



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

Issued by the Chief Inspector

Name of designated centre:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green Road, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0043495

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
--	----

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
Wednesday 27 November 2024	10:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspector that this was a "lovely home".

The inspector arrived at the centre and was greeted by the general manager and clinical nurse manager. The person in charge was not available on the day of the inspection as they were away on planned leave. Appropriate deputising arrangements were in place and the centre was adequately resourced. Following an introduction meeting with the general manager and clinical nurse manager the inspector was accompanied on a walk around of the centre. This gave the inspector the opportunity to observe life in the centre and staff practices and interactions with residents.

There was a friendly, relaxed and calm atmosphere throughout. The inspector found that the premises were laid out to meet the needs of the residents and to encourage and aid their independence. The centre was pleasant throughout and it was clear that the management and staff made efforts to create and maintain a homely atmosphere.

The inspector observed that the centre was clean, warm and odour free. There were wall mounted hand sanitisers located in the corridors and hand wash basins. These basins had new back splashes fitted to reduce the risk of any cross contamination.

The inspector spoke with a number of residents and found that they were positive about the care they received. Residents told the inspector that they felt safe in the centre.

The inspector observed residents and staff interactions throughout the day and found them to be courteous, helpful, and respectful. Residents were observed to be well-groomed and well dressed in suitable clothing and well-fitting footwear. Residents could choose how they wanted to spend their day. Staff were responsive to residents requests and were familiar with their preferences. The inspector observed staff caring for and responding to residents care needs in a kind, supportive and timely manner. The provision of care was observed to be person-centred and unhurried.

Blackrocks Nursing Home is located on the outskirts of the town of Foxford in County Mayo. It is situated by the River Moy and is accessible to local amenities such as shops, cafe's and other community services. The centre is a purpose built home which can accommodate 48 residents in single and twin en suite bedrooms.

Blackrocks Nursing Home has two units. The first unit is located at the front of the centre. The second unit, "St Anne's" is located at the back of the centre. St Anne's unit accommodates residents with dementia specific care needs. This unit is restricted with key pad access as there are a number of residents living with dementia who reside in this area of the centre.

Many area's in the centre had been freshly painted and new electric blinds had been fitted in all of the residents bedrooms. These could be easily controlled by residents by using their own remote control device, much to the enjoyment of some residents. Storage in the centre had improved and equipment which was no longer in use had been removed or placed in storage outside of the centre.

The residents' bedrooms were clean and tidy and many were furnished with personal items such as photographs, bedspreads and ornaments to create a comfortable, homely environment. All bedrooms had en suite facilities. The residents who spoke with the inspector were happy with their rooms. Overall, there was sufficient space for residents to live comfortably in their bedrooms including adequate space to store personal belongings. Privacy screens were in place in twin bedrooms which promoted the privacy and dignity of each resident sharing their bedroom accommodation.

Call-bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

Residents had access to all areas of their home including access to outside facilities. The communal garden area was well-maintained and was well-appointed with flowers, shrubs, ornaments and garden furniture. There was adequate seating to cater for the number of residents using this facility. However, the inspector did not observe any residents using the outside facilities during this inspection as it was a cold and frosty day outside. Staff and residents told the inspector that they used this garden space during the summertime.

The inspector observed activities provided for residents on the day. During the day the inspector observed residents taking part in a variety of activities such as bingo, art, knitting, reading, reminiscence therapy and the rosary. Residents who attended these activities were supported and encouraged to participate by the staff team present.

Residents who exhibited responsive behaviours (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment) were observed to be assisted and supported competently and sensitively by the staff. The staff were observed to be very knowledgeable about the residents' individual behaviour patterns and residents had timely access to psychiatry of later life. Staff were observed to respond to residents with these behaviours in a respectful, timely and effective way. Care plans were in place to guide staff and ensure interventions were effective.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Residents were seen to be assisted discreetly with their food and drinks where required. The inspector attended

a meal service and observed there were adequate numbers of staff available to support residents during mealtimes. Portion sizes were appropriate to residents needs and residents were offered more food and drinks when required. There was a range of snacks and drinks made available to residents outside of regular mealtimes. On the day of the inspection residents had a choice of main meal and there was a choice of two desserts to choose from.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated and was unrestricted at the time of inspection. However, a review of a recent outbreak referred to some visits being facilitated with screens which was not in line with national guidelines at the time. These arrangements were overly restrictive and did not support a comfortable visiting experience.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

Overall, the inspector found that the designated centre was well-managed for the benefit of the residents who lived there. There were governance and oversight arrangements in place to ensure that the service provided was in line with the centre's statement of purpose and that residents were able to enjoy a good quality of life.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on actions the provider had agreed to implement as a result of the findings of an inspection carried out in February 2024.

