



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Mulryan Construction Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	11 March 2020
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0025416

About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals.

This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Wednesday 11 March 2020	10:00hrs to 16:00hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

The inspector did not speak with residents during this inspection due to the restrictions in place to control Covid-19.

Capacity and capability

The centre was well managed and resourced in accordance with their statement of purpose and function. Residents had good access to nursing, medical and allied health care. There were measures in place to protect residents from being harmed or suffering abuse. There were good opportunities for residents to participate in activities appropriate to their interest and capacities.

The premises and grounds were maintained in good condition, there was a wide variety of assistance equipment and staff had access to the training and resources they required to undertake their roles effectively.

Regulation 14: Persons in charge

The person in charge was present throughout the inspection and provided the inspector with information and records requested. She knew residents well and was familiar with their care needs, personal preferences, relatives and visitors. She has a training qualification and a diploma in management. She had completed and updated her training on moving and handling, fire safety and adult protection.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there was an adequate complement of nursing, care

and ancillary staff on duty in the required skill mix to meet the needs of the residents. Planned and worked rosters were reviewed and found to be consistent with the staffing levels described in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for staff. The inspector saw records that confirmed staff training on the mandatory topics of moving and handling, fire safety and safeguarding. In addition staff had completed training on dementia care, resuscitation, dysphagia and nutrition.

Staff had also attended training on hand hygiene and on infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

There was a stable management structure in place and this ensured the effective continuity of the service. The quality and safety of the services provided was monitored on a regular basis. The management team used a range of methods to ensure that residents received high quality care and the system included the use of audits both clinical and operational and feedback from residents.

There was evidence of good communication within the centre with regular staff nurse, clinical nurse managers and health care assistant meetings organised regularly.

The centre had sufficient resources in place to maintain the effective delivery of care and support services to the residents. The premises and grounds were maintained in good condition, there was a wide variety of assistance equipment and staff had access to the training and resources they required to undertake their roles effectively.

Judgment: Compliant

Regulation 31: Notification of incidents

<p>The required notifications were supplied to the office of the chief inspector.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The provider and person in charge had robust complaints procedures in place. A review of complaints made and resolved conveyed that complaints were taken seriously, investigated promptly and measures were taken to resolve the issues. A record was made of all complaints, the investigation completed, the outcome and if the complainant was satisfied that the matter was resolved.</p>
<p>Judgment: Compliant</p>
<p>Quality and safety</p>
<p>The inspector found that this was well-managed centre where the provider and staff team worked to ensure good social and health outcomes for the residents who lived there. Residents who were admitted to the centre had a comprehensive assessment carried out identifying their health and social care needs. Care plans were also created focusing on individual wishes and preferences and were based on appropriate risk assessment and on a range of evidence based assessment tools. The inspector reviewed a number of care plans during the inspection and found that they described clearly residents identified needs and the interventions that were required to meet those needs. Care plans were reviewed at least four monthly or as and when required.</p> <p>The centre had access to a range of health care services and had established good working relationships with local primary care services including allied health professionals. The inspector saw that care records included the recommendations of varied professionals and these were adopted into practice to ensure safe evidenced based care was delivered. The centre carried out a range of clinical audits to ensure that resident health care needs were monitored and met.</p> <p>The building is a modern single storey design. It has plenty of natural light throughout and is maintained to a high decorative standard. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were wide and unobstructed and there was art work and pictures to provide interest for residents as they walked around. There were several communal rooms that residents could use during the day. Residents had access to an oratory and library if they wished to spend time quietly. There was access from several points to a large safe outdoor garden. This was cultivated with</p>

shrubs and flowers to provide interest for residents. Residents' rooms are single or double occupancy. There are rooms for the storage of cleaning materials and equipment. There are two large sluice areas and these were noted to be appropriately equipped.

The centre was well maintained with arrangements in place for regular cleaning and equipment maintenance. Fire exits were clear and there were systems and contracts in place to monitor the fire safety arrangements. Staff received fire training annually and attended fire drills which included evacuation procedures. The fire drills included how to evacuate with the night staff complement of four staff. An evacuation of a whole compartment taking into account the dependency of residents was required to ensure that staff could manage to move all residents through the compartment to safety. The inspector observed that exit route maps were displayed throughout the centre.

The centre ensured that clinical and operational risks were identified and monitored on a regular basis. Infection control measures and the restrictions in place including visiting restrictions to help control the current high risk related to Covid-19 had been included in the risk register.

Regulation 10: Communication difficulties

The communication needs of residents were identified and described in care records. The inspector saw that staff were made aware of communication problems and how best to help residents communicate to their maximum ability.

Judgment: Compliant

Regulation 11: Visits

Residents were normally able to see visitors at times that suited them however a restriction had been put in place as part of the control strategy for Covid-19. The provider and person in charge were reviewing this daily and were ensuring that residents' well being was a priority. Explanations for the restriction had been provided to residents and their families. Measures to ensure residents could remain in contact with family members were being arranged.

Judgment: Compliant

Regulation 13: End of life

There was evidence that end of life care was appropriately managed and several staff had received training on this topic. Residents' wishes were recorded and updated staff. Decisions made in relation to acute care needs and resuscitation at end of life were recorded and reviewed by doctors and nurses regularly.

Judgment: Compliant

Regulation 17: Premises

The premises was designed to meet the needs of residents and ensure that their dependency needs could be accommodated in comfort and safety. Accommodation was provided for residents in single and double rooms. All rooms have full ensuite facilities. The areas viewed were clean, well decorated and comfortable.

There was adequate toilet and bathing facilities available for residents including those who required additional support and hoist transfers. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

The reception area had a range of seating and provided an additional space for residents to meet visitors as well as the visitors' room which is just off the reception area.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Care records viewed showed that nursing staff provided a range of information to other professionals on medical conditions, care and treatment when residents who were transferred to hospital or discharged home.

Judgment: Compliant

Regulation 26: Risk management

The centre had an established risk management system and this had been updated with current risks related to infection control and the measures in place to manage infection control risks.

There were numerous service contracts in place to ensure that equipment was

monitored and serviced at regular intervals. In addition the centre has a contingency plan in place which provided guidance to staff on who to contact should an emergency occur. There was always a member of the management team on call and this included the clinical nurse managers, the person in charge and the provider.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was effective infection control measures in place to reduce the spread of infection in the centre. Staff had access to personal protective equipment (PPE) and there was signage throughout the centre advising staff, residents and visitors to adhere to safe hand washing practices. There was hand sanitising gel located at varied locations throughout the centre.

A review of the infection control procedures found that there were systems in place to ensure isolation precautions could be maintained effectively. The sluice rooms were located in different parts of the building. A cleaning regime was in place for suction, respiratory equipment and manual handling equipment. The cleaning arrangements indicated that there was adequate time and resources allocated to cleaning all areas of the centre.

Records available indicated that staff had received training on infection control measures and this had been updated in 2020.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure that fire safety standards were adequate and appropriate. There were records that confirmed that staff had received training in the management of fire safety. Nurses spoken to in the course of the inspection confirmed that they had received training and were aware of their roles and responsibilities for maintaining fire safety within the centre. There were regular fire drills to ensure staff remained familiar with the fire procedures. Drills included the evacuation procedures and how to search for people in different areas of a compartment however a full evacuation of a compartment had not been completed taking into account the dependency needs of residents. Drills with the least number of staff that are on duty had been completed.

A review of the evacuation procedures revealed that residents had a personal emergency evacuation plan (PEEP) in place and there was a summary sheet of all residents needs available for staff in an emergency situation. The inspector saw this

was updated when residents were admitted and discharged.

Records seen confirmed the regular maintenance of the fire systems. There were fire instructions and fire exit route maps located through the centre and fire exits viewed were clear of hazards or obstructions. Emergency lighting was in place and there was a back up generator in the event of a power failure.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The management of medicines met legislative requirements. There were secure storage arrangements and nurses were well informed about the medicines in use. Residents' medicine regimes were reviewed regularly by their doctors. Where medicines had to be given in crushed formats a risk assessment had been completed to underpin why the altered format was required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents admitted to the centre had a comprehensive assessment carried out prior to and following admission. Care plans were developed in conjunction with residents and their families where appropriate. Nurses used a range of validated assessment tools to develop effective care interventions focusing on areas of risk that included malnutrition, vulnerability to falls, tissue viability, dementia and health conditions.

A number of care plans were reviewed and the inspector saw that care interventions were clear, easy to follow and monitor as to their effectiveness. Care plans were updated and reviewed at regular intervals.

The inspector saw that two wound care problems were in receipt of attention. One related to a leg ulcer and the other was a pressure wound. The dressing regimes were proving effective and wound care records and photographs viewed showed that there was a gradual and sustained improvement in their condition.

Dementia care needs were described well and there was information on residents' levels of orientation, their capacity to participate in groups and what aspects of their day to day life they had difficulty with which was information noted to be used by staff to inform care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to all primary care services including doctors who visited the centre several times a week.

There was evidence in records to show that residents' health and well-being were maintained by a good standard of evidence based care and appropriate medical care intervention. Referrals to specialist services were made in a timely manner and recommendations were included in care plans and absorbed into care practice.

Residents were supported to avail of health screening programmes provided by the Health Service Executive where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training on dementia care and on the management of responsive behaviours related to dementia and other conditions. Nurses spoken with were familiar with the type of behaviours displayed by residents and there were records maintained of the specific behaviours and their frequency. There was information recorded in residents' care plans when specialist advice and support was sought. Recommendations and treatment plans suggested by specialists were observed and incorporated into resident care plans.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with training on the safeguarding of vulnerable persons. During the course of the inspection, the inspector found that there was a positive regard for residents and their views and opinions were sought and used to ensure the delivery of care was person centred and in accordance with their wishes.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the provider, person in charge and staff team were committed to ensuring residents' rights were promoted and protected. The current restrictions that were being observed to control the outbreak of Covid-19 were explained to residents and family members and further information would continue to be provided to ensure everyone was up to date.

The closed circuit television system that was present was advised to staff and visitors through signage

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0025416

Date of inspection: 11/03/2020

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A full evacuation of the largest fire compartment has now been completed taking into account the dependency needs of residents therein . This drill has been completed with the least number of staff on duty on 27/03/2020.	

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 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	27/03/2020