Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Centre address:	Carrick Road, Boyle, Roscommon.
Telephone number:	071 9670 111
Email address:	accounts@abbeyhaven.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulryan Construction Limited
Provider Nominee:	Breege Mulryan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 January 2015 12:00	19 January 2015 18:30
20 January 2015 10:00	20 January 2015 15:00

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

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

Summary of findings from this inspection

The purpose of this inspection was to inform a decision following an application to vary the registration of this centre. The provider had applied for an increase of two beds bringing the capacity of the centre from 60 to 62 residents. All documents submitted by the provider for the purposes of the application were found to be satisfactory. The inspector also reviewed progress made on the action plan which was issued to the provider following an inspection carried out in August 2014.

The Authority had received unsolicited information with regard to the care and welfare of residents, complaints management and visiting arrangements for relatives. On review of the areas detailed in the unsolicited information, the inspector found that complaints management and arrangements for visiting required review.

As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, the centre's statement of purpose, the complaints log, medical records, audits, policies and procedures and staff files. The person authorised on behalf of the provider and the person in charge were available in the centre to facilitate the inspection.

Residents spoken with by the inspector were complimentary of the service provided and stated "staff treat us well, we are well looked after". Most relative and relative questionnaires were generally positive with regard to the service provided.

On this inspection, the inspector found that of the 17 outcomes inspected 11 outcomes were compliant, two were substantially complaint and four were non complaint – moderate.

The inspector found evidence of good practice in the provision of medical care to residents and residents had access to allied health professionals as required. Residents were complimentary of the food provided and the inspector spoke with the chef who displayed a positive attitude towards meeting the assessed needs of residents and had good knowledge of residents' likes and dislikes. End of life care plans were in place on all care files reviewed and resident's were appropriately dressed on the day of inspection.

While family members expressed concerns about staffing levels, on the day of inspection, the inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. For example the inspector noted that sitting rooms were supervised and call bells were answered promptly. The inspector reviewed the roster and found that this was the usual staffing levels.

The inspector found that improvements were required in the management of complaints, having seen evidence of a complaint that had been recorded but there were no records of the investigation of the complaint or the satisfaction of the complainant with the outcome. Improvements were also required in care planning documentation, which did not provide sufficient direction to staff, and in the daily nursing notes which did not give sufficient information on the condition of residents and their care.

The inspector found that the provider had completed six of the eight actions from the previous inspection, but further work was required in the other two outcomes which related to care planning and staff training.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a written statement of purpose which described the service and facilities that are provided in the centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Reviews and changes in relation to the designated centre were updated in the statement of purpose and communicated to the Authority.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A clearly defined management structure was in place in the centre. The provider nominee works in the centre on a full-time basis. A system for improving the standard of clinical practice including clinical audit was in place.

However where deficits were identified as a result of reviews, a quality improvement plan was not developed to address these deficits. For example the inspector reviewed an audit with regard to food and nutrition which was completed on the 30 October 2014. This stated that the centre was 100% compliant. However this analysis was incorrect as one area with regard to residents preferences stated 'some incomplete, to be addressed'. A privacy and dignity audit was completed on the 9 January 2015 with an 85% compliance rate, but no quality improvement plan was in place to address deficits.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge worked full-time and generally worked Monday to Friday according to the rota provided to the inspector. The person in charge was appointed as person in charge in January 2014.This is her first post as person in charge in a designated centre. She worked as a staff nurse in the centre since June 2013. She is a registered nurse having qualified in 1982.

The duty rosters supported that two nurses were on duty in addition to the person in charge, thereby ensuring that the person in charge had adequate time to complete her managerial and supervision tasks. Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with An Board Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) were all in date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Records were generally complete and accurate. They were securely stored and were easily retrievable.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
When the person in charge was absent, there were suitable arrangements made to manage the centre.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment

is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A policy on the prevention, detection and response to abuse was available. The staff training records showed that training on the principles of safeguarding residents, had been delivered to all staff and there was an on-going training programme. During discussions with the inspector, some staff members demonstrated their knowledge regarding reporting mechanisms within the centre, and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were measures in place to control identified risks and to prevent accidents to residents such as the use of low-low beds and a clutter free environment. The sitting rooms were supervised on the days of inspection.

A fall's prevention checklist had been developed. In a care file reviewed a revised fall's assessment was completed post a fall and the care plan was updated to include any additional controls that may be required to minimise the risk of injury to the resident.

All staff had up to date fire safety and evacuation procedure training. Each resident had been risk assessed to indicate the equipment required to evacuate them in the event of fire or other emergency situations. Staff were aware of the fire assembly point. Daily checks of fire exits were completed and a record kept. Staff spoken with were clear about the procedure to follow in the event of a fire. The inspector viewed the fire records which showed that fire equipment was serviced annually. Guidance maps were in place to alert persons to the nearest exit. Regular fire drills were carried out but no drill had been completed with night staffing levels, to ensure that staff could safely

evacuate with minimum staffing levels. Staff spoken with confirmed that as part of the fire drills they do not complete a mock evacuation from the centre. Emergency lighting was provided throughout the building.

All staff had up to date training in manual handling. An up to date moving and handling assessment was available for each resident in care files reviewed. These had been updated since the last inspection.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of medication charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and legible. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident.
Prescribing and administration practice observed complied with good practice. Staff spoken with described good links with the local pharmacy and the pharmacist attends as required.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed a record of all incidents/accidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications received by the Authority. Incidents requiring notification to the Authority had been submitted.
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that the care plans did not provide direction to staff as to how the care was to be delivered to meet the assessed needs of the residents. For example, in the implementation section of a care plan reviewed, it was documented the resident 'returned from Sligo General Hospital' with no further information to inform their care needs. In a medical consultation note on file, the doctor had recorded raised blood pressure and an instruction to monitor blood pressure but no corresponding care plan was in place. The inspector discussed this with the person in charge and requested evidence as to whether this had occurred. The only evidence available was that the resident had a monthly blood pressure recorded as is the practice for all residents.

The only evidence available that the resident had been consulted with regard to their care was by way of a signature. This does not provide sufficient evidence of consultation as there was no information available as to whether the resident had input into their

care so as to ensure that they were delivered person centred care. There was poor evidence available that the care plan prepared where appropriate had been discussed with the resident's family.

The care plans had not been reviewed, at intervals not exceeding 4 months to ensure that any changing needs were documented in the care plan.

On the days of inspection recreational opportunities were available to residents in the activity and day rooms and an activities programme with a designated activity coordinator was in place. Social care assessments and personal calendars were completed in files reviewed. Recreational activities were available to residents. The inspector spoke with the activities coordinator who confirmed that dementia specific activities were available. The provider nominee had completed a course in dementia care to include dementia specific activities. A record was kept of the activities participated in but this was a tick box document and not descriptive. In care plans reviewed by the inspector where the resident had a diagnosis or dementia/cognitive, there remained poor evidence of the level of interaction of the resident in the activity.

A narrative record of the residents' health condition and treatment given was recorded. The inspector found that some of the daily records maintained by nursing staff did not reflect an overall clinical picture of the resident and described aspects of physical care only and did not convey the full range of care provided on a daily basis such as mental well-being or cognitive function of the resident. Under schedule 3(4)(c), a nursing record of the person's health and condition and treatment given, completed on a daily basis is required

There was evidence of access to General Practitioner services. Residents had access to the services of a physiotherapist and dietetic services were available. There was access to the local palliative care team. Other allied health professional services were available on a private basis.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Abbey Haven Nursing Home is a purpose built single storey facility. Resident accommodation consists of 47 single, three large single/family and six twin bedrooms, all with en suite shower, wash hand basin and toilet. There are four large bright day lounges, a large dining/assembly room, Meditation/quiet room, smoking room, hairdressing salon, two assisted bathrooms, four assisted toilets, six standard toilets and a visitor's toilet. The 56 bedrooms are divided into three suites:

Úna Bháin Suite comprises of five twin bedrooms and 11 single bedrooms

O' Carolan Suite – 29 single bedrooms

Yeats Suite – 10 single and one twin single bedroom (this twin room is the recently developed bedroom the subject of the application to vary to increase by 2 beds).

The new twin bedroom with large wet room style en-suite was viewed. It contained all the required furniture and equipment and was ready for occupation.

An oratory and internal courtyard with sensory garden and seating areas as well as a separate secure garden located to the rear of the centre complete the premises.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The complaints procedure was displayed in the entrance area. The complaints policy was reviewed by the inspector. Complaints are initially dealt with by the Person in Charge and a second person was identified in the policy to ensure complaints were appropriately responded to, and records maintained thereof. Complaints were detailed in the complaints log and a detail of the investigative process was recorded. Under regulation 34(1)(d) the registered provider must investigate all complaints promptly. The inspector reviewed the complaint log and noted that a complaint had been recorded by the person in charge on the 4 January 2015. This complaint had not been investigated at the time of inspection. For example all personnel involved in the complaint were not interviewed. Additionally, there was no evidence available that the complaint had been

appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. Under regulation 34 (1)(g) the registered provider shall inform the complainant promptly of the outcome of their complaint and details of the appeals procedure. There was no evidence available in the complaints log that a person who complained had been informed of the appeals procedure.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
End of life wishes and preferences while not documented at the time of the last inspection are now documented.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector reviewed the menu and discussed options available to residents. The chef confirmed that the menu had been reviewed by the dietician since the last inspection.

Staff had access to the kitchen to prepare snacks for residents during the night. Drinks,

including water, juices and soft drinks were readily available. Most staff had received training in nutritional care.

Residents' nutritional needs were assessed and nutritional assessments had been reviewed and updated since the last inspection however nutritional care plans were not person centred and were not specific enough to ensure the delivery of safe and suitable care.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there was a lack of choice available to residents as to where they could meet with their relative/visitor. In unsolicited information received by the Authority and from review of relatives questionnaires, some relatives informed the Authority that they were not happy with the arrangements for visiting, due to waiting in the lobby area for staff to bring their relative to meet with them and lack of privacy of meeting their relative in the lobby area.This was discussed with the provider nominee and person in charge at feedback who stated they were not aware of any concerns with regard to this.

There is one visitors' room and various communal rooms which on most occasions are not private areas as they are in use by other residents, the inspector found that in the absence of the choice for residents to meet with their relative/visitor in the privacy of their bedroom, there was inadequate facilities for visitors/relatives to meet residents in private. The provider nominee has communicated in writing to the Authority that while she does "not encourage bedroom visits the wishes of the residents will be upheld".

All shared rooms had curtains that protected the privacy and dignity of residents. Residents meetings took place. The minutes available of the last two meetings were reviewed by the inspector dated July 2014 and January 2015.

Judgment:

Non Compliant - Moderate

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Rooms were clean spacious and well maintained. Residents were encouraged to personalise their rooms with personal photographs, pictures and other personal belongings. There was good storage space in residents' bedrooms for their belongings with each resident having a locker and a wardrobe. All rooms were en-suite. Each resident also had a secure area where they could store personal valuables.

There was a policy on the management of residents' personal property. A record of each individual's property was completed on admission and was updated at three monthly intervals.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a training programme in place which included mandatory training for staff in adult protection, fire safety and manual handling. However, not all staff had received training in end of life care or care planning. While, the person in charge confirmed that there was a high level of residents with cognitive impairment/ dementia, the only staff member who had undertaken training in dementia specific activities was the provider nominee.

With regard to the direct delivery of care to residents, the inspector found there was two staff nurses and the person in charge plus eight carers on duty up to 20:00 hrs, two nurses and four care staff from 20:00 hrs to 22:00 hrs, and two nurses and two carers from 22:00 hrs until 08:00hrs. An activity coordinator and ancillary staff were also on duty in addition to nursing staff. At the time of inspection there were 14 residents who were assessed as maximum dependency, 17 as high dependency, 12 as medium dependency and 16 as low dependency. From a review of the working staff roster this was the usual levels. This was also confirmed by staff. Staff interviewed told the inspector that they felt there were adequate staff on duty to meet the assessed needs of residents.

From review of the relatives questionnaires and from information submitted to the Authority some relatives expressed dissatisfaction with the number of staff on duty to care for their relatives. Views such as 'staff always appears to be busy, day staff are extremely stretched' and residents having to wait for staff to attend to their needs were expressed. Issues with regard to staffing and these views (anonymised) were discussed with the provider nominee and the person in charge at the feedback meeting. In order to assure the Authority that there is adequate staffing to meet the needs of residents a staffing needs analysis, taking all variables into consideration that could have an influence on staffing levels, including the dependency of residents, the size and layout of the centre, accident and incident records, the time relatives have to wait for staff to organise for them to see their relatives, safe evacuation of residents and staff breaks is required.

On the day of this announced inspection the inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. For example the inspector noted that sitting rooms were supervised and call bells were answered promptly.The provider nominee documented in the application to increase occupancy to 62 that recruitment was currently on-going for staff nurses and experienced health care assistants.

The provider confirmed that the reception desk was manned during the day 7 days a week.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Date of inspection:	19/01/2015
Date of response:	21/05/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Where deficits were identified as a result of reviews, a quality improvement plan was not developed to address deficits.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

Please state the actions you have taken or are planning to take:
Where deficits are identified as a result of reviews of the service provided, a quality improvement plan will be devised.

