

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Annabeg Nursing Home
Centre ID:	OSV-0000005
Centre address:	Meadow Court, Ballybrack, Dublin 18.
Telephone number:	01 272 0201
Email address:	brendanoconnell@annabeg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Annabeg Enterprises Limited
Provider Nominee:	Brendan O'Connell
Lead inspector:	Valerie McLoughlin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	0

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 August 2015 10:30	05 August 2015 17:00
04 September 2015 12:00	04 September 2015 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of this inspection was in response to an application from the provider nominee, Mr. Brendan O'Connell to vary a condition of registration in order to increase the number of places from 23 to 41.

He had refurbished and extended the facility and intended to provide long term care, short term care, respite, convalescence and palliative care for for both male and female adults.

The nursing home was established in 1987 as a family business. There are two directors; Brendan O'Connell, the operations manager, works there full-time and is the nominated person on behalf of the provider. He will be referred to as the provider nominee for the purpose of this report. The person in charge is Sinead Beirne. On the previous registration renewal inspection in July 2014, the provider nominee was aware that the centre did not meet the environmental requirements of the regulations. His plans to address this included refurbishing the premises and construction of an extension. The time frame for completion of these works was July, 2015. At that time he was registered for 28 places, but reduced this to 23 to accommodate the building works.

The building work took place over two phases. Phase one of the building works consisted of a new building connected to the existing centre which is a period house and a listed building. The new building contained 18 places and it had been inspected on a previous inspection and met the requirements of the regulations to a high standard.

Phase two of the building works consisted of refurbishment of the existing house.

The first day of the inspection had been an announced visit in response to the provider nominee's application to increase the number of places in the centre as previously mentioned. While the refurbishment works met with regulatory requirements the inspector was not assured that staffing arrangements were adequate to meet residents' needs, as the numbers of residents increased. Thus an unannounced second day inspection was carried out to follow up on these issues.

The inspector found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, and to a range of other health related services. Nursing care was evidenced based and care plans reflective of residents' assessed needs. However there was not enough staff on duty to supervise residents in all areas or to support the person in charge to carry out her role as the person in charge.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Residents were consulted about the operation of the centre and there was an active residents' committee. Residents and relatives knew the management on a first name basis. Overall, feedback from residents was one of satisfaction with the service and care provided.

Actions from the previous inspection had been addressed although staff recruitment and retention appeared to be challenging for the provider. Areas for improvement identified included, risk management, medication management and ongoing review of staffing skill mix specifically in relation to the lay out of the building to ensure residents safety will be promoted at all times through adequate supervision.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there is a clearly defined management structure that identifies who is in charge, lines of accountability and a clear reporting structure. Management systems are in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. The provider nominee had established a management structure, and the role of the person in charge and staff were clearly set out and understood.

There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. The provider nominee was available on inspection and has a good working relationship with the person in charge and staff.

The person in charge was supported in her role by the provider nominee, administration manager, a senior nurse, the nursing and care staff. The person in charge reported to the provider nominee, and the senior nurse reported to the person in charge. The nursing staff reported to the person in charge or to the senior nurse who deputised in the absence of the person in charge, The care staff reported to the nurse in charge of the shift. The activities coordinator reports to the person in charge.

The head chef reports to the provider nominee. The chef reports to the head chef or to the provider nominee when the head chef is off duty. The catering staff report to the head chef. The housekeeping supervisor reports to the provider nominee and the housekeeping assistants report to the housekeeping supervisor. The receptionist and the maintenance staff report to the provider nominee.

A review of the records of team meetings included policy review, staffing, training and

new developments were discussed.

The inspector was satisfied that there was a good system of clinical governance in place to meet the needs of residents. There were effective established systems in place to ensure that the quality of care provided to residents would be monitored, developed and improved on an ongoing basis. The person in charge showed the inspector results of audits she had completed such as care planning, falls, medication management and restraint. There was evidence of improvements following these audits, for example a reduction in the use of restraint. The provider had a system in place to complete the annual quality and safety review of services and collated the information on a monthly basis. A copy of the annual review of the quality and safety of care delivered to residents was provided during inspection. It had been completed in March 2015 and it included a review and analysis of key performance indicators such as falls, the nature and outcome of complaints, audit of medications, restraint, care plans and staffing.

The person in charge also reviews care plans three monthly with the resident or relative to ensure they were involved and they guided the care to the resident. The inspector found that clinical information continued to be used to improve the service.

There was an 'On call' system for out of hours including weekends and staff were aware that they could seek advice at any time.

Overall, appropriate resources were allocated to meet residents' needs. These included the new extension and refurbishment of the existing building and staff training. The inspector found that there had been a large turnover of staff in the previous twelve months and there had been some challenges in recruiting staff, which were now resolved. Additional recruitment measures had been put in place following inspection, with a successful outcome. This is addressed in more detail under outcome 18; Suitable Staffing.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre is managed by a suitably skilled, qualified and experienced person in charge. The post of the person in charge is full time. She is experienced in managing a service for older persons in community residential settings. The person in charge had good

knowledge of the legislation and her statutory responsibilities.

She demonstrated good clinical, managerial and leadership skills. She was actively engaged in the governance, operational management and administration of the centre, on a regular and consistent basis. She maintained her own professional development and had recently completed a leadership course and other courses outlined under outcome 18.

Residents knew the person in charge very well and were clearly very fond of her. Residents and relatives spoke highly of the person in charge during the inspection.

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):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The provider was the trainer in the protection of vulnerable adults. The inspector saw staff training records and noted that staff had received training on the identification and responding to allegations of elder abuse. One new staff member was scheduled to receive this training. The provider nominee was qualified to train staff in the protection of older adults.

