### Compliance Monitoring Inspection report
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blackrock Abbey Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000118</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cockle Hill, Blackrock, Dundalk, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 932 1258</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:seamus@talbotgroup.ie">seamus@talbotgroup.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Orkcalb Unlimited Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>51</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
16 January 2018 14:30 16 January 2018 17:20
17 January 2018 10:30 17 January 2018 16:50

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This unannounced inspection was undertaken to follow-up on progress with completion of the actions in the compliance plan from the last inspection in September 2017. The inspector’s findings confirmed that 14 of the 18 actions in the compliance plan from the last inspection were satisfactorily completed. The remaining four actions were found to be progressed but not completed at the time of this inspection. On the previous inspection non compliances were found in relation to the care and welfare of residents with high levels of support needs, who required frequent support/assistance with all their activities of living. The provider acknowledged that the centre could not adequately meet these residents’ needs and devised a plan to transition 14 residents with specialist needs to new community based purpose-built accommodation by the 09 March 2018.

The transition plan was proceeding and eight residents had moved to live in community accommodation. The subsequent reduction in the overall residents' complexity and the number of residents with high support care needs had positively impacted on the availability of staff and the overall quality of life of residents in the centre. Residents' communal accommodation had been reviewed since the last inspection and provision of an additional residents' sitting room on the ground floor.
and seating fitted in annexed areas off the circulating corridors on both floors improved residents' comfort and choice. Appropriate designated areas for storage of residents' equipment were provided on both floors.

Oversight of the quality and safety of the service was strengthened by the provider since the last inspection with positive outcomes for residents in most areas of service provision. However, further improvements were necessary to ensure the system in place for monitoring restrictive procedures and care to prevent residents developing pressure related skin injuries.

The inspector spoke with residents and staff members. Residents commented positively on the care they received, their safety in the centre, the centre facilities, the activities provided to meet their activation needs and the catering service. Staff spoken with were knowledgeable regarding residents' care needs. All interactions by staff with residents observed by the inspector were respectful, empowering and kind.

The action plans at the end of the report contains the actions that must be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was tangible evidence on this inspection of the stated overall objective of the service 'to provide a person-centred approach, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives'. Oversight arrangements by the provider regarding the governance and management of the centre had been strengthened since the last inspection. The inspection findings confirmed that a number of actions from the last inspection had been completed including the transition of residents to suitable community accommodation. The inspector found that actions not completed were progressed and a comprehensive process was in place to track them to completion.

There was a robust system in place for monitoring the standard and safety of care, the service provided and the quality of life for residents. The provider had a process in place to ensure all areas identified for improvement were satisfactorily addressed. Key aspects of the service and clinical care parameters were reviewed on a consistent basis. However the process for reviewing the quality and safety of residents’ care plans and use of restrictive equipment required refinement to ensure all aspects of these areas were comprehensively assessed and addressed.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment...
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Although not evident on this inspection, some residents had medical conditions that predisposed them to episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents presenting with responsive behaviours were appropriately referred and reviewed by specialist medical services such as psychiatry and psychology services. Behaviour support care plans were developed for these residents and implemented in practice.

A number of residents had complex support needs including sensory impairments, sensory processing difficulties and physical or mental health problems. The inspector observed that these residents were well supported on this inspection. There was sufficient staff available to meet each residents’ need for supervision and interaction on an ongoing basis. Transition of 14 of these residents to new accommodation in purpose-built, low occupancy community houses was commenced on 23 October 2017 and was due to be completed by week ending 09 March 2018. The reduction in the overall levels of complexity and dependency needs achieved from completed transition of eight residents to community houses had a positive impact on the safety, behaviours and quality of life of all other residents residing on the ground floor in the centre.

There was evidence that a restraint free environment was promoted in the centre. Bedrail use was been reviewed and reduced on a consistent basis. Each resident had an assessment completed to confirm their need for bedrails or a lap belt and to ensure their safety when restrictive equipment was in use. The inspector was told by staff that bedrails and lapbelts were regularly released to ensure restrictions posed by this equipment to residents’ freedom were minimized. However the records of bedrail and lapbelt removal were inconsistent. The inspector was also told that routine safety checks were completed and documented when bedrails and lap belts were in use. However, these records were also incomplete as evidenced by several gaps in residents’ records. These findings were identified as an area for improvement in the action plan from the last inspection in September 2017 and also in an action plan in the centre that was developed from an audit completed as part of the quality and safety monitoring of restraint use in the centre.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Actions taken and implemented since the last inspection provided assurances that the health and safety of residents, visitors and staff were promoted and protected. The inspector examined the record of hazards identified and documented. Since the last inspection the following hazards were appropriately risk assessed with controls implemented to mitigate potential for occurrence.
- A stairs with an open stairwell had a railing fitted which was risk assessed to ensure it offered sufficient protection from fall to vulnerable residents and others. Access to the stairs by vulnerable residents or others was controlled. A lift was available to ensure all residents had unrestricted access to both floors. Furniture was removed from an area at the top of the stairs to reduce risk of an adverse event.
- A railing fitted on a low wall around the perimeter of the balcony area located on the first floor was risk assessed to ensure it offered sufficient protection from fall to vulnerable residents and others. The controls were revised with installation of a new perimeter railing. Although not fully completed on the day of this inspection, works were underway to erect the new railing. Access by vulnerable residents or others to the balcony was controlled pending completion of this work.
- Following risk assessment, procedures were implemented to ensure personal protective equipment (PPE) such as gloves and aprons were appropriately stored and inaccessible to vulnerable residents and others.