Blackrocks Nursing Home Limited is the registered provider for this designated centre. There was a clearly defined management structure in place, that identified the lines of responsibility and accountability within the centre. From a clinical perspective, the person in charge was supported in their role by two clinical nurse managers and a clinical lead. From an operational perspective the team were supported by a general manager who also worked within the centre. The centre also had a team of nursing and care staff, maintenance, housekeeping and catering staff and an activities coordinator. The inspector found that the number and skill mix of staff, working in the centre, was appropriate to meet the assessed needs of residents.

There were systems in place to monitor the quality and safety of care delivered to residents through an audit schedule covering areas such as, falls, skin integrity,

restraints, care plans, hand hygiene and antimicrobial use. Trending and analysis were carried out on the audit findings which enhanced the oversight and management of key clinical area's. There was good practice noted with regard to pressure ulcer prevention and management with detailed, time-bound action plans designed to increase the identification of pressure ulcers and reduce risk through multiple strategies including ensuring the correct usage of validated risk assessments, improving clinical recording, enhanced communication, specialist training and accessing external specialists. A review of completed audits found that the audit system was effective in identifying areas for improvement and the development of action plans. There was a very low level of pressure sores acquired in the centre. Restrictive practices, such as bed rail usage, were monitored and risk assessed. A comprehensive annual review of the quality and safety of care provided in 2023, had been completed by the provider.

There were effective lines of communication between staff and management in the centre. Staff attended twice daily handover reports to discuss any key risks or issues with residents. Regular governance meetings were held by the management team. The management team held regular meetings with nursing, care, and auxiliary staff, to promote communication within the teams. Staff had access to a comprehensive training programme that facilitated both in-person and online training. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities, with regard to safeguarding residents from abuse, fire safety management, manual handling and hand hygiene. There was good supervision of staff in the centre, including a comprehensive induction process which was documented in each staff members file.

The team providing direct care to residents consisted of at least one registered nurse on duty at all times. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents.

Notifications required to be submitted to the office of the Chief Inspector were done so in accordance with regulatory requirements.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction surveys were completed to help inform ongoing improvements in the centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the relevant experience and management qualifications as set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were sufficient staff on duty to attend to residents' needs and senior staff were on duty, for supervision purposes.

There were two registered nurses working in the centre during the day and at night along with an appropriate number of care staff to provide care for 48 residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was reviewed. This indicated that all the required mandatory and appropriate training was up to date. Staff confirmed that they had understood the training, and evidence was seen through out the day of the training being implemented in practice. Staff had attended additional training on palliative care, incidents, care planning and infection prevention and control. Management had also implemented regular infection prevention and control workshops on a monthly basis which was facilitated by their clinical nurse manager who had attended specific infection prevention and control training and these workshops included topics such as hand hygiene and appropriate use of personal protective equipment.

There was good supervision and induction for staff and training was provided as required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined and established management structure in place which identified the lines of authority and accountability clearly.

There were effective management systems in place to monitor the quality of the service, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

The provider ensured that the service was resourced to provide the care and support required for residents as assess and having regard to the size and layout of the designated centre.

An annual review which included the residents views was completed for 2023.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed on an annual basis.

It contained information on the ethos of the centre and on the complaints procedure, among other information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the office of the Chief Inspector in writing within 3 working days of occurrence.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met, through well-established access to health care services.

Residents' rights were protected and promoted and individuals' choices and preferences were seen to be respected. All residents had access to meaningful activities in line with their interests and capacities.

Store rooms and ancillary rooms were observed to be clean and free of clutter on the days of inspection. The overall premises were designed and laid out to meet the needs of the residents. Residents had access to call-bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms.

Infection prevention and control measures were in place in the centre and there was evidence of good practices such as the use of appropriate hand hygiene techniques and standard infection prevention and control (IPC) practices. The centre was exceptionally clean throughout and odour free. Nursing staff had attended extra

training in infection prevention and control and were facilitating monthly workshops for staff on areas such as hand hygiene and the correct use of personal protective equipment. The IPC link nurses had been proactive and were completing regular Self Assessment Audits and held regular IPC committee meetings.

There was evidence that the newly installed sluice room was in use and residents' equipment was being appropriately decontaminated in line with best practice. Each resident that resided in a twin bedroom with shared en suite facilities had their own color-coded wash hand basin for personal use if required. This reduced the risk of any cross-contamination.

Residents' laundry was managed on-site. The laundry facilities were managed appropriately to ensure residents' clothing was managed with care and minimized the risk of clothing becoming misplaced. Residents were satisfied with the laundry service.

