



# 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:	15 June 2022
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0037081

## 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:	63
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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
Wednesday 15 June 2022	09:30hrs to 17:30hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector was met by the reception staff and the person in charge. The monitoring of temperatures, signs and symptoms of COVID-19, and hand hygiene was completed. Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge.

The nursing home had a very homely feel and multiple residents told the inspector that they were happy living there and felt safe. One resident said that there was always someone on hand to help them with anything they needed and therefore did not feel as if they were alone.

The premises was spacious, clean and well maintained. Throughout the day the inspector observed residents in their bedrooms, living areas and in the outside spaces. The inspector had the opportunity to speak with some residents and visitors on the day of inspection. All the visitors informed the inspector that they were able to access their loved ones easily. Overall they were very happy with the care that their family member was receiving and had no complaints. One visitor was very complimentary and stated that they 'cannot fault the care or the staff' in the nursing home.

Most residents had personalised their rooms with pictures and photographs and personal items from home. There was adequate storage in each room for clothing and personal belongings. Each resident had access to a lockable drawer to ensure safe storage of valuable items. The inspector observed that the residents' bedrooms were clean and tidy. Some residents informed the inspectors that their rooms were cleaned on a daily basis and that they were happy with this arrangement.

On the ground floor there was a bright well-maintained courtyard available for residents to use, and this was accessed through the day room. The doors were open so that residents could go out into the courtyard at their own leisure. Staff were seen helping other residents, who required assistance, to go out into the garden area. Some staff stayed in the garden chatting with the residents and ensuring that they had adequate shade from the sun. The day rooms had an activities station along with a computer which residents could use if they wished to do so. On the first floor there was access to a large balcony. Five residents were sitting out in the sunshine and told the inspector that they really enjoyed this space especially on a sunny day. There were potted plants and flowers which brightened up the space. Staff were on hand to tend to any needs the residents may have.

During the late morning a group of residents were seen participating in a group activity with the activities coordinator. The inspector noted that the activities coordinator was ensuring that each resident was involved either passively or actively depending on their individual level of engagement. There was a good atmosphere amongst the residents during this session.

There was a schedule of activities available for the residents seven days a week. On the day of inspection staff were seen reminding residents when an activity was due to start and assisting them to the day room so they could participate. Some residents who spoke with the inspector said that they enjoyed the activities. If there was something they didn't want to go to they could choose not to attend. Their favourite activity was live music sessions. Residents were seen to have access to newspapers and television and some had mobile phones for personal use.

The inspector saw that there was a lot of information for residents and their families available in the reception area including the centre's statement of purpose, last inspection report, the complaints process, news letter and information on access to advocacy services. There were notice boards throughout the centre which included other information such as meal menus and the activities schedule. Some residents told the inspector that they go to the residents' meetings in the centre and they can talk about anything there, including food items that they would like to see on the menu.

The inspector observed lunch being served in the dining room. The tables were set with table cloths and had a variety of condiments which residents were seen to be using during their meal. Staff were offering drinks to the residents throughout the lunch time period. Other residents were seen getting their own drinks from the drinks station. Residents were offered a choice of meals at lunch time. The food served looked and smelled appetising and was served hot. There were a plenty of staff in the dining room to assist the residents. The staff were familiar with the residents and assisting them in a non rushed and respectful manner. The residents who spoke with the inspector all said that the food was good and said they always had plenty to eat and drink.

When asked about the laundry services both residents and visitors said that the service was great and that nothing goes missing as the staff label the residents' clothing when it arrives. In relation to complaints, the complaints procedure was clearly visible in the Foyer. Both residents and visitors who spoke with the inspector all said that they had never had to complain. If they had any concerns they knew who to speak to.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## **Capacity and capability**

This was a well managed centre which benefited the day-to-day lived experiences of the residents. The centre was operated by ACH Nursing Home and Healthcare Ltd who was the registered provider. There was a clear organisational structure in place and the team were aware of their responsibilities and accountability within the

structure. On the day of inspection the person in charge was supported by the clinical operations director, assistant director of nursing, senior staff nurses, as well as a team of nurses, healthcare assistants, administrative, catering and household staff.

This was an unannounced risk inspection. The purpose of the inspection was to review the centre's compliance with the regulations. The Chief Inspector had been informed that the centre had two COVID-19 outbreaks in April 2022 affecting a total of 28 residents and 12 staff who tested positive for COVID-19. All had recovered at the time of inspection and the outbreaks had been declared closed by the Health Protection Surveillance Centre (HPSC) team. A detailed review of the outbreaks had been completed. The Management of COVID-19 policy had been updated regularly with the last update in June 2022 and a comprehensive preparedness plan was in place.

The compliance plan from the previous inspection carried out in February 2021 was followed up. The inspectors found that on the whole the compliance plan responses had been implemented; however, during this inspection further improvements were required as identified in relation to Regulation 27; Infection control.

The senior management team was kept informed about the performance of the service with key quality indicators, audits and other aspects of the service reviewed on a weekly, monthly and quarterly basis. There was a comprehensive auditing system in place with clear processes for escalation and follow up. Action plans were in place and these informed the quality improvement agenda of the centre. For example; damage to some painted surfaces in the nursing home had been identified on an environmental audit and this had recognised the need for an increase in maintenance work. This was then escalated through the organisational management structure and extra maintenance hours were being arranged. Minutes from the clinical governance meeting were detailed and followed up on each aspect of clinical and non-clinical care. The minutes from the regular management meetings and staff meetings demonstrated good oversight and monitoring throughout the centre.

Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. The assistant director of nursing supported the person in charge and was able to deputise in her absence. Housekeeping resources had increased since the last inspection and staff commented on how this had improved their workloads. Staff were visible within the nursing home tending to residents' needs in a caring and respectful manner throughout the day of inspection. Call bells were answered without delay.

Staff informed the inspector that they had access to training and had completed their mandatory training. They said that they received reminders when any training was due and this was organised by the management team. The inspector reviewed the training records and saw that a process was in place to ensure that any new staff, or those due for refresher training were identified. Completed induction records for permanent staff and temporary staff were available for inspection. Fire drill records were available to the inspector and demonstrated regular fire drills with

the staff.

There was a low level of complaints received by the centre. Any complaints were documented and investigated in line with the nursing homes policy, which was updated within the required time frame. All complaints were overseen by the person in charge and reviewed on a quarterly basis by the management team and any learning identified.

### Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection.

There was a minimum of one qualified nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken their mandatory training and other relevant training. Training was scheduled for those requiring updates.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents.

The annual quality and safety review for 2021 had been completed and there was evidence of resident involvement within.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints policy met the legislative requirements. The complaints procedure was on display in the centre and the procedure was detailed in the residents' guide. The complaints log was available to the inspector and the process followed was in accordance with the centre's policy. The complainants' satisfaction was recorded prior to closing the complaint. Inspectors were informed that there were no open complaints. Closed complaints were reviewed and the records held met the legislative requirements.

Judgment: Compliant

## Quality and safety

Overall the inspector was assured that the residents were receiving a good standard of service and were being enabled to live their best life. Residents were seen walking around the centre and had access to the garden area and balcony. Visitors informed the inspector that they were able to visit their loved ones without restriction and were happy with the care received.

Residents were involved in regular residents' meetings where they were encouraged to make suggestions about the organisation and services. The inspector saw evidence of post COVID-19 outbreak surveys completed by residents and families in April 2022 and this informed the centre quality improvement plan. Independent advocacy services were available to the residents if required. There were also numerous leaflets available about various topics to enable residents understanding; for example there was an easy to understand leaflet explaining about the COVID-19 virus. There was evidence of good communication with families and regular emails were sent to the nominated representative to keep them updated on life in the nursing home and any important updates.

Residents' individual assessments and care plans were recorded in an electronic medical record. On the whole the assessments were completed and care plans

developed based on these assessments within 48 hours of admission. The care plans reflected the care needs of the residents and were detailed enough for staff to be able to provide the required care. Care plans were reviewed within a four month period or more frequently if the residents' needs changed. Comprehensive end of life care plans were in place for all residents. Where applicable, detailed tissue viability care plans were in place for those at risk of pressure damage or those with any wounds. Access to medical practitioners, consultants and allied health services was evident in the residents' records. Recommendations and treatment plans were updated in the residents' care plans. Occupational and recreational care plans outlined the residents' likes and dislikes in terms of activities.

There was a list of nutritional requirements available in the kitchen to ensure residents received the correct meals based on their individual assessments and care plans. The meal plans were reviewed by a dietitian to ensure nutritional value. The residents' likes and dislikes were recorded in their individual assessments and care plans. Evidence of a survey relating to the food provided for residents had been completed with a follow up survey a few months later.

Housekeeping staff informed the inspector that they had completed their mandatory training and had also undertaken additional training in relation to COVID-19. The housekeeping supervisor reminded staff of any training due and updated them of any changes on a daily basis. The housekeeping trolley was clean and organised and the staff had a good knowledge of their processes and cleaning schedules.

The on-site laundry was clean and tidy. There was a one way system which reduced the potential of cross contamination of laundry items. Sheets and pillow cases were washed off-site and returned in plastic wrappings. There was a labelling machine in the laundry to enable staff to affix the residents name on items of clothing to ensure the correct clothes were returned to the residents.

## Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance. The nursing home had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate storage in their rooms for personal possessions. There was a lockable cabinet available for each resident to store valuables. Residents' clothing was labelled and laundry was done regularly and returned to the residents' rooms.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises was well maintained and appropriate to the number and needs of the residents living at the centre. Issues in relation to maintenance are mentioned under Regulation 27; Infection Control.

Judgment: Compliant

### Regulation 18: Food and nutrition

Water and a glass was available in the residents' rooms. There was a choice of food available to residents and residents could choose where they wanted to have their meals. Meals were prepared in line with the residents' individual dietary requirements.

There were adequate staff available to assist residents at mealtimes.

Judgment: Compliant

### Regulation 20: Information for residents

The Residents' guide provided a summary of services and facilities at the designated centre, the terms and conditions relating to residents, the procedure for complaints and the arrangements for visiting.

Judgment: Compliant

### Regulation 27: Infection control

While, overall the centre was found to maintain good standards of cleanliness and environmental hygiene, the following issues were identified:

- Some items of furniture were worn therefore prevented effective cleaning.
- There was evidence of rust on one sluice room sink and a metal chemical storage cupboard, preventing effective cleaning.
- There was masonry dust on some shelves in the sluice room following drilling

work by maintenance.

- There was a process for identifying clean equipment however it was not consistently implemented.
- Some cleaning solutions were mixed in bottles and were labelled with the content but did not have a date or signature. Therefore the correct disposal date could not be identified.
- Some painted surfaces were chipped preventing effective cleaning.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed were person centered and reflected the residents whom the inspector had met on the day. There was evidence of resident and family involvement where appropriate. Care plans were reviewed within a four month period or more frequently if changes in care occurred.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to a medical practitioner and other allied healthcare services. A large proportion of residents maintained their own general practitioners (GP) when they came to live in the nursing home. Recommendations by allied healthcare professionals were clearly reflected in the residents' care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were a small number of residents known to display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) on the day of inspection. Detailed and person-centred care plans were in place for those residents who required additional support and included details of regular multidisciplinary reviews.

Judgment: Compliant

## Regulation 8: Protection

Staff had completed safeguarding training and were aware of what to do if they suspected abuse. Staff who spoke with the inspector said they felt confident to report any concerns that they may have.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a good variety of activities available in the centre. Occupational and recreational care plans were person-centred and reflected individual resident's preferences. Residents had access and control over their clothing and personal belongings.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0037081

Date of inspection: 15/06/2022

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"><li>• All furniture has been reviewed and refurbished or replaced as required</li><li>• A new chemical storage cabinet for the sluice room has been ordered and rust has been removed from the sluice sink</li><li>• Masonry dust was removed from shelving on the day of inspection following the drilling work by maintenance</li><li>• All staff have received education re the process for identifying clean equipment. This is re-enforced through ongoing oversight and education via daily walk abouts by the DON/ADON which aim to oversee all IPC and care practices and highlight any areas of noncompliance at the time of occurrence, as well as re-educating and discussing same with staff at daily handovers, daily safety pauses, monthly departmental meetings and on an ad hoc basis. Quarterly IPC audits are also completed to monitor and enhance compliance with the process</li><li>• All cleaning bottles now have a section for signing and dating the label, all staff are aware of the requirement to complete same</li><li>• All painted surfaces are under review and repainted/resealed where required, a snagging list has also been developed to ensure ongoing review of all furnishings</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/11/2022