A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge and staff interviewed were knowledgeable on what constituted abuse and were very clear on their responsibilities and reporting procedures in place. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken with during inspection said they felt safe and secure in the centre. They attributed this to the fact that the building was secure and there were always people around and the staff were helpful and friendly.

There was CCTV in place in public areas to promote residents safety. Appropriate signage was in place to inform people that CCTV was in operation.

There were policy in place to safeguards residents' money was implemented. The system of safekeeping small amounts of monies for residents was reviewed by the inspector and found to be satisfactory. Transactions in and out were recorded as witnessed by two staff and or one staff member and the resident or their appointee. Residents were provided with a receipt for all transactions.

There was a policy and procedure in place for managing behaviours that challenge. The person in charge told the inspector that all staff had received training in managing behaviours that challenge and additional training would be provided. The inspector confirmed this by reviewing the training records. The person in charge told the inspector that she had arrangements in place to ensure that the general practitioner (GP) and adult mental health services would be available and involved in residents care as required.

The inspector found that there was minimal use of bed rails being used as a form of restraint. The person in charge monitored the use of bed rails and she had reduced the number of bed rails in use. The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. There was a system in place to monitor all residents using restraint.

Since the previous inspection a system had been put in place to ensure that bed rails in use were checked regularly to ensure that they were not loose, and that they were maintained as required by the amended national policy on restraint management. Therefore this aspect of the previous action plan had been addressed. The person in charge told the inspector that the restraint register would continue to be reviewed monthly.

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):

No actions were required from the previous inspection.

Findings:

A safety statement was in place, dated January 2015 and it related to the health and safety of residents, visitors and staff. The inspector found that there were systems in place relating to promoting the health and safety of residents, staff and visitors. There is a risk management policy was updated in February 2015 and meets the requirements of the regulations. It covers clinical and environmental risks, for example, falls, needle stick injury and choking; unsuitable flooring, manual handling, slips, trips

and falls. The inspector found that risk assessments were in place outlining control measures required to mitigate the risks identified and recorded in the risk register.

While there was an assessment in place for two risks associated with two steep inclines on corridors and control measures in place to control these risks. There was a third similar, potential hazard on the corridor inside of the main door in the existing building and there was no risk assessment or control measures put in place to minimise the risk of falls for this hazard. This could result in poor outcomes for residents. The provider nominee told the inspector that he would address this issue.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips trips and falls.

There is no free access to the stairwell in the building to minimise the risk of injury to residents with cognitive impairment and dementia related conditions. Swipe cards were used to access to the stairwell. Staff assisted residents to use the lift to go upstairs. Staff are available to take residents outside whenever they wished to do so. The person in charge explained that there is a governance committee in place to review incidents, residents' feedback and complaints.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation for residents, should a full evacuation of the centre be required.

Overall fire safety was well managed. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire-safety training and this was confirmed by the provider nominee. He had arranged for a person experienced in fire safety management to carry out drills with the staff to ensure that residents' safety is promoted and maintained. Staff interviewed demonstrated that they know what to do in the event of a fire.

The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. There are fire drills every six months. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment.

There was a system in place to ensure that fire panels are tested regularly. Fire action signs were posted in the building. Smoke detectors and fire blankets were in place. All beds had ski sheets in place.

There is written confirmation from a competent person that the service was in compliance with all the legal requirements of the statutory fire authority.

A review of staff training records indicated that all staff had been trained in manual

handling and this was confirmed by the person in charge.

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 medication management policy in place to guide practice. It included the ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of medications and medication errors.

'As required' (PRN) medication was being used infrequently for one resident to manage behaviours. This medication continued to be used only infrequently and only after alternatives had been tried and failed. There was a plan of care around the management of challenging behaviour.

The inspector noted that some residents had been prescribed all of their medications to be crushed to make it easier for residents to swallow the medications. However, the prescribing practice for this procedure was not in line with best practice as the medications had not been individually prescribed to be crushed. As a result all medications prescribed were crushed although some of these medications were not suitable for crushing. This could result in poor outcomes for residents.

The person in charge said that there was no medication manual available to provide guidance on what medications can be crushed and which medications should not be crushed. Where a liquid format of these medications could have been made available this had not occurred. The person in charge said that she would discuss this issue with the GP and the pharmacist and ensure safe procedures were put in place and monitored.

Medications were regularly reviewed by the GP and the pharmacist was involved in regular reviews of the medications.

There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training.

The inspector read medication management audit records which were completed by the pharmacist at regular intervals. There was recorded evidence of learning from audit reviews, for example inspectors observed that medications were signed for once

administered.

Medications that required strict control measures (MDAs) were not reviewed on this inspection as they have been found to be managed in line with professional guidelines on previous inspection. The process in place for the management of MDA pain medication patches were reviewed on this inspection as there had been a serious incident associated with this in the past. The inspector was satisfied that appropriate safeguards were in place for the management and supervision of this medication. There are no residents currently self-medicating, but there is a system in place should they wish to do so.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that there is a system in place to promote each resident's wellbeing and welfare to a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident's assessed needs are set out in an individual care plan that reflects his or her needs, interests and capacities. The plan is drawn up with the resident's involvement and reflects his or her changing needs and circumstances.

There is a system in place to ensure that each resident will have an assessment completed prior to admission to ensure that the centre has the facilities and services in place to meet their needs. All residents will have a comprehensive assessment and care plans completed by a qualified nurse within two days of admission to the centre.

The person in charge said that where possible residents would be actively involved in the assessment and care planning process, or their family were involved if this was their choice.

There was recorded evidence that care plans are reviewed four monthly