The inspector reviewed the centre's records in respect of fire safety and all documents were available to review and were up-to-date. Daily checks of means of escape were documented and escapes were observed to be unobstructed on the day of inspection. From a sample of fire doors checked by the inspector, these were well maintained and closed fully with an appropriate fire seal in place. Certificates for the fire alarm and emergency lighting tests were reviewed and in date. Each resident had a personal emergency evacuation plan (PEEP) in place, and simulated fire evacuation drills had taken place. Floor plans that detailed the evacuation through the nearest escape were prominently displayed throughout the centre.

The inspector reviewed a sample of resident files and found that residents' care documentation was of a standard that comprehensively guided staff about the person's care and support needs and preferences. Care plans had been updated as required.

Residents' rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Residents were observed to be engaged in activities throughout the day. Residents were familiar with the activity schedule on display and could choose what activity they wanted to attend or could choose to remain in their bedroom and watch television or chat with staff. Residents had access to religious services and could access Mass daily on television. Independent advocacy services were available to residents if required.

Regulation 17: Premises

Overall, the layout of the centre was well-designed to meet the specific needs of the residents. The residents' individual living spaces and the communal areas met the requirements of Schedule 6 of the regulation. Additionally, the centre had improved storage arrangements in place and disposed of large items of equipment which were

no longer in use. Many items of furniture had been replaced and several area's had been freshly painted.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean and the inspector observed good infection prevention and control practices in use by staff.

The inspector found that infection prevention and control practices (IPC) in the centre had significantly improved. The sluice room was in full operation and staff were observed using it on the day of inspection. Staff informed the inspector that the sluice room and bed-pan washer were used to clean and sanitise utensils used.

There were sufficient housekeeping resources in place daily to maintain appropriate cleaning standards. The cleaning schedules reviewed were consistent and up-to-date.

Infection and control practices and knowledge of staff had been enhanced by the implementation of regular IPC committee meetings, daily huddles and staff training carried out by IPC link nurses with staff each month. The IPC link nurses imparted their knowledge to staff during in house workshops regarding hand washing, aseptic technique, personal protective equipment and cleaning and sluicing of utensils. Individual personal care items were stored appropriately and monthly hand hygiene audits were carried out.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre.

Findings from previous inspections had been addressed and good practice had been maintained.

For example,

- Fire safety equipment was serviced at regular intervals.
- Personal emergency evacuation plans reviewed accurately reflected each residents condition and mobility aids required in the event of a fire emergency.
- All the fire-safe doors had been certified as, fit for purpose.

- Fire drills were undertaken at regular intervals, and this documentation was reviewed. It evidenced good response times to emergency drills carried out in the largest compartment.
- Staff spoken with, were knowledgeable of what to do in the event of a fire.
- Daily, weekly and three monthly checks of fire safety equipment were recorded.
- Fire safety training was up-to-date for all staff and further fire training was scheduled.
- PAT testing for the gas shut off system in the kitchen had been carried out.
- Fire doors in high risk area's such as the kitchen, laundry and oratory were in full working order and sealed fully when checked.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents care plans. Each resident had a completed comprehensive assessment of their health, personal and social care needs. The inspector found that the quality of the care plans was consistent. Care plans described resident's care needs and personal preferences in a detailed and person-centred manner. Care plans reviewed described how the individual needs and preferences of each resident would be met. All care plans reviewed by the inspector were updated regularly and contained any changes in the residents' overall condition. For example, wound care plans and responsive care plans were in place and reflected the current care to be provided for each resident. Progress notes were detailed and clear and outlined specific care given within the last few weeks for each resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and protected:

Residents informed the inspector that they felt safe, and "at home" in the centre, and they attributed this to the staff, many of whom had been working in the centre for a number of years. Some staff members were known to individual residents, and they had good insight into their likes, dislikes and their preferences.

Information on advocacy groups available was displayed at reception and where residents required their support referrals to advocacy support had been facilitated.

Regular residents' committee meetings were facilitated by the care staff. Minutes showed that there were a number of relevant issues discussed and residents gave good feedback on life in the centre. Meetings were well attended and issues were followed up in subsequent meetings.

Visitors and residents both confirmed that they were treated with dignity and respect by the managers and staff.

There was a daily schedule of activities displayed and new activities, such as board games, had been introduced at residents' request. Residents had access to social outings, chair-based exercises, ball games, bingo, garden activity, art, religious services, visiting animal farm, external musicians and celebrations with family. Activities in general were meaningful to them and they praised the accommodation, the staff and the support provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant