



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue, Old Hospital Road, Wexford
Type of inspection:	Announced
Date of inspection:	11 and 12 December 2018
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0022376

About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
11 December 2018	10:30hrs to 18:00hrs	Sheila Doyle	Lead
12 December 2018	09:00hrs to 14:00hrs	Sheila Doyle	Lead

Views of people who use the service

The inspector met with residents and noted that, throughout the inspection, residents were seen to be treated with dignity and respect and choices were being respected.

Residents spoken with were satisfied with the service. Residents spoke very highly of the staff describing them as kind and caring. One resident said it was like having a big family.

Residents said they were happy with their rooms. They felt their privacy was respected. All residents spoken with said they felt safe in the centre as staff were always around.

Residents told the inspector how much they enjoyed some of the activities. Many described how much they were looking forward to the Christmas party later that week. Some residents said they had been busy making Christmas cards. Another resident said how much she liked looking out at the lights and Christmas tree in the garden area. Music was very popular with the residents.

Some residents said they preferred not to take part in the group activities and said that their wishes were always respected and the inspector noted that some residents were also provided with individual one-to-one time.

Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. Many said they had a named person to speak to about any concerns they had.

Some residents also described how staff helped them with their shopping and how grateful they were for this.

Capacity and capability

Overall, a good service was being provided to the residents. The centre had an established management team in place and was well run for the benefit of the residents who lived there.

The inspector found that a robust governance structure was in place. The organisational structure was described in the statement of purpose. The quality of care, and experience of residents, was monitored, and reviewed on an ongoing basis. The inspector saw that the annual review of the quality and safety of care

was completed. The recently appointed person in charge was a registered nurse, with the required experience, who worked full-time in the centre.

Following a review of the staff rosters, and feedback from residents, the inspector was satisfied that, at the time of inspection, there were sufficient staff on duty to meet residents' needs.

Each resident had a contract for care in place which outlined the fees and charges in respect of their care and services.

Staff files reviewed were complete. The person in charge assured the inspector that Garda Síochána (police) vetting was in place for all staff.

The inspector found that the statement of purpose accurately described the service that was provided in the centre and met the requirements of the regulations.

Volunteers worked in the centre and added to the residents' quality of life by providing social activities and services which the residents said they thoroughly enjoyed and appreciated. All required documentation was in place.

Although some improvement was required to the complaints policy, the inspector was satisfied that the complaints of each resident or relative, were listened to, and acted upon and there was an effective appeals procedure. Action required from the previous inspection had been addressed.

Regulation 14: Persons in charge

The person in charge was a suitably qualified and experienced registered nurse who worked full-time. She had only recently taken up this position. The person in charge was suitably engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She had many years experience of nursing care of the older person and had completed a number of relevant post graduate courses including a management course. Throughout the inspection, the person in charge demonstrated good knowledge of residents, their care needs and a commitment to ongoing improvement of the quality of the services provided.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

A culture of learning for staff was promoted through training and professional development. All mandatory training was up to date.

Judgment: Compliant

Regulation 19: Directory of residents

From the sample of entries reviewed, the inspector found that the directory of residents met the requirements of the regulations.

Judgment: Compliant

Regulation 21: Records

Staff files were complete and contained the information required by the regulations. This was identified as a non compliance at the previous inspection.

Judgment: Compliant

Regulation 22: Insurance

Evidence was available that adequate insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was in keeping with the centre's statement of purpose. Overall, these management and governance arrangements were effective. Regular management meetings were arranged between staff and management.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Detailed contracts of care were in place and they set out the services provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

Minor amendments were made to the statement of purpose during the inspection and it now met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Documentation relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure in relation to the management of complaints was on display around the centre. The inspector noted that the action required from the previous inspection relating to complaints had been addressed. The person in charge told the inspector that all complaints were logged and there were no open complaints at the time of inspection. A centre-specific complaints policy was in place to guide practice. However, this policy required some improvement as it did not meet the requirements of the regulations. For example, it did not state who the nominated person was to ensure that all complaints were appropriately responded to, as required by regulation.

Judgment: Substantially compliant

Quality and safety

The increased oversight provided by the management system had resulted in improvements in the quality and safety of the care and support for residents.

The inspector found systems were in place to ensure the environment was safe for residents, staff and visitors. The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. Fire drills were carried out frequently and, when required, action plans were put in place.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Although restraint use remained high, close monitoring was in place and plans were afoot to bring about changes. Improvements were required to ensure that the care plans relating to responsive behaviours and restrictive practices provided sufficient guidance and complied with local policy.

Caring for a resident at end-of-life was regarded as an integral part of the care service provided.

The inspector saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Staff were knowledgeable of each resident's preferences, and outlined the various ways that they gathered feedback from residents regarding the food served. General discussion took place at the feedback meeting regarding ensuring that all residents had sufficient choices available at all mealtimes and the management team undertook to continue to monitor this. Consideration was also been given to commencing two sittings for meals to ensure that all residents could be comfortably seated for their meals and that adequate staff were always available.

The inspector found that appropriate infection control procedures were in place. This included ongoing training for staff and compliance with national standards. Hand hygiene gels were located around the centre and the inspector saw staff and relatives using them.

The inspector found evidence of safe medication management practices. However, the action required from the previous inspection relating to access to a pharmacist was not completed within the agreed timescale.

