There were measures in place to ensure that residents were protected from abuse and were safe in the centre.

Training was provided to staff to guide them in recognising and responding to actual, alleged and suspected incidents of abuse. The management team and staff who spoke with inspectors understood their responsibilities in relation to the welfare and protection of residents.

The provider was a pension agent for some residents and the systems and processes that were in place were in line with Department of Employment Affairs and Social Protection guidelines.

**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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
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<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
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<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
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<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
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<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Substantially compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
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<td>Regulation 13: End of life</td>
<td>Compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<td>Regulation 6: Health care</td>
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<td>Regulation 8: Protection</td>
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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>
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<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:

- In the future, may a similar situation arise, notification/s NF 30A and or NF30 B would be accompanied by:

(a) the arrangements which have been, or were made, for the running of Blackrock Abbey Nursing Home during the absence of the PIC;

(b) the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage Blackrock Abbey Nursing Home during that absence, including the proposed date by which the appointment is to be made; and

(c) the name, contact details and qualifications of the person who will be or is responsible for Blackrock Abbey Nursing Home during that absence.

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<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Briton 121CE overhead door closer for all the bedroom doors have been ordered. Same are 30-minute fire rated and have the requisite setting to initially close progressively / slowly and then move to ‘quicker’ (to ensure they close fully) at the end of the full motion. This will ensure that all bedroom doors stay closed at all times.
• In cases where a resident expressly wishes to leave their bedroom door open, their choice would be respected, but this would be risk-assessed and monitored accordingly.

• Fitting of the door closers is expected to be completed by 28/02/2020.
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 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2020</td>
</tr>
<tr>
<td>Regulation 33(2)(a)</td>
<td>The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/12/2019</td>
</tr>
<tr>
<td>Regulation 33(2)(b)</td>
<td>The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/12/2019</td>
</tr>
<tr>
<td>Regulation 33(2)(c)</td>
<td>The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/12/2019</td>
</tr>
</tbody>
</table>