A window located in the smoking shelter facility had been increased in size to facilitate appropriate supervision of vulnerable residents who wished to smoke. An emergency call bell had also been fitted in the smoking shelter.

All residents who required the assistance of a hoist to support their moving and handling needs were assessed by the centre's physiotherapist and provided with individual slings. Each resident had their personal emergency evacuation needs assessed and documented. The assessments included consideration of their cognitive status and behaviours to ensure their evacuation needs in the event of an emergency could be met. The inspector was told that this information informed the centre's emergency evacuation training drills.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.
### Safe care and support

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
<th>The action(s) required from the previous inspection were satisfactorily implemented.</th>
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</table>

**Findings:**
All statutory notifications were notified to the Health Information and Quality Authority (HIQA) as required. Procedures were revised since the last inspection in September 2017 to ensure that any allegations of abusive behaviour under investigation will be notified to the Health Information and Quality Authority.

**Judgment:**
Compliant

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### Outcome 11: Health and Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

<table>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
<th>Some action(s) required from the previous inspection were not satisfactorily implemented.</th>
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**Findings:**
The findings from this inspection confirmed that residents' healthcare needs were met to a good standard and that their needs were comprehensively assessed on admission and reviewed regularly thereafter. The inspector examined a sample of residents’ care plans and found that they were improved since the last inspection. However, further improvements were found to be necessary to ensure residents’ care plans were person-centred and described their individual needs and preferences. A review of the quality of residents’ care plans had been completed since the last inspection in September 2017. This review identified that staff would benefit from training in person-centred care planning and this training had been facilitated for staff. There was evidence of consultation with residents or their families regarding care plan development and reviews thereafter.

Care of residents with wounds and residents’ skin pressure prevention management procedures were reviewed on this inspection. The inspector found that improvements implemented since the last inspection had impacted positively on the frequency of pressure related injuries. On this inspection, the inspector was told that there was one
resident with a pressure-related skin injury that had developed in the centre. Each resident’s risk of developing pressure related skin injuries was assessed. There were preventative care procedures put in place including pressure relieving mattresses and chair cushions, position changing and nutrition reviews. However, there was inconsistent instruction in residents’ care plans regarding the frequency with which they should be supported to change their position while in bed or sitting in assistive chairs. There was also significant inconsistency in the records evidencing completion of residents’ position changes. The centre’s wound care policy had been revised and updated since the last inspection and management of residents’ wounds reflected best practice procedures.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The layout of residents’ sitting and dining facilities on the ground floor was found to meet their needs to a good standard on this inspection. Since the last inspection, an additional sitting room had been refurbished to facilitate residents with an alternative room to meet their relaxation needs. The reduced occupancy of residents with complex and high support needs and better use of all the communal areas on the ground floor positively contributed to the space available to each resident. Annexed areas off the circulating corridors on both floors were also refurbished with a varied and interesting decor and fitted with comfortable seating for residents’ use. The seating provided for residents on the ground floor was reviewed and additional comfortable seating was provided or replaced as necessary. Residents were observed using this furniture to rest and relax.

The storage arrangements for residents’ equipment had been reviewed and an appropriate designated storage area was assigned on each floor for this purpose. The equipment in these areas was easily accessible. New covered laundry trollies were provided for storage of laundry.

The interactive floor mat was repaired and transferred with the residents transitioning to the community houses.

Judgment:
**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the successful transition of eight residents with complex needs on the ground floor to purpose-built community living accommodation had resulted in significant improvements in the quality of life of residents living on the ground floor in the centre. The reduced occupancy provided residents who were living in the centre on the days of inspection with adequate facilities to meet their social, occupational and recreational needs.

There was two activity coordinators employed in the centre. The activity coordinators and staff were observed to take advantage of opportunities to make the days interesting and meaningful for residents. The inspector observed that there was ongoing interaction by staff with residents with complex and high support needs on the ground floor. These residents were sufficiently supported and encouraged to participate and engage in small group and in one-to-one activities and they responded positively to interactions by staff. An additional communal room was refurbished on the ground floor since the last inspection to facilitate provision of sensory based activities in a quiet environment. A small number of residents including residents with complex and high support needs were observed by the inspector enjoying foot spa therapy, hand massage and listening to relaxing music in this room on the first day of this inspection.

Residents on the first floor were also provided with sufficient opportunities to participate in activities in accordance with their interests and capabilities. A schedule of group activities was displayed for their information. The activities facilitated reflected the schedule displayed. While most residents spent their day in the communal sitting rooms, a small number of residents stayed in their rooms. The activity coordinators had assessed their needs and ensured they had sufficient opportunities to engage in activities that interested them.

There was good evidence that consultation with residents had improved. Residents transitioning to community accommodation were supported to visit the houses and select the colour scheme, curtains, towels and bed linen for their new bedrooms. An album of
photographs of their new community accommodation was compiled and used in conversations with them. Residents had requested access to an online movie facility and had been made available on the televisions in the communal sitting rooms. Some residents had gone on daytrips to various places of interest and further daytrips were planned.

Due to the increased space available in the communal rooms and increasing staffing interaction on the ground floor, residents who communicated by gestures, shouting and other verbal expressions were supported to communicate freely without impacting on others. Staff were observed to ensure residents’ privacy and dignity needs were met by providing discrete assistance with eating and other personal activities and closing bedroom and toilet doors during personal care. There were no delays observed with residents getting assistance to meet their personal care needs as necessary.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that there was sufficient numbers of staff on duty with the required skills to meet the supervision, personal care and activation needs of residents. Staff spoken with attributed this to the reduction in the overall dependency levels of residents due to transition of eight residents with complex and high support needs to community accommodation. The allocation of staff had also been reviewed since September 2017, with positive outcomes for supervision and interaction with residents. Arrangements were also in place to ensure activity coordinators were replaced when they were on leave.

There were arrangements in place to supervise care practices. However, improvement in staff supervision was necessary in relation to releasing bed rails and lap-belts and implementing turning regimes to prevent pressure ulcers from developing. These issues are actioned under outcome seven and eleven.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000118</td>
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<tr>
<td>Date of inspection:</td>
<td>16/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/02/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The process for reviewing the quality and safety of residents’ care plans and use of restrictive equipment required refinement to ensure all aspects of these areas were comprehensively assessed and addressed.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• All care plans are being reviewed to ensure that they include the required level of detail that means that the care plans are person centred and meaningful for each resident. This process will also ensure that care delivered is safe and of a high quality to meet individual residents needs
• All staff have been advised of the importance of uniform recording of the use of restrictive equipment. Adherence to this instruction is being monitored on an ongoing basis by Person in Charge. In addition a tracking system has been initiated to identify any further areas for improvement required. This is also being monitored by Person in Charge.
• Additional training is being provided to staff where this is identified as necessary

Proposed Timescale: 16/03/2018

Outcome 07: Safeguarding and Safety
Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Records of bedrail and lap belt removal were inconsistent.

The inspector was also told that routine safety checks were completed and documented when bedrails and lap belts were in use. However, these records were incomplete as evidenced by several gaps in residents’ records.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
• Clinical Nurse Managers are checking records on a daily basis to ensure that checks are being carried out and recorded.
• Person in Charge is checking that there are no gaps in the records.
• Audits are being carried out to ensure compliance with national policy.
• Staff have been advised of the importance of uniform recording of the use of restrictive equipment. Adherence to this instruction is being monitored on an ongoing basis by Person in Charge

Proposed Timescale: 15/02/2018

Outcome 11: Health and Social Care Needs
Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were found to be necessary to ensure residents’ care plans were person-centred and described their individual needs and preferences.

3. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
• A review of the quality of care plans is in place to ensure they are person-centred. This review will also identify staff that would benefit from training in person-centred care planning and the required training is being provided.
• This process includes all members of the care team to ensure that all individual needs and preferences are incorporated into the care plans

Proposed Timescale: 16/03/2018

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was inconsistent instruction in residents’ care plans regarding the frequency with which they should be supported to change their position and in the records evidencing completion of residents’ position changes.

4. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
• Training is being provided to all staff to ensure full compliance with Pressure Area Care Policy
• As part of the care plan review, the frequency with which residents are supported to change position is now in place. All staff have been advised as to the importance of full compliance with the care plan and recording of same in a uniform manner
• The importance of accurate recording has been highlighted to all staff at Unit Team meetings and during Huddle Group discussions.

Proposed Timescale: 02/03/2018