Management and staff within the centre respected residents' rights, choices and wishes, and supported them to maintain their independence, where possible. Staff were seen to also be supportive, positive and respectful in their interactions with residents. Overall, there appeared to be a warm and friendly atmosphere between residents and staff.

It was noted that relatives were actively involved in the centre. Relatives spoken with confirmed that they were happy with the service provided. Other than at mealtimes, there was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection. It was also noted that residents regularly went out home or to various activities with their relatives

Regulation 11: Visits

Other than at mealtimes, there was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Adequate space was provided for each resident to store and retain control over their personal property. Lockable space was also provided. Laundry was attended to off site. Residents told the inspector they were happy with this service.

Judgment: Compliant

Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

Bedrooms were spacious and all had en suite facilities. A renovation plan was in place to ensure all areas are repainted as required. This had been identified as an action from the previous inspection. The inspector noted that the corridors and dining rooms had been repainted and plans were in place to include bedroom areas. All areas looked clean and well maintained.

Currently, along with three single room, the two three-bedded rooms are closed with plans to reopen in the near future. The manager discussed the intention to replace the existing screens around the beds in the multi-occupancy rooms with more suitable user-friendly screens prior to reopening these beds.

Judgment: Compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were adequate arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set out control measures to mitigate risks identified in the centre.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were suitable measures to protect the residents, staff and the premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. Training was up to date and regular fire drills were carried out.

The centre had recently been visited by the Fire Safety Officer and minor works were required. A plan was in place to complete these and, once completed, the manager of older person services undertook to provide the Office of the Chief Inspector with written confirmation signed by a competent person, confirming that the centre is in compliance with all fire safety regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found evidence of safe medication management practices. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses. Medication fridges were provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection.

However, the action required from the previous inspection relating to access to a pharmacist had not been addressed within the agreed timescale. Pharmacy services were provided by the local general hospital. There was no evidence that a choice of pharmacist was available to residents or that the obligations of the pharmacist to the resident as required under relevant legislation and guidance, were being met.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Overall, residents were well supported and positive behavioural plans were in place. The inspector found that evidenced-based tools were utilised to monitor behaviours where required. Where residents had known responsive behaviours, there was a care plan in place. However, additional work was required to ensure that where possible, triggers were identified and appropriate interventions were consistently recorded in the care plans. Never the less, staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Staff had received training to manage responsive behaviours which was identified as an action at the previous inspection.

A similar improvement was required regarding the documentation relating to the use of restraint. Care plans were generic in nature and there was limited documented evidence that less restrictive alternatives had been trialled. Sufficient guidance was not provided regarding the need for safety checks when bedrails were in use.

The inspector noted that care practices were in line with evidence-based care and these gaps related to documentation.

The usage of restraint remained high but the management team discussed plans in place to reduce this.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. The person in charge also told the inspector that, if needed, support and advice was also available from the local safeguarding team.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances. External audits were carried out to ensure compliance with the policies in place.

The centre maintained comfort monies for a small number of residents and the inspector saw evidence that adequate financial records were maintained. All lodgements and withdrawals were documented and signed off by two signatories.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass was celebrated on a weekly basis and residents told the inspector how grateful they were for this. Prayer services were also held regularly. Other ministers visited as required. Each resident had a section in their care plan that set out their religious or spiritual preferences.

There was a residents' committee in operation. Issues discussed included menus, activities and outings.

The inspector noted that the activity coordinators were very committed to meeting the needs of the residents. 'Getting to know me' and 'Who am I' documentation was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. A programme of activities were available although the inspector noted that it was generally the residents who chose what activity they wanted on any given day. This included music, games, crafts, imagination gym and Sonas (a therapy with a focus on promoting communication, especially for people with dementia). One to one activities such as hand massage and aromatherapy were carried out for residents who did not wish to engage in group activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0022376

Date of inspection: 11/12/2018 and 12/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

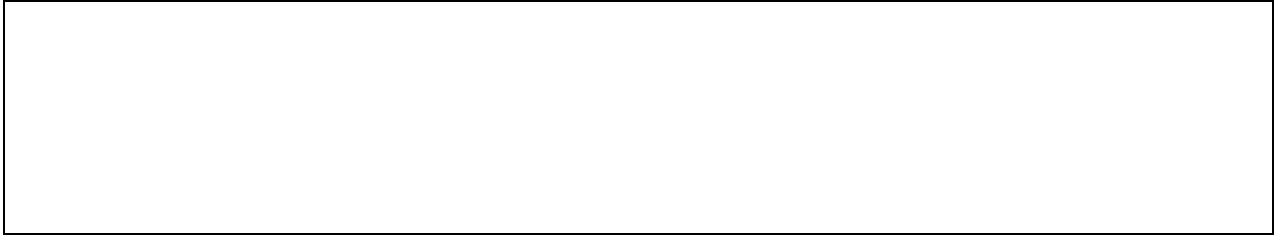
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints policy has been reviewed to ensure that it meets the requirements of Regulation 34	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Business case has been submitted to the chief officer for the recruitment of pharmacist to provide compliance with regulation 29	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Quality improvement plan has been developed with further education for all staff to look at behavior that challenge and also restraint free environment	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(1)	The registered provider shall ensure, in so far as is reasonably practicable, that a pharmacist of a resident's choice or who is acceptable to the resident is available to the resident.	Substantially Compliant	Yellow	31/01/2019
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	31/03/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in	Substantially Compliant	Yellow	31/12/2018

	paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	31/12/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2019
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	31/03/2019