

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Abbey Haven Care Centre & Nursing Home
<b>Centre ID:</b>	OSV-0000738
<b>Centre address:</b>	Carrick Road, Boyle, Roscommon.
<b>Telephone number:</b>	071 9670 111
<b>Email address:</b>	info@abbeyhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mulryan Construction Limited
<b>Provider Nominee:</b>	Danny Mulryan
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	61
<b>Number of vacancies on the date of inspection:</b>	1

## **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.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 September 2015 10:00 To: 29 September 2015 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. This was the inspection of this centre undertaken by the Authority. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspectors talked with residents, relatives and staff members during the inspection and also reviewed the

feedback questionnaires returned to the Authority.

Abbey Haven Care Centre and Nursing Home is a modern purpose designed residential centre located near the town of Boyle, Co. Roscommon. It can accommodate 62 residents. The centre consists of a combination of single, twin and family rooms which have full en suite facilities of shower, toilet and wash handbasin. They are all above the recommended size and have adequate storage space including lockable spaces to secure personal items. Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated.

Care, nursing staff and ancillary staff were well informed and during conversations conveyed an informed understanding of individual residents' needs, wishes and preferences. The information relayed reflected information recorded in care records. Staff described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised each day and designated staff were allocated to ensure activities took place as scheduled. Residents told the inspectors that there was "always plenty to do". They described the knitting group that made items for a local hospital, a garden project where they planted raised beds in the garden with vegetables or flower bulbs and there was a hen coop with several hens to be looked after. There was an exercise session most days and activities took place in varied locations so residents had individual attention from staff according to their needs.

Residents and relatives were positive in their feedback about the facilities, the delivery of care, their positive attitudes and their commitment to ensuring residents had a good quality of life. Relatives confirmed that they received a range of information prior to admissions being arranged including details of the services and charges that applied. They also said that they had been able to visit and view the centre before their relative was admitted. Relatives and residents indicated that they knew how to make a complaint and said that staff or the person in charge were available to talk to if they had matters to discuss during their regular visits.

The last inspection of the centre was an announced monitoring inspection conducted on 19/20 January 2015. The purpose of that inspection was to inform a decision to vary a condition of registration and increase the number of residents who could be accommodated from 60 to 62. There were improvements required to care planning, the management of complaints, the arrangements for visits and the system for determining the staff allocation. These areas were reviewed during this inspection and were found to have been addressed.

During this inspection the following improvements were noted to need attention to comply with current legislation including that some documentation such as the complaints procedure required review to reflect the way complaints were addressed in the centre and to comply with regulation 34-complaints procedures. Fire signage

in some parts of the building required improvement, non staff required more effective training to ensure they were appropriately informed on adult protection issues to safeguard residents and the use of closed circuit cameras needed to be advised in all areas where such equipment was in use.

These areas and other improvements are further discussed in the body of the report. The Action Plan at the end of this report identifies the mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider had submitted a statement of purpose as part of the application to register. This was found to contain all the required information described in schedule 2 and information was clearly described.

**Judgment:**

Compliant

***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):**

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

**Findings:**

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge, Breege Mulryan is supported by a clinical nurse manager who takes charge in her absence and together they supervise the team of staff nurses, carers and ancillary staff. The provider nominee is Danny Mulryan. Both the person in charge and provider were known to residents and were described as being approachable and regularly available to talk to when needed.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly as required and included consultation with residents and their families.

There was evidence of ongoing improvements to the service. The provider and person in charge had a plan for improving aspects of the service which included training for the clinical nurse manager in quality assurance and auditing to further develop how audits and reviews were undertaken in the centre.

An action plan in the last report required that management systems were put in place to ensure the service provided is safe, appropriate, consistent and effectively monitored. The inspectors found that this had been achieved. Nursing staff were able to demonstrate that changes had been made to the medication administration system and to nursing documentation as a result of findings from audits. The new arrangements in place were found to meet good practice standards and legislative requirements.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A comprehensive resident's guide detailing a summary of the services provided was available. Residents confirmed to an inspector that they were given information about the centre prior to coming in and that they had copies of the resident's guide and brochures.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There has been a change of person in charge since the previous registration. Breege Mulryan who was the provider nominee took on this role in April 2015. She is suitably qualified and experienced and has authority, accountability and responsibility for the provision of the service and works full time in the centre. Breege has acquired the necessary three years experience in the last six years as defined in regulation 14- Persons in Charge while in her role as assistant director of nursing/provider nominee for the centre since 2012. Prior to April 2015 a director of nursing/person in charge was employed full time by the provider.</p> <p>She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development and had achieved post graduate qualifications in training, management and gerontology. She had also extended her knowledge in areas such as medication management, end of life care, audit and dementia care by attending training and information sessions on these topics. Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 05: Documentation to be kept at a designated centre</i></b> <b><i>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</i></b></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b></p>



The centre had a well established and well organised administration system. The inspectors reviewed a range of documents, including residents' care records, staff records, the directory of residents, insurance certificates, financial records, duty rotas and training records. The inspectors found that records were maintained in a manner so as to ensure completeness and accuracy. Staff who had responsibility for maintaining particular records could describe the legislative requirements that applied and the range of information that they had to record.

The inspectors reviewed the Schedule 5 policies and found that all the required policies were available and staff knew where to access policies and procedures when they needed to refer to them. The directory of residents maintained was up to date and contained the required details.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. The clinical nurse manager appointed in April who worked full-time deputised in the absence of the person in charge.

The inspectors found that that she had engaged in continuous professional development and was presently undertaking a qualification in clinical audit. She could describe improvements made as a result of audit and review activity and she was familiar with the care needs of residents, knew which residents had fluctuating illnesses or changeable behaviour patterns and had an active role in the delivery and supervision of care when on duty.

**Judgment:**

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 is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training in adult protection and when asked, were aware of what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. However, some staff were noted from their responses, to require more effective training to ensure their knowledge was adequate to enable them to recognise and report any incidents that could be regarded as abuse. There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to said that they felt safe in the centre. They indicated that staff availability, the call bell system, the use of closed circuit television at the entrance and the general premises arrangements all contributed to this.

The centre had a policy on the use of restraint to guide and inform staff on practice in relation to the use of restraint including bed-rails and ensure residents were protected from potential harm. The use of measures that could be considered as restraints such as bed rails was underpinned by an assessment and the inspector found that the information available indicated why the measure was needed and what alternatives had been put in place prior to the decision to use bed-rails. The use of bed-rails was reassessed periodically and low to floor beds and other options were considered as alternatives.

There were some residents with fluctuating behaviour patterns and conditions such as epilepsy that required intensive staff input at times. The inspectors saw that one to one care was provided where required and that interventions were put in place to ensure safe care was provided. There was a policy that provided staff with guidance on how to manage behaviours that challenge and many staff had training/ qualifications in intellectual disability that provided them with competence and skills to manage such behaviour effectively and in a manner that protected the dignity of the resident.

There were clear records and secure arrangements in place to manage any money or valuables held on behalf of residents. Residents could describe where their money was kept and the arrangements for returning money to them. The administrator had complete records of all money held on behalf of residents and there was an up to date

balance for each resident which took in to account all transactions.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety policy and statement dated April 2015. A comprehensive risk management strategy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a risk register that outlined specific risks including a range of clinical risks. The general hazard areas identified included moving and handling, the management of accidents and incidents, fire safety, hygiene and infection control. The clinical risks identified included vulnerability to falls, pressure area risks and compromised nutrition status. There were good outlines of the risks presented and the control measures in place. An emergency plan was in place to guide staff on to how to respond to serious untoward incidents.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available. Members of household staff could describe the way rooms were cleaned each day and how more extensive cleaning was carried out, the system for managing infected clothing or bed linen and general hygiene procedures. The information relayed reflected good practice standards. They confirmed that they had received training in the use of cleaning products and hygiene practice.

Accidents and incidents were recorded and records were noted to be complete with details of the event and the actions taken by staff immediately following the event to ensure the safety and comfort of residents evident. The analysis undertaken described the number and nature of events and the time they took place.

Measures were in place to prevent accidents in the centre and grounds. The building was clutter free and external areas were flat and well maintained. There were grab rails on each side of hallways and in bathrooms and toilets. Equipment and personal

protective clothing such as gloves and aprons was noted to be stored safely and securely.

Manual handling assessments were available, were up to date and reflected resident's dependency and while hoist transfers were described the type of hoist to be used in each situation was not outlined. The inspectors noted that there was a range of equipment available for staff to ensure manoeuvres could be carried out safely. All staff were trained in moving and handling of residents and the person in charge was aware of the time frames for moving and handling training and refresher courses.

All staff were trained in what to do in the event of a fire. The nominated provider has a lead role for health, safety and fire management. He was familiar with all areas of the service and the client group. Staff could describe the fire training and fire drills undertaken to the inspectors. They outlined how they were taught to go the fire panel in reception, await instruction from the fire warden who was nominated to take charge of the situation and how fire doors closed to control the spread of fire. Regular fire drills were completed and records maintained. A requirement to complete a fire drill with night staffing levels was outlined in the last inspection report. This had been completed.

The fire alarm was serviced on a quarterly basis, a list of fire fighting equipment was available and was serviced on an annual basis as required. There were adequate means of escape and fire exits were noted to be unobstructed. There was a daily check to ensure that they were free at all times. The fire procedure was displayed. Fire exit routes were clearly marked in most areas, however, on one side of the building the signage required improvement to indicate the nearest exit. When standing outside rooms 18/19 for example it was unclear which direction to take to the nearest exit.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. The reception area was occupied during the day and the front door and other doors were secure. The inspector saw that missing person profiles had been completed and were readily accessible in a specific section of care records.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were no actions required from the previous inspection. The nurses placed emphasis on observing residents responses to medication and recorded these observations in the daily records. They had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required medication) to be given in a 24 hour period was recorded in the sample of records examined.

The inspector found that there were safe systems in place for the management of medication. There was a clinical room adjacent to the nurse's office where the two medication trolleys in use were stored. This area was noted to be clean and well organised. The fridge used to store medication was functioning at an appropriate temperature which was checked and recorded daily by staff. Staff were well informed about the medication in use and residents' medication regimes. The inspector found that residents' medication was reviewed within the required time limits by GPs, specialist services, pharmacists and nursing staff.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in accordance with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Residents who had conditions that could fluctuate such as epilepsy had supplies of emergency medication available. Nursing and care staff were familiar with the indicators of seizure activity and a staff nurse explained that one to one supervision was provided when indicators were observed.

**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.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and

cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgment:**

Compliant

***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

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

All residents had care plans and care documentation was organised well with information easy to access. The required improvements outlined in the last inspection report had been addressed. There was information that confirmed that care plans had been discussed with residents and relatives. Details of their specific wishes as to how they wished their care to be delivered and their usual day to day routines were recorded. An assessment of physical care needs, social and activity preferences and a cognitive assessment were used jointly to inform the judgement of dependency providing a more accurate view of the care needed and the interventions that had to be supplied by staff to ensure residents' needs were met.

On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence that residents and relatives are involved in care plans and that their views are incorporated into daily care practice. For example, a family's knowledge of a resident's care needs and interests were outlined and were used by staff to provide care in a meaningful way. Relatives confirmed that they had been asked to contribute information and had done so to provide staff with a better understanding of their relatives care requirements. Nursing staff could articulate residents care needs in an informed way and it was evident from the conversations the inspectors had with them that they identified changes promptly and sought medical advice where required.

Care plans provided a good overview of residents' care and how care was delivered. They were based on the areas assessed and were reviewed at the required four month intervals and when residents care needs changed. A narrative record was recorded for residents each day and night and these records reflected the care plans outlined and included aspects of physical care, social interactions, changes in mood and emotional health and diet. Residents had access to appropriate medical and allied healthcare professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. The inspector saw that residents were reviewed on return from hospital and that medication regimes were checked and reconciled according to their medical conditions. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities.

There were no residents with pressure ulcers on the day of inspection. Pressure area problems notified to the Authority that had originated in hospital had resolved. The inspector examined a wound care plan for a non pressure related wound. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. There were regular evaluations of the interventions in place and photographs taken to illustrate change had dates, times and measurements recorded. A nurse who described the interventions in place was well informed on wound care practice.

There were some residents with behaviours that presented challenges such as wandering and some who required high levels of observation due to dementia care needs or unpredictable conditions such as epilepsy. The inspector saw that staff engaged residents constructively and supervised them closely to ensure their well being.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Abbey Haven is a modern purpose-built, single-storey nursing home that provides care to 62 dependent persons over the age of 18 including people who have dementia care needs. The centre is located a few minutes drive from town of Boyle. There were no premises deficits noted during the inspection. Residents told an inspector that they liked the way their rooms were laid out and said that they could move around freely and were not restricted to any particular area.

The entrance opens onto a bright spacious reception area that has seating for residents and visitors. Residents' rooms and communal areas are located to the right and left of reception and are arranged in units. Each unit provides a choice of sitting areas. There is a large centrally located dining room which is used at main meal times and which is large enough to accommodate all residents in comfort taking in to account the use of specialist equipment and mobility aids. The premises is arranged around a secure internal courtyard that has been well cultivated to provide interest for residents. There were shrubs, raised flowerbeds and varied plant containers which had been planted by residents. There was also a hen coop and several residents took an active interest in looking after the hens.

Bedroom accommodation comprises of 47 single bedrooms, 3 larger single rooms known as family rooms and 6 double rooms. All bedrooms have en suite facilities of shower, toilet and wash hand basin and are fully accessible. Showers were level with the floor finish providing ease of access. In addition there are 2 assisted bathrooms, 4 assisted toilets and 7 ordinary toilets including a toilet for visitors.

Bedrooms viewed were noted to be above the required size specification, well furnished, equipped to assure the comfort and privacy needs of the residents and contained personal items such as photographs, books and ornaments. There was a call bell system in place at each resident's bed. All windows were at an adequate height to enable residents to see outside easily. There was suitable lighting provided in each bedroom to meet the needs of the residents.

Other facilities include a visitors' room, oratory, quiet room, smoking room, hairdressing room, staff areas including designated areas for catering staff, laundry and sluice facilities. The building was comfortably warm, clean and odour free.

Car parking is available to the front and side of the centre with a number of spaces identified for disabled users. The centre is surrounded by a large area of landscaped gardens. Three sitting rooms, a dining room, internet café, assisted bathrooms and toilets, visitor room.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals***



***procedure.***

**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:**

Relatives and residents were aware that there was a complaints procedure in place and although had no cause to complain they felt they could approach the person in charge or any member of staff should they have concerns. Residents that the inspectors talked to could describe who they would speak to if they had any issues or wished to make a complaint.

All complaints were recorded and an action plan in the last report that required all complaints to be investigated promptly had been addressed. The complaints procedure was displayed and this outlined the steps to follow when making a complaint. The inspectors found that the system in place required review to comply with the requirements outlined in regulation 34-Complaints procedure. The procedure indicated that if not satisfied with the outcome of a complaints investigation an appeal could be made to the advocate however this compromised the role of the advocate who may be requested to act on behalf of or to support a resident to make a complaint. The copy of the policy on display in the entrance foyer referenced a person no longer employed in the centre.

The complaints policy and the abbreviated version did not identify who the nominated person is who will hold a monitoring role to ensure that all complaints are appropriately responded to and that records are maintained. There were appropriate records maintained of complaints and this was separate to residents' care records.

**Judgment:**

Substantially Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and found that the legislative requirements were met. There were three residents who had input from the palliative care team but no residents were in receipt of end of life care during this inspection. A thematic inspection that included this outcome was undertaken on 11 and 12 August 2014. The report of the last inspection conducted on 19 and 20 January indicated that actions outlined in respect of end of life care such as recording end of life wishes and having an appropriate care plan in place had been addressed. This was also confirmed during this inspection.

The inspector saw that end of life care wishes had been outlined in care records and staff discussed this issue with residents and family members where appropriate during care reviews. There were issues of capacity to make decisions that staff had to consider as many residents were highly dependent or had dementia or a combination of complex conditions and staff recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf. Nurses were noted to be proactive and review decisions made in relation to resuscitation status with doctors if residents health care picture improved and there was information in care records to confirm this. There were procedures in place to assess pain and nurses were familiar with the monitoring tool and record in use to ensure analgesia was administered as required and monitored for effective outcomes.

Overnight facilities and refreshments were offered to residents' family members and friends and there was space for a number of people to spend time with residents when end of life care was in progress.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified

and monitored closely. There was a food and nutrition policy in place to provide guidance to staff and this was supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located when they needed to refer to them. This outcome was comprehensively inspected during the themed inspection conducted in 2014.

Residents told the inspector that the food was varied and good quality. The inspector was told that meals were "varied and always lovely", "good as any hotel or restaurant" and also said "we have a choice every day at both lunch time and in the evening" Residents' food likes and dislikes were recorded and referenced by staff.

The inspectors reviewed the special dietary requirements of individual residents and saw that information on residents' dietary needs and preferences was maintained in the kitchen. Catering staff were found to be well informed and knowledgeable about specialist diets and worked with care staff to ensure appropriate foods were provided in accordance with assessed requirements.

There was a planned menu that provided two choices of cooked meal at midday and in the evening. Nutritious snack options were available to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. Staff had access to kitchen areas to prepare snacks for residents during the night if needed.

As described earlier there was a large dining room where the majority of residents went to have their main meals. The inspectors observed that meals were well presented and foods were served in individual portions. Staff were seen to assist residents who needed support to eat in a manner that protected their dignity. There were several staff available to assist with meals so that no one had to wait for assistance. Staff sat beside residents who needed prompting or assistance and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves. Residents said that they were consulted about menus and food choices and their preferences were included in the menu choices.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements included monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. There were nine residents who were vulnerable to weight loss. All had been assessed and had a nutritional care plan in place. All but one were stable and were responding to the interventions put in place. There was continued monitoring of one resident and palliative care interventions and recommendations from the dietician were in place and followed by staff according to the records reviewed. Residents have access to dieticians and speech and language

therapists through a private arrangement.

**Judgment:**

Compliant

***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 inspectors found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful and to take in to account communication problems.

There was a range of social events organised by the activity coordinator who worked daily in the centre. The inspectors found that social care options were varied and organised at varied times throughout the day and in several areas of the centre. Residents said that they could choose what to do. Music sessions, craft work, painting and knitting were very popular. The knitting group made items for a local hospital and there was a display of residents' work in the reception area. An exercise session took place daily. Residents records reviewed conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents enjoyed hearing the news on local radio and also said they kept them up to date with community events.

Residents who had dementia were noted to have appropriate support from staff. Residents had some orientation aids such as identification on doors to help them locate their rooms. Care staff encouraged participation in the daily activities and were available to conduct activities such as music and exercise sessions and ensured that residents took part to the maximum of their ability. Carers were noted to prompt residents

sensitively, give them simple choices and to speak slowly and clearly to ensure their instructions were understood.

There were arrangements in place for consultation with residents on the operation of the service. Residents confirmed they attended meetings and said that their suggestions were considered and adopted. This included suggestions for outings and attendance at events. For example they said that they attended several of the arts festival events that they had requested to go to and had also visited Knock Shrine. There was a well established network with residents' families and they were regularly asked to provide feedback on the service during individual care plan reviews and as part of monitoring the service. Family members confirmed that they were informed about changes in the care needs of their relatives, about incidents that took place and were asked about their satisfaction with the service to their relatives.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass in the centre and have priests or ministers visit them. Care records contained information on spiritual preferences and religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits except at meal times so that residents could have meals in a leisurely way. An action plan in the last report required that residents were facilitated to undertake personal activities in private as the arrangements for visitors required them to see residents in the visitors' room or other communal areas which were not private areas. This had been partially addressed. The response to the action plan conveyed that residents could see visitors in their bedrooms as well as in the visitors' room and other sitting areas. However, the inspectors found that communal areas had been equipped with a closed circuit television system which impacted directly on privacy and there were no notices to indicate that this equipment was in use in areas other than the reception area. It is a requirement of this report that the use of such equipment is highlighted in every area where it is used.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to safeguard residents' property and money. The inspector reviewed these procedures and found that there were records of personal property and of property held for safe keeping.

Residents' personal spaces were personalised with photographs, pictures and other personal possessions. There was good storage facilities in bedrooms and residents said they had adequate space for their clothes and personal items they had brought in to the centre.

The laundry was well equipped and clean. There was a system in place to reduce the loss of clothing and residents said that clothing was well cared for and returned to them in good condition.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspectors reviewed staffing levels for the centre in the context of the layout of the building and the assessed dependency needs of residents. They also discussed the staff allocation with the person in charge and the staff team. The person in charge described how staff numbers and skill mix were deployed during the day and night. There were two nurses, a clinical nurse manager and the person in charge on duty throughout the day until 16.00 hours when the clinical nurse manager went off duty. There were nine care staff on duty and an additional member of staff who was designated to support care and catering staff in the provision of meals and refreshments. The complement of carers reduced at varied times during the day but remained at seven until 20.00 hours. There were two catering staff, two household staff, two administration staff and an activity coordinator available daily. At night there were two nurses and two carers allocated for duty from 20.00 hours to 08.00 hours. The inspectors found that the staff

allocation ensured that skill mix and numbers could meet the needs of residents. Staff conveyed that the allocations meant that they could carry out their duties effectively and residents said that they did not have to wait for assistance. The inspectors observed that communal areas were supervised at all times, that staff had time to spend with residents when providing care and that call bells were answered promptly.

The last inspection report outlined an action plan that required a staffing needs analysis to ensure staff deployment was appropriate. This had been addressed according to the information provided by the person in charge. The change to the role of person in charge, the appointment of the clinical nurse manager, the organisation of staff in to teams with different break times and the deployment of a carer to support at meal times had improved the way the workload was managed. Many residents had a range of complex healthcare issues including dementia and palliative care needs. There were 12 residents assessed as having maximum care needs, 15 who had high care needs, 19 were in the medium dependency category and one was independent according to an evidence based rating scale. Over 40% of residents had dementia and the majority were assessed as having significant cognitive impairment.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures, infection control and the management of critical events such as falls or changes in health needs. Staff told the inspectors that they were well supported and that a good team spirit existed among staff. Nurses and carers worked well together the inspectors were told. Evidence of professional registration for nurses was available and current.

The inspectors discussed the training provided to staff and staff confirmed that training had been provided on a range of topics that included, elder abuse and the protection of vulnerable people, fire safety, infection control, hygiene practices and the use of cleaning substances, end of life care, medication management and moving and handling. Records reviewed showed majority of staff had up to date training in the mandatory topics such as fire safety, adult protection and moving and handling. However, as described in outcome 7-Safeguarding, some staff needed additional information to ensure that they could competently identify and report any suspicions or allegations of abuse.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out.

**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:***

Geraldine Jolley  
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<sup>1</sup>

<b>Centre name:</b>	Abbey Haven Care Centre & Nursing Home
<b>Centre ID:</b>	OSV-0000738
<b>Date of inspection:</b>	29/09/2015
<b>Date of response:</b>	17/10/2015

#### 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 07: Safeguarding and Safety

##### Theme:

Safe care and support

##### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate training had not been provided to staff to ensure that they could readily recognise and report any activity that could be interpreted as abuse.

##### **1. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

Staff are trained in the detection and prevention of and responses to abuse .Additional training and refresher training is scheduled for November 2015 as part of our continuous professional development programme.

**Proposed Timescale:** 30/11/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The moving and handling assessments completed to guide staff when undertaking manoeuvres that involved the use of hoists did not indicate the type of hoist to use in each situation.

**2. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**

Moving and handling assessments have been reviewed to specify the type of hoist to be used for each resident where applicable.

**Proposed Timescale:** 30/09/2015

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

In one area of the building the signage available did not indicate clearly the way to the nearest fire exit.

**3. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**

The installation was carried out in accordance with Codes of Practice and Building Regulations as per Fire Certificate issued by the Local Authority.

The building is designed for horizontal evacuation of residents and staff in the event of fire.

An additional sign directing visitors/ others to the nearest fire exit is currently on order for the area referred to above by the inspectors.

**Proposed Timescale:** 31/10/2015

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The procedures for making complaints required revision in respect of the appeals procedure. A person to ensure that the nominated person responsible for complaints management responded to complaints and kept appropriate records needed to be identified.

The copy of the complaints procedure on display in the foyer referenced a person no longer employed in the centre.

**4. Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**

The complaints policy and appeals procedure has been revised to include a named person to oversee the complaints process. The revised procedures are displayed at reception and other prominent locations within the centre.

**Proposed Timescale:** 16/10/2015

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

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The communal rooms other than the visitors designated room were equipped with closed circuit camera which were not advised as present with appropriate notification.

**5. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**

Signage has been erected to inform residents and the public of the use of closed circuit

camera in communal areas within Abbey Haven.

**Proposed Timescale:** 30/09/2015