



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Blackrock Abbey Nursing Home
Name of provider:	Orkcalb Unlimited Company
Address of centre:	Cockle Hill, Blackrock, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	02 July 2018
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0022165

About the designated centre

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

Blackrock Abbey is a purpose built nursing home and care facility located in the seaside village of Blackrock, Dundalk Co Louth. The centre is registered to provide residential care to 60 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to active elderly residents, those with an acquired brain injury, dementia, alzheimers, a disability and those requiring palliative care. Residents are accommodated on two floors. There are 44 single and eight twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and roof garden. There is close access to the beach, restaurants, pubs, the local park and shops. There is an established bus service nearby to the town nearby.

The following information outlines some additional data on this centre.

Current registration end date:	18/05/2020
Number of residents on the date of inspection:	51

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 July 2018	10:00hrs to 16:30hrs	Sheila McKevitt	Lead

Views of people who use the service

Residents spoke positively about the care they received in the centre. They told the inspector that staff attended to their needs promptly and that they were kind, caring. They said there was a good choose of activities during the day and in the evenings.

Residents expressed satisfaction with the food and drinks available. They expressed satisfaction with access to the garden, sunscreen, drinks and attention from staff while sitting enjoying the sun. They were aware of the complaints policy and told the inspector they were involved in their discharge planning. They also confirmed there were no restrictions on visitors.

Capacity and capability

A good service was being provided to residents. The newly appointed person in charge had settled into her post with the support of the provider representative, the senior management team and clinical nurse managers. The person in charge is appropriately qualified and has several years' experience. Residents were aware of the change in person in charge.

There were clear lines of accountability between the person in charge and the provider representative. The inspector observed that overall the governance, management and oversight of the delivery of the service was good. The systems in place to review the quality of the service provided to residents had improved since the last inspection in January 2018. All actions plans following the last inspection were completed.

The service being provided to residents was reflective of the updated statement of purpose. Four residents with a disability, all over 65 years of age, remained living in the centre. The remaining residents with a disability under 65 years of age had been discharged to houses in the community. Some of the vacant beds were now occupied by older residents who were admitted for long term and respite care.

There were adequate resources allocated to the delivery of the service in terms of equipment, catering arrangements and staff deployment. There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs.

Residents were protected by good recruitment and vetting disclosure procedures. The inspector saw that residents' specialist needs were met with one to one input provided to help residents increase their mobility and levels of communication. Staff were observed to engage with residents in a person centred and respectful manner.

Proposed volunteers were not attending the centre as they were awaiting a garda vetting disclosure in line with the centres policy.

Residents had access to the statement of purpose, residents guide and the complaints policy all on display for them to read.

Regulation 14: Persons in charge

The person in charge commenced her role in April 2018. She facilitated the inspection in a competent manner and provided information requested by the inspector. She conveyed a good knowledge of her role, the factors that impact on the health and well-being of older people and the regulations that underpin designated centres.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels were adequate to meet the needs of residents. There was always at least two qualified staff on duty.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the names and most of the required details of the residents living in the centre. There were some gaps in relation to residents' gender, general practitioner and next-of-kin addresses and telephone numbers.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was adequate resources and a clear management structure to ensure the centre delivered appropriate, safe and constant care to residents. There was an annual review which highlighted areas for improvement in 2018.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose on display at the front door. It had been updated in April 2018 to reflect the change in person in charge. More detailed information in relation the premises was required.
Judgment: Substantially compliant
Regulation 30: Volunteers
The process in place ensured that people involved with the centre on a voluntary basis had a vetting disclosure in place and their roles and responsibilities outlined.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints process in place within the centre. Residents who spoke with the inspector were aware of the complaints process.
Judgment: Compliant
Quality and safety
<p>Residents in this centre were well cared for, and the quality and safety of care provided was to a good standard.</p> <p>The premises was homely, clean, tidy and well maintained. Residents were facilitated to personalise their bedrooms. There was large communal spaces available to residents on both floors with separate spaces for dining. Seating was available to residents in the enclosed courtyard and on the first floor balcony.</p>

Residents could access these areas. Signage throughout the centre was good.

Residents' health and well being was supported by good access to allied health care services, an engaging environment and a social care programme which was interesting and met the needs of both male and female residents. Residents were observed sitting in the sunny courtyard with staff who ensured they were protected from the sun with sunscreen, hats and umbrellas.

Residents had been assessed using validated assessment tools on admission and had care plans in place to reflect each need identified on assessment. The content of these care plans reflected the person-centred care being delivered. Staff had engaged with residents about their preferences for end of life care and these were recorded in detail. Medication management was good, and this was contributed to by the consistent oversight of practices. Residents' medications were reviewed by their general practitioner (GP) and pharmacist on a four-monthly basis.

There was a low use of restrictive practices in the centre which was monitored regularly. There was evidence that alternatives were used where possible. Where bed rails were in use release records were available. The policy and procedure followed the nationally published guidance 'Towards a restraint free environment'.

Regulation 13: End of life

Residents received end of life care from staff. The palliative care team provided additional support if required. End of life care plans were in place these were person centred.

Judgment: Compliant

Regulation 20: Information for residents

A guide was available to residents. A copy was on display at the front door and it contained all the required information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer and discharge information were available in residents files. Where discharges had taken place these had been planned with the resident.

Judgment: Compliant
Regulation 27: Infection control
Infection control practices were reflective of policies.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The systems in place for the management and administration of medication were appropriate for the residents in this centre.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Resident assessments and care plans were reflective of those residents met. They were person-centred and had been reviewed within a four month period.
Judgment: Compliant
Regulation 6: Health care
The health care needs of residents were met in a timely manner.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The supports and supervision in place provided a positive environment in which the behaviours of residents were managed in a person centre manner. This was also reflected in there care plan.

Judgment: Compliant

Regulation 8: Protection

Residents were safe in centre. Measures were in place to safeguard residents including the processes to manage residents finances.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	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

Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0022165

Date of inspection: 02/07/2018

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> - © <i>The name, address and telephone number of the residents general practitioner and of any officer of the Executive whose duty it is to supervise the welfare of the resident;</i> - Directory of residents in written format discontinued 13/7/2018, - Directory of residents currently in use is Epic Care – all information pertaining residents Recorded in correct format. -Same handed over to Staff Nurses/CNMs through Huddle Groups and at handover 08.00- 20.00 hrs – -Same Documented as evidence of dissemination. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> - All additional information requested in relation to Regulation 3 : Statement of purpose as per Schedule 1; (22) has been updated to include, Ensuities – Bathrooms- - Please see Appendix 6 Attached - Copy of same sent to Chief Executive Officer HIQA – 13/7/2018 	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	13/7/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/7/2018