



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Blackrock Abbey Nursing Home
Name of provider:	ACH Nursing Home and Healthcare Ltd.
Address of centre:	Cockle Hill, Blackrock, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	09 July 2025
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0047656

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Blackrock Abbey is a purpose built nursing home and care facility located in the seaside village of Blackrock, Dundalk Co Louth. The centre is registered to provide residential care to 64 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to elderly residents, dementia, Alzheimers, a disability and those requiring palliative care. No new residents with intellectual disability will be admitted to the centre. Residents are accommodated on two floors. There are 48 single and eight twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and roof garden. There is close access to the beach, restaurants, pubs, the local park and shops. There is an established bus service to the town nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 July 2025	10:00hrs to 18:00hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

This unannounced inspection carried out over one day focused on a review of the premises and fire precautions at the centre and how they were being managed by the provider to ensure the safety of the residents.

The approach to Blackrock Abbey nursing home brings visitors through a residential setting on the outskirts of Dundalk. While the main entrance road and gate to the centre is quite narrow, and access at the gate can be tight, there is a secluded feel to the setting. Even though this area is built-up with residential housing, there are no buildings overlooking the centre, and there is the feeling of ample space. There are trees and shrubbery surrounding two sides of the perimeter of the site, and the building itself stands prominently over two stories on approach.

Within the centre, the two story structure is home to residents of varying mobility throughout. The inspector noted that the centre was presented in a very clean and well-maintained condition. There is a large enclosed garden in the centre of the building which is accessed from a day space. This garden was used on the day of inspection by residents who were able to move from the day space to the garden. However, the inspector noted that the door from the day space was the only point of access or escape from the garden and was partially obstructed by furniture. There was also a terrace accessible from the first floor for use by residents, but on the day of inspection no residents were observed using this area. There was a gate from this terrace which lead to a residential housing estate. This gate was held in a locked position by a device linked to the fire alarm, however there was another gate which accessed an open landscaped area at the side of the centre which was readily openable. Another terrace area on the first floor on the opposite side of the centre, appeared busy with a number of residents and staff in this area throughout the day.

There were a variety of communal spaces available to residents on both levels within the centre. There was dining and living space on both levels, and there was a room decorated as a bar on the first floor, which some residents appeared to enjoy sitting in this room. The variety of rooms and areas available to residents gave choice to those living at the centre, and staff were seen to be attentive and kind natured to the residents while assisting them as they needed. At some times during activities throughout the day, staff were seen to enjoy the activities with the residents and there was laughter and chat heard repeatedly.

Resident rooms were personalised to their liking. Many residents displayed gifts, and cards received from loved ones within their rooms. 36 of the 56 rooms were en-suite, with 8 of the en-suite rooms being twin rooms. Of the 20 rooms that were not provided with an en-suite bathroom, there were toilets and shower room facilities available in close proximity in all cases. However, the inspector noted that one of the shower rooms had a mobility aid belonging to a resident stored with it, which would impact on the access to the shower area for the remaining residents.

Notwithstanding the improvement works completed by the provider since the last inspection, the inspector observed some fire safety practice that required review, including some storage practice that was impacting on fire safety at the centre. Some areas of fire safety required significant improvements to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire. This is further detailed in the Quality and safety section of this report and under Regulation 28: Fire precautions.

Residents that took the time to speak with the inspector, spoke of the attentiveness of the staff and management at the centre. One resident spoke of the activities and the food as highlights for her. On the day of inspection, the dining experience was busy and social, and the food appeared hot and appetising. Residents that required assistance during mealtimes were carefully assisted by staff, and there were a variety of drinks and food available to the residents.

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

Capacity and capability

Overall, this inspection found that there was a good management structure in place at the centre to ensure that residents were supported to live well at the centre. Staff were supported in their roles by a person in charge and an assistant director of nursing. The management of the centre provided additional support and oversight to the service, as well as professional services and resources as required. A review of the previous compliance plan following the inspection of November 2024, identified that while most of the issues identified had been resolved, some remained ongoing despite the provider's committed timeframe having lapsed. However, in all cases, work was ongoing and additional works had been undertaken which delayed the timeline for completion. Notwithstanding the good practices noted during this inspection, further work was required to fully comply with Regulations 23: Governance and Management, Regulation 17: Premises, and Regulation 28: Fire Precautions.

This was an unannounced risk inspection to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection focused on a review of the premises and fire precautions at the centre and how they were being managed by the provider. The inspection also followed up on the issues raised in the previous inspection report. The registered provider for Blackrock Abbey Nursing home was ACH Nursing Home and Healthcare LTD. A company director which was the registered provider representative was available to the senior staff, and attended

the end of inspection feedback with the inspector, and committed to ensure improvements were made to areas identified as requiring further attention.

There was a fire safety policy in place at the centre which was reviewed by the provider and enacted. This policy reflected best practice guidelines such as the "Fire Safety Handbook- a guide for providers and staff of designated centres" published by HIQA. The policy also included a detailed smoking policy for residents who wished to smoke and how staff can support this safely. Following the previous inspection, the provider had committed to undertaking a Fire Safety Risk Assessment of the entire centre by an external contractor. On the day of inspection, this risk assessment had been completed, however the findings were not available as the provider was awaiting the final report from the consultant. Information available for review on the day of inspection included some of the fire certificate documentation. On reviewing this documentation, the inspector could not be assured that the fire certificate for the centre as it was built was effective. This was because it appeared to reflect a reconfiguration and extension, which was partially completed. The incomplete part was an extension on one side of the building, which was not constructed. These plans dated to 2020, and they did not reflect the centre as it was laid out on the day of inspection.

There were regular audits of the fire safety systems being undertaken at the centre. These included reviews of the fire doors, fire alarm system, emergency lighting and fire extinguishers, however, some issues identified in these audits were not being resolved in a timely manner. While the audits appeared to be highlighting some issues, there did not appear to be a resolution meaning the audits found some issues repeatedly.

The staff at the centre used personal emergency evacuation plans (PEEPs) for each resident, to ensure that staff were aware of the assistance and the aids required to evacuate each resident during the day or the night. These assessments were detailed and reflective of the requirements of the residents during the day and night. Evacuation aids were available to the residents that needed them and were also regularly checked in the audit cycle. These issues are discussed further under Regulation 23: Governance and Management, and detailed under Regulation 28: Fire Precautions.

The management and oversight of the premises was effective to ensure that residents were living in comfortable surroundings. There were storage spaces available throughout the centre, and there were external storage spaces available too. However, one of the external storage sheds was used as a maintenance shed and included some gardening equipment such as petrol lawnmowers. While this presented a fire risk, the inspector noted that there were boxes of files, readily accessible within this storage shed. Some of the names written on the boxes were current residents, and this space was not suitable for their storage. Another container was used to store large quantities of medical supplies such as continence wear and personal protective equipment (PPE). However, the management of the storage of these materials was such that it was not possible to access materials stored within the room as the boxes appeared to be haphazardly stored, blocking any access beyond the first two metres. These findings are outlined under

Regulation 23: Governance and Management, and further detailed under Regulation: 17 Premises.

Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, some actions were required to ensure that these systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Some residents' records were stored within a maintenance shed which was not secure, and was not appropriate for the storage of sensitive files as there were flammable items in close proximity. The provider undertook to remove these files in the day after the inspection, and the inspector received assurances that the files had been removed and stored with the other resident files within the centre.
- The management and oversight of storage arrangements required review to ensure that stock was managed and accessible as required by staff. External storage spaces were overstocked with various items making it difficult to locate specific items, as well as presenting a fire risk as flammable petrol based products were in the same area as paper, paint and cardboard.
- Assurances were required that the fire certificate for the building was accurate and relevant to the building as laid out. The provider could not provide relevant fire certificate information that reflected the centre, but undertook to action this immediately.
- Further oversight of fire safety was required as identified under Regulation 28: Fire Precautions

Judgment: Substantially compliant

Quality and safety

On this inspection, the work undertaken by the provider on foot of the findings of the last inspection were noted. This included the upgrade of the fire containment measures on the first floor which included the replacement and installation of new fire doors. This measure improved the ability of staff to evacuate residents to a place of relative safety within the building in the event of a fire, which aligned with the staff procedure and the policy at the centre. However, further improvements were required in respect of fire safety.

