Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 October 2020
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0030845

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:	25

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Friday 23 October 2020	10:00hrs to 17:00hrs	Margo O'Neill	Lead
Friday 23 October 2020	10:00hrs to 17:00hrs	Helena Grigova	Support

What residents told us and what inspectors observed

Inspectors spoke with residents regarding their experience of living in the centre. Due to level five COVID-19 restrictions imposed throughout the country, no visitors attended the centre on the day of inspection and so inspectors were unable to gather information in this way.

Inspectors observed that residents were relaxed and comfortable. Most were observed relaxing in their bedrooms watching television, however, some were also observed spending time in the centre's garden or day rooms. Residents were all well groomed and their clothes appeared well cared for.

Feedback from residents was that the centre was a nice place to live and that staff were kind and respectful, with one resident saying that staff were 'fantastic'. Inspectors observed that staff provided unhurried care to residents and paced their work well. Inspectors observed staff sitting with residents, spending time in their rooms, chatting with them when providing assistance, for example with meals, support was observed to be patient and discreet. Residents who spoke to inspectors said that they never waited long for assistance when they required it.

Inspectors saw that the centre was a modern well maintained building which was split into two separate services, with Abbeygale House occupying the first floor of the building. There was a hairdressing room, several day lounges and dining rooms. These communal spaces contained appropriate couches and sitting areas for residents to sit and relax in and some had shelving with books and pictures for residents to use and enjoy. Other areas had fish tanks and fire places to create a relaxed environment. In lounges and dining rooms furniture was organised to facilitate social distancing for residents. Inspectors observed that many residents had personalised their bedrooms, with one resident showing inspectors the miniature models of various vehicles that staff had bought him as they had knew he enjoyed spending his time making these. Residents also had access to the centre's oratory on the ground floor.

There was open access to the centre's outdoor garden and patio area, where residents could go for fresh air, to take a walk or to relax. There were bird tables, bird feeding stations and raised planter beds; inspectors observed that some residents had built a small poly tunnel in order to grow their own vegetables. One resident proudly showed inspectors the tomatoes they had grown in the poly tunnel and that were now ripening in a sun spot outside their bedroom.

Some residents expressed disappointment and concern about the ongoing COVID-19 situation in the community. These residents were thankful they could maintain regular contact with their families by video calls with the support of staff.

Normally there was an activities programme in place in the centre, however, since level five COVID-19 restrictions were introduced across the country, activities had

largely halted. This is discussed later in the report.

Feedback regarding food provided in the centre was mixed. One resident reported that choice was limited and that food 'wasn't great' at times. Another resident told inspectors they really enjoyed the food on offer.

Most residents confirmed that they felt safe in the centre and that they found staff approachable. Residents identified the person in charge as the person they would take their concerns or complaints to and that issues were usually addressed promptly.

Capacity and capability

This was a short-term announced inspection to monitor ongoing compliance in the centre. Prior to and during the inspection, inspectors requested a number of documents and records in order to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors followed up on the three plans which the provider submitted to achieve compliance following the last inspection in December 2018. The action in relation to pharmacy services had been completed but the two other action plans were not completed and the non- compliance were a repeat finding on this inspection. One piece of unsolicited information was received by the Chief Inspector since December 2018 relating to the centre. This was related to visiting arrangements. This was followed up by inspectors during the inspection, further details on inspectors findings are detailed under Regulation 9, Residents' Rights.

The registered provider entity for Abbeygale House Nursing Home was the Health Service Executive (HSE). The registered provider representative was unable to physically attend the centre on the day of inspection. However, a teleconference was held at the end of the inspection to discuss inspectors' findings. The person in charge was responsible for the day to day operations in the centre. She was supported in her role by two clinical nurse managers, nursing staff, carers, activity personnel, household, catering and maintenance staff. The centre was part of a network of registered HSE nursing homes in the Community Healthcare Organisation Area (CHO5). As part of this network, the centre's management team attended the centre and was involved with regular governance and management meetings, network wide quality improvement committees and for COVID-19 preparedness and contingency planning.

The centre was adequately resourced to provide the service outlined in it's statement of purpose. Inspectors found that the systems in place to review the quality and safety of the service required review however, as not all audits reviewed had an action plan developed to support quality improvement. Some of the audit reports examined had action plans in place but it was not clear if the actions

were followed up and completed.

The number and skill mix of staff on the day of inspection was found to be appropriate to meet the care needs of the residents and to the size and layout of the centre. However, no activity personnel were present in the centre on the day of inspection due to level five COVID-19 restrictions and the provision of activities for residents was dependent on the availability of care staff to facilitate activities where possible. Management had plans in progress to address this issue.