Proposed Timescale: 31/08/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No fire evacuation drill had been completed with night staffing levels to ensure that staff could safely evacuate with minimum staffing levels.

Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A fire evacuation drill has since been completed with night staffing levels and will be planned accordingly with staff changes to night duty roster.

Proposed Timescale: 19/05/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that the only evidence available that the resident had been consulted with regard to their care was by way of a signature. This does not provide sufficient evidence of consultation as there was no information available as to whether the resident had input into their care so as to ensure that they were delivered person centred care. The care plans had not been reviewed, at intervals not exceeding 4 months to ensure that any changing needs were documented in the care plan. There was poor evidence available that the care plan prepared where appropriate had been discussed with the resident's family.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
Care Plan documentation is currently been revised for all residents.
Care plans will be reviewed at 4 month intervals or sooner where residents needs change and a discussion with the resident and or representative on this review will be documented to reflect the person centered care that is delivered for all residents .

Proposed Timescale: 31/08/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that the care plans did not provide direction to staff as to how care was to be delivered to meet the assessed needs of the residents.

The inspector found that some of the daily records maintained by nursing staff did not reflect an overall clinical picture of the resident and described aspects of physical care only and did not convey the full range of care provided on a daily basis such as mental well-being or cognitive function of the resident.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Care Needs Assessment and Care Plan training has recently been provided for nursing staff and documentation to reflect the overall clinical picture for each resident will now be completed in daily reports.

Proposed Timescale: 31/05/2015

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A complaint had been recorded by the person in charge in the complaints log on the 4 January 2015. This complaint had not been investigated at the time of inspection.

Action Required:
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

Please state the actions you have taken or are planning to take:
The complaint received on the 4/1/2015 related to a duvet and blanket and was addressed on the day by the person in charge and documented in the complaints log. The complaint has been fully investigated and the outcome notified to the complainant on 18/2/2015 .

All complaints will be investigated promptly as per our complaints policy and complainants will be informed of the appeals procedure within the time frames of our policy .

Proposed Timescale: 19/05/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence available that the complaint had been appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. There was no evidence available in the complaints log that a person who complained had been informed of the appeals procedure.

Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
Following an investigation of the complaint raised on 4/1/2015 , a letter was sent to the complainant on 18/2/15 advising him/her of the outcome and there has been no further concerns raised.

All complaints are and will be investigated promptly as per our complaints policy and complainants will be informed of the appeals procedure within the time frames of our policy .

Proposed Timescale: 19/05/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The inspector found that there was a lack of choice available as to where residents met with their relative/visitor.

Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
There is a dedicated visitors room with tea and coffee making facilities available to all residents . Residents have a choice of location for visits offered and can meet with their relatives / friends in any of the areas available including their own bedroom .The resident's wishes regarding location for visits is upheld at all times.

Proposed Timescale: 19/05/2015

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There is one visitors' room and various communal rooms which on most occasions are not private areas. In the absence of the choice for residents to meet with their relative/visitor in the privacy of their bedroom, there was inadequate facilities for visitors/relatives to meet in private.

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

Please state the actions you have taken or are planning to take:
Visitors have not ever been restricted from visiting residents in their private bedrooms unless a resident has requested this. There is a dedicated visitors room with tea and coffee making facilities available to all residents. Residents have a choice of location for visits offered and can meet with their relatives / friends in any of the areas available including their own bedroom. The resident's wishes regarding location for visits is upheld at all times.

Proposed Timescale: 19/05/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

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

In order to assure the Authority that there is adequate staffing to meet the needs of the residents a staffing needs analysis taking all variables into consideration that could have an influence on staffing levels is required to be undertaken.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Staffing levels are determined using a recognised staffing tool designed for long stay care centres and based on dependencies and other factors such as building size, staff knowledge / training etc. Staffing levels are monitored to ensure resident's needs are met.

Proposed Timescale: 19/05/2015

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge must ensure that staff have access to appropriate training.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Staff have access to appropriate training and training needs analysis will determine future training needs.
Recent training includes :
HACCP on 10/3/2015
End of Life Care on 11/3/15 and 14/5/2015
Nursing documentation and Care Planning Workshop 15/4/2015 and 16/4/2015.
Activity provision for individuals with Dementia on 29/4/2015(Activities co-ordinator attended same).We also have a staff member currently undertaking Train the Trainer programme in Manual Handling & Handling & Moving People

Proposed Timescale: 19/05/2015