Safety systems in place at the centre to protect residents from the risk of fire included a fully serviced, category L1 fire detection and alarm system. This category of system gives assurance that there are fire detectors throughout all areas and voids including attic spaces of the building. The system was addressable, which meant that an activation of any detector, would show the precise location of that detector on the fire alarm panel. However, a review of the positioning of a fire detector in a stairwell was required to ensure it would detect fire or smoke at the earliest moment.

The fire detection and alarm system was also complimented by a gas detection system which was linked to a device to automatically turn off the gas in the event of a gas leak or a fire alarm. Staff understood this system and how it would operate in the event of a fire or leak and relied on its effectiveness. Gas was used as a fuel in the kitchen and in the laundry, however, while the automatic shut off was in place in the kitchen, it was not in place within the laundry. Laundry staff that spoke with the inspector were aware of this, however, other staff did not appear to know that a difference in procedure was in effect. Furthermore, the shut off valve was located in an area that would require laundry staff to leave the room, and enter via another access door from the outside.

There were floor plans displayed in all corridors of the centre, to assist evacuees in the event of a fire. These floor plans were referred to in the fire safety policy, however, the information displayed on the plans was not effective to readily assist evacuees to find their way to the exits, or to find fire fighting equipment. Containment measures to prevent the spread of smoke, fire and fumes required further review. Weaknesses were noted in compartments including with some fire doors. This had been identified in the last inspection, and the provider had committed to conducting a review of all fire doors and any remedial actions and repairs were to be actioned. However, this review had not been completed, and while some fire doors had been upgraded, existing doors were noted with gaps in smoke seals, doors not closing or non fire-rated ironmongery such as hinges or handles. Compartmentation was also affected by some of the doors where cross-corridor doors would be the line between compartments. This was further compounded by the labelling system in place which identified the compartments with a sign on the wall but which did not correspond to the compartment lines. These and other fire safety issues are discussed under Regulation 28: Fire Precautions

On reviewing the premises, the inspector noted that some flooring was in poor condition. This had been noted on the previous inspection, and the provider had replaced some of the flooring. However, as other flooring was also changed, the completion timeframe had been delayed. While there appeared to be sufficient spaces available for storage, these spaces were not all used effectively. This resulted in bulk storage sheds being overfilled, with poor stock management practices as outlined under regulation 23 Governance and Management.

Regulation 17: Premises

While overall, the premises at Blackrock Abbey Nursing Home was kept in a good state of repair, a number of areas required review to conform to the matters set out in Schedule 6 of the regulations. For example:

- Further work was required to ensure that all damaged flooring was replaced. While this issue had been identified in the last inspection, the project was ongoing at the time of this inspection, with a timeframe for completion available.
- Storage practice required review to ensure that residents' access to facilities such as shower facilities are not impacted by inappropriate storage of mobility aids.
- Repairs were required to some walls and doors in the centre as paint was chipped or damaged.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required by the registered provider to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- The gas detection system in the laundry differed from the system in the kitchen in that the laundry was not provided with an automatic shut off linked to gas detection devices within the laundry area.
- The mix of items stored in the maintenance shed included high fire-risk items such as petrol equipment stored alongside flammable items such as paint and aerosols.
- A cleaners room was located within a room that also contained an electrical distribution board. There was wet facilities in the cleaners room which could impact on the electrical distribution panel and increase the risk of an electrical fire.

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- The floor plans displayed at the centre were not effective to assist visitors staff and residents in the event of a fire. The plans did not display the compartment lines as they were, they did not identify exit routes, and did not identify fire fighting points or call points as per the fire safety policy. There was also no floor plan displayed at the fire alarm panel which would assist in quicker response times to a fire alarm, for anyone to find their way to the source of the fire activation. Compartment labels posted on the walls did not

reflect the actual compartment lines as per the compartment floor plans. This could cause confusion in the event of a fire.

- There was no fire drills reflecting vertical evacuation. While there was an exit route on the first floor which provided access at ground level via the terrace, this was on one side of the building and could not be relied on in all cases of fire.
- There was a wooden gate fitted outside an exit door on the ground floor. This gate was fitted with a lock linked to the fire alarm, however, it could impede evacuation and the route had not been trialled in fire drills.

The registered provider did not make adequate arrangements for detecting and containing fires. For example:

- The location of a fire detector within a stairwell did not provide assurance that it would detect fires at the earliest possible moment. The detector was mounted on a lower section of ceiling below a light shaft. This could allow smoke to accumulate undetected in the light shaft before it would be detected by the smoke detector.
- There was no openable vent in one stairwell. This meant that smoke entering the stairwell could not escape, meaning that the stairwell could fill with smoke reducing visibility and reducing the effectiveness of the stairwell in the event of an evacuation
- There was a storage cupboard on the first floor near the visitors room that was not constructed of fire rated materials. This meant that a fire within this cupboard would not be separated from the evacuation corridor.
- There was a practice of charging hoist batteries within a storage room which was not effectively separated from the escape corridor. Battery charging increases the risk of fire within the room, and the lack of appropriate containment measures would allow smoke and fire to spread to the resident bedroom corridor adjacent to the store room.
- A number of issues were noted with doors around various areas of the centre. For example
 - A set of doors to the kitchen would not close fully.
 - Some smoke seals were damaged or missing on some fire doors.
 - Non fire-rated ironmongery was noted on some doors such as hinges and handles.
 - Doors to the storage area and the laundry did not appear to be fire doors.
 - Attic hatches did not all appear to be fire-rated, which could impact on the spread of fire above resident bedrooms.

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0047656

Date of inspection: 09/07/2025

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: - Residents' records storage – on the day of the inspection all residents' records were relocated to the office storage area within the nursing home – completed - External storage areas – to be reviewed, cleared and reorganized so that specific items could be located easier. Petrol based products to be stored in the separate external storage area – time frame – 01/10/2025 - Registered Provider Representative has instructed 3rd party professionals to submit an application to revise the existing Fire certificate for the building (accurately reflect the building as laid out). Revised fire certificate to be issued – time frame – 31/03/2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - To change floor on all corridors and communal areas – existing plan – time frame was 31/12/2025, expected to finish all floors by 15/09/2025. - Storage practice was reviewed, HCA managers to complete an audit of all communal toilets/shower facilities three times per week, to identify any inappropriate storage and to communicate it with staff – time frame – completed - Repairs to some walls and doors to be completed – time frame – 31/10/2025	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - The gas detection system and an automatic shut of point to be installed in the laundry - time frame - 31/10/2025 - External storage areas – to be reviewed, cleared and reorganized so that specific items could be located easier. Petrol based products to be stored in the separate external storage area – time frame – 01/10/2025 - An electrical distribution board in cleaners’ room to be protected with the build in cabinet – time frame – 31/12/2025 - The fire safety competent person to issue new floor plans to include compartments lines, exit routes and firefighting points. New floor plans to be displayed in all compartments and beside both fire panels – time frame – 30/11/2025 - To change compartments labels posted on the walls to reflect the actual compartment lines as per new floor plans – time frame – 30/11/2025 - Vertical evacuation drills – to be included on Fire drills schedule – time frame - 30/09/2025 - Wooden gate fitted outside an exit door on the ground floor to be removed – time frame – time frame - completed. - A fire detector to be installed within the stairwell at the highest point – fire safety company has been informed to install additional fire detector – time frame - 30/09/2025 - System to be installed to open vent in stairwell in case of fire to allow smoke escape – time frame – 31/10/2025 - A storage cupboard to be changed to fire retardant storage area – time frame - 31/03/2026 - A storage room with a charging point for batteries to be separated from the corridor with new 60 mins fire retardant door – time frame - 31/03/2026 - Issues identified with doors: - Kitchen door – new set to be installed – time frame – 31/03/2026 - Smoke seals to be changed on all doors – time frame – 31/10/2025 - Non-fire rated ironmongery to be changed where needed – time frame – 31/12//2025 - Laundry door – new set to be installed – time frame – 31/03/2026 - Fire retardant attic hatch to be installed – 31/03/2026	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(d)	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	31/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/03/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2026