Regulation 14: Persons in charge

The person in charge was appointed in 2019. She was a registered nurse with the appropriate experience and qualifications in the area of nursing for older adults. She had a management qualification and worked full time in the centre.

The person in charge demonstrated good knowledge of the centre and inspectors observed that the person in charge was well known to residents. Residents reported positively to inspectors about the person in charge. There were appropriate contingency arrangement in place in the event that the person in charge required unexpected leave.

Judgment: Compliant

Regulation 15: Staffing

Inspectors examined rosters and found that the staffing model as set out was appropriate to meet the care needs of residents. There were sufficient numbers of staff and appropriate skill-mix on duty both day and night and at weekends. Monday to Friday, there were four nurses, three carers and one clinical nurse manager (CNM) on duty with the person in charge. At night two nurses with two carers provided care for residents. Additionally, there were household and catering staff on duty. Inspectors observed that residents were receiving care in a timely manner. Residents who spoke to inspectors confirmed that they never had to wait when seeking assistance from staff.

All nurses employed by the centre had valid registration with the Nursing and Midwifery Board of Ireland (NMBI). On-call arrangements were clear and ensured that staff had prompt access to managerial and clinical support when needed.

There were no designated activity staff present in the centre on the day of inspection. Local community employment participants worked in the centre to provide a programme of activities to meet residents' recreational and occupational needs. However, due to level five COVID-19 restrictions, which had commenced two

days earlier, these personnel were unable to attend the centre. The person in charge outlined that care staff in the centre were stepping in where possible to provide activities for residents and that there was ongoing communication with community employment scheme organisers in order for these participants to return the week following the inspection. She also outlined other contingency measures to inspectors that would be initiated if required, the week following the inspection, to ensure that daily activities resumed as normal for residents, if the community employment participants were unable to return for a period of time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The centre's training records were made available to inspectors and they confirmed that all staff working in the centre were facilitated to attend up-to-date mandatory training in safeguarding and protection of vulnerable adults, safe moving and handling procedures and fire safety training.

The person in charge ensured that majority of staff had received training in infection prevention and control which included online training modules in breaking chain of infection, hand hygiene and donning and doffing of (putting on and taking off) personal protective equipment (PPE).

Staff had good access mandatory training and updates with the exception of training in responsive behaviour. Inspectors noted that 40% of the staff were not up to date with this training, this is discussed further under Regulation 7, Managing behaviour that is challenging.

The person in charge told inspectors that all staff had a formal induction. However induction records at the time of inspection were not available on request.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure with clear lines of accountability in place and staff were aware of their responsibilities and roles. The person in charge worked full time in the centre from Monday to Friday. She was supported in her role by two clinical nurse managers (CNMs). The registered provider representative was in contact with the centre every week and governance meetings were held with the other HSE centres in the area on a regular basis. Records of staff and management meetings provided to inspectors, demonstrated that issues were

discussed and corrective actions were decided and implemented by a responsible person. However, time frames for completion were not noted and often it was unclear if actions had been followed up and completed.

The centre was adequately resourced in order to provide the service outlined in the centre's statement of purpose. However, inspectors noted that paint work appeared to be stained and scuffed in some areas. Staff informed inspectors that this staining was as a result of poor weather in 2018 which resulted in the centre's roof leaking. The leak had subsequently been repaired but the paint work remained stained in some residents' rooms and communal areas. The person in charge confirmed that a request had been placed with the provider to have the centre repainted which had not yet been followed up.

There were systems in place to monitor the quality and safety of the service. The person in charge outlined that a falls committee had recently been established, in conjunction with another large HSE centre close by, who were undertaking review, monitoring and roll out new initiatives and measures when managing incidents of slip, trips and falls in the centre. There was a schedule of audits in place and a sample of completed audits were provided to inspectors to examine. Not all audits reviewed had an action plan developed to address areas for improvement. Inspectors noted that some audit reports had action plans but, it was not clear if the actions were followed up and completed. Further auditing and improved oversight was required in relation to issues found by inspectors in the area of care planning documentation, responsive behaviours, complaints management and food.

There was an annual review completed for 2019. Residents' feedback was sought regularly through resident surveys to inform ongoing quality of the service.

Inspectors examined a copy of the centre's COVID-19 contingency plans. These plans included details regarding who was designated COVID-19 lead and where to obtain Personal Protective Equipment (PPE), emergency contact details for relevant members of the management team and public health personnel. The contingency plan outlined strategies and arrangements to replace staff and clinical management team if they were unable to work in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents involving residents was maintained in the centre. The person in charge submitted notifications as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to the Chief Inspector within the timescales specified.

Judgment: Compliant

Regulation 34: Complaints procedure

Information regarding how to make a complaint was located at the entrance to the centre on the first floor to inform residents, relatives and visitors. The Ombudsman's details were also available. A complaints policy and procedure was in place to inform the management process for complaints received, however, the policy did not reflect the information on display at the main entrance regarding the centre's designated complaints' officer. It was also unclear who was designated to carry out the role as per Regulation 34(3)(c), to ensure all complaints were appropriately responded to and that records were maintained as outlined in Regulation 34(1)(f).

Inspectors examined the complaints log maintained in the centre and found that records were maintained as required by the regulations. Copies of correspondence regarding complaints or concerns were also maintained. Complaints that had been received and recorded were managed sensitively and resulted in prompt corrective actions when required. There were arrangements in place for residents to access advocacy services as required and signs were on display in the centre to inform residents regarding this.

Judgment: Substantially compliant

Quality and safety

Residents were supported and enjoyed a good quality of life while maintaining safety. The provider had a system in place to meet the medical, health and social care needs of residents as required. All residents had timely access to health and social care professionals as necessary. Inspectors spoke to the medical officer for the centre who had expressed great commitment to providing support and care for the residents in the centre and was available for consultation out-of-working hours if needed.

Care plan documentation required review; residents preferences were not being consistently reflected in their care plans. The assessment and management of residents with responsive behaviours required improvement and staff training to equip them to support these residents also required review. The use of bed rails was high and inspectors were not assured that residents were appropriately assessed or that restraint use was reviewed regularly.

Residents who spoke to inspectors reported they enjoyed a good quality of life and they were familiar with staff. Inspectors observed that staff knew residents well and provided person centred care and support. Inspectors observed that staff adhered to current COVID-19 precautions in order to protect residents. The area of activation for residents required improvement to ensure that residents

had access to meaningful occupational and recreational activities.

The centre was airy, warm and spacious. The layout of the centre was designed to a high standard and inspectors observed that each communal area was tastefully decorated with themes reflecting residents' lives. The bedrooms in the centre were large and provided enough space for residents. Inspectors observed that the bedrooms were decorated with personal items of residents creating homely environment.

The centre's management team were aware of and implemented the *Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* issued by the Health Protection and Surveillance Centre (HPSC). There was some scope for improvement in the area of infection prevention and control however, as outlined under Regulation 27.

Risk management was also an area identified by inspectors as requiring review and some improvement.

Regulation 26: Risk management

A new risk management policy was being drafted at the time of the inspection for the area While this policy contained pertinent information and direction regarding the management of risks such as risk identification, assessment, mitigation and monitoring, the policy did not contain information regarding any of the five specified risks as outlined under Regulation 26 (1)(c).

A risk register was maintained in the centre and was updated on a regular basis. However, this did not contain details regarding the following risks identified by inspectors during the inspection:

- There was no call bell facility for residents to use if assistance was urgently required in the designated smoking area which was located outside in the centre's garden area.
- Reduced storage capacity for large items of patient equipment as occupancy in the centre was increasing. Inspectors noted that in one lounge area that there were two wheelchairs, a large high support chair and a pressure cushion stored there.
- Items of Personal Protective Equipment (PPE) such as single use plastic aprons were noted to be hanging from some PPE dispensers; this posed a potential risk to vulnerable adults who may be at risk of suffocation or ligation.

Arrangements were in place for the identification, recording, investigating and learning from serious incidents or adverse events involving residents. This learning was communicated to staff through regular staff meetings and daily safety pauses

on the unit.

Judgment: Not compliant

Regulation 27: Infection control

All bedrooms had full en suite facilities and with the exception of two three-bedded rooms all bedrooms were in the cntre were single rooms. The three-bedded rooms were found to be clean and spacious enough to facilitate social distancing measures as required.

Ongoing monitoring of residents and staff for any signs or symptoms of COVID-19 infection and arrangements to ensure staff were informed of and implemented current health protection and surveillance centre (HPSC) COVID-19 guidance were in place. The persons in charge ensured that residents were supported and facilitated to maintain social distance in the communal sitting and dining rooms.

Hand gel dispensers were located along corridors, in residents' bedrooms and in areas where potentially contaminated equipment or materials were being handled. There was a good system in place to ensure appropriate personal protective equipment (PPE) was accessible and available. Inspectors observed staff carrying out appropriate and frequent hand hygiene practices on the day of the inspection and using PPE in line with current guidance. Staff had completed training on COVID-19 infection, hand hygiene training, donning and doffing (taking on and off) of PPE.

At the time of the inspection, the centre was visibly clean and uncluttered throughout, with the exception of one sluice room and a household cleaning trolley. Inspectors noted that the sluice room contained a large green waste bin, several commodes and a linen trolley which was full resulting in several bags of used linen being placed on the floor. There was insufficient storage in the sluice room for the number of bed pans and inspectors noted that flower vases were also incorrectly stored there. Inspectors noted that issues with this sluice room had been identified in an infection prevention and control audit completed 22 October 2020 and assurances were provided to inspectors that this would be addressed.

One household staff worked in the centre on a daily basis until 17:00hrs. Cleaning schedules were in place however, cleaning schedules for frequently touched surfaces did not extend beyond 17:00hrs each day. The provider representative assured inspectors that arrangements would be put in place to address this.

Other areas for improvement noted by inspectors were:

- Linen skips used in the centre did not have a lid to cover the contents, potentially leading to a risk of cross contamination.

- In one communal toilet, inspectors observed continence pads and gloves being stored on a locker, again posing a risk of cross contamination to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plan arrangements required review to ensure they provided relevant information to support staff to provide consistent care to the residents.

Care planning documentation was available for each resident. A pre-admission assessment was completed prior to admission, and from the sample of care plans examined inspectors found that comprehensive assessments were completed and care plans were developed within 48 hours of admission.

Inspectors reviewed a sample of nine resident's files, and found that specialised care plans to support residents' specific medical needs were maintained. However, the care plans were not person-centred, in that they did not reflect the specific wishes and preferences of the individual residents. The information in care plans did not reflect the information provided by residents or family members where consulted or the information contained in the 'This is me' document. The management team acknowledged this was an area requiring further improvement and that a quality improvement plan would be initiated.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were assured that residents were provided with timely access to healthcare services based on their assessed needs. A general practitioner (GP) attended residents in the centre on a regular basis. There was clear evidence of input from psychiatry of older age in residents' files. There were arrangements in place for accessing to speech and language therapy, dietitian, dental services and tissue viability nursing. Access to physiotherapy and occupational therapy services was through referral to the relevant community teams. Chiropody services were provided for residents twice a month. A local pharmacy service provided the centre with medicines and this service was available uninterrupted during the pandemic. The person in charge outlined contingency plans in place in the event of an emergency or service disruption to medicines supply. Palliative care services were available through the community palliative care team, and specialised equipment as such syringe drivers was also available in the centre. No

residents required palliative care at the time of inspection.

There were sufficient numbers of trained staff nurses working in the centre to provide evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Almost half of the residents living in the centre were living with a dementia, some of these residents were predisposed to express their discomfort with some form of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable about different forms of resident's expressions and triggers for behaviours and although verbally staff informed inspectors regarding the person-centred de-escalation strategies they would use to support residents with episodes of responsive behaviours, this information was not contained in residents' behavioural support care plans. Inspectors examined records of episodes of responsive behaviours when a PRN (a medicine taken as the need arises) psychotropic medicines was used, and found that on two occasions behavioural observation charts were missing. Furthermore when PRN medicines were administered, monitoring of effectiveness or adverse effect of these medicines was not documented.

As outlined in Regulation 16, Training and Staff Development, inspectors found that not all staff had completed responsive behaviour training and that further education and training was required in the administration and monitoring of PRN psychotropic medicines.

There was a restraint register maintained and reviewed monthly. Inspectors noted that there was ongoing efforts to reduce the level of restraint practices being used, however, on the day of inspection a third of residents had bed rails in use as a form of restraint. Inspectors identified that one resident had bed rails in use, but there was no risk assessment completed and no care plan documentation relating to the use of bed rails. Furthermore inspectors identified that risk assessments were not reviewed regularly.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. Records evidenced that all staff

had received up to date training in the prevention, detection and response to abuse. The person in charge highlighted a new process put in place following review and learning from two recent incidents, this process prioritised all new members of staff and students on placement in the centre for completion of safeguarding training prior to starting work in the centre.

Allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy. Inspectors reviewed documentation in relation to concerns that had been reported since the last inspection and found that they had been investigated and managed in line with local policies and national best practice guidance. Interim safeguarding plans were in place to protect residents where appropriate, however, two supportive safeguarding care plan to direct staff in providing support to residents were not available to inspectors at the time of inspection.

There were recruitment procedures in place and sample of staff records were examined by inspectors. These contained valid Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and references were checked prior to staff commencing their role.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke to inspectors said that staff were kind and treat them with respect and dignity. Residents were encouraged and facilitated to maintain connection with their loved ones and friends with the support of staff, through telephone calls and the use of the centre's computer, which was on a portable table so it could be moved and used in residents' bedrooms for privacy.

Residents' had access to religious services on their television sets and access to the centre's oratory. Residents were supported to exercise their right to vote during local, general and European elections.

At the time of inspection, visiting had been fully restricted due to COVID-19 level five restrictions, with the exception of compassionate visiting for residents who may be at end of life or on other compassionate grounds. Management of the centre informed inspectors that they were actively liaising with the service who occupied the ground floor unit and garden space. This was with a view to gain access for residents' visitors to Abbeygale House garden area through the ground floor garden area. This would facilitate window visits to resume for residents and their relatives. Management outlined that they hoped this arrangement would be in place by the start of the following week.

At the time of the inspection, due to level five COVID-19 restrictions, there were no designated activity staff present in the centre to provide a programme of recreational and occupational activities for residents. The reasons for this are outlined under Regulation 15, Staffing. Although there was some assurance from

management that care staff in the centre were stepping in where possible to provide activities for residents and that on the day of inspection that bingo and singing had occurred in one of the day rooms, inspectors observed no activities for residents taking place. Records of activities residents participated in also required review as some of these contained incorrect dates and did not detail information regarding residents' capacity to maintain attention or level of enjoyment.

Feedback from residents regarding choice and quality of food provided in the centre was mixed. Inspectors identified from reviewing minutes of residents' meetings that issues regarding 'lumpy potatoes' and 'tough' meat had been raised in 2019 and again in 2020. Management assured inspectors that there would be ongoing efforts to address these issues.

Residents had access at will to an enclosed garden with safe pathways. Some residents who spoke to inspectors were passionate about planting different fruits and vegetables in the garden and although some residents mobility was restricted, staff made every effort to accommodate this interest and passion for residents. Pictures of late summer harvest were displayed around the centre for residents and their visitors to enjoy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0030845

Date of inspection: 23/10/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing has been sourced to provide activities for residents on going basis.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Follow up on all audits will be discussed at management meetings Auditor will develop action plans on audits carried out and action plans and evaluation carried regularly	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints policy updated to reflect all information on display at main entrance	

Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Call bell has now been installed in centre's garden area Large items of resident equipment not required stored in store room outside The issue of PPE has not been completed	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Full hygiene Audit has taken place and all cleaning trolleys are audited on regular basis All unused equipment removed from sluice room and put in storage Additional collection day organized for dirty linen Additional household staff has been sourced from 10.00 to 19.00 daily New linen skips have been purchased with foot pedal lids reducing the risk of cross contamination. Storage of PPE has been resolved	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans under review and will reflect the information in the `this is me document which contains the specific wishes and preferences of the individual residents. All care plans will be updated to contain this information by 13.12.2020	
Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Further education commenced on responsive behavior with planned training schedule to have 100% training complete by end of November this training will include the administration and monitoring of psychotropic medicines risk assessment and review of same with further restrictive practice audit scheduled for December continuous analysis of restraint practices will continue with a reduction of bed rails from 8 to 5 currently

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: staff has been sourced to allow activities to resume for residents as mentioned in regulation 5. An Activity committee has also been set up with initial meeting 11.11.20 combined of staff and residents with the aim to provide a more structured and individual tailored activity programme. Feedback re food choices and quality are given to catering supervisor via email or phone choice available at all mealtimes and special requests can be made, on last satisfaction survey no issues relating to food were identified staff regularly ask residents if they enjoyed their meals with any issues identified addressed immediately if possible and/or communicated to catering department to prevent any reoccurrence of issues.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	16/11/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	16/11/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	16/11/2020

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	30/10/2020
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	30/10/2020
Regulation 26(1)(c)(iii)	The registered provider shall 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.	Not Compliant	Orange	30/10/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Not Compliant	Orange	30/11/2020

	actions in place to control aggression and violence.			
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	30/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/10/2020
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	28/10/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person	Substantially Compliant	Yellow	28/10/2020

	nominated in 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	28/10/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	13/12/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	13/12/2020

	the resident concerned and where appropriate that resident's family.			
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.	Not Compliant	Orange	30/11/2020
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/11/2020
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.	Not Compliant	Orange	30/12/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	11/11/2020

	activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	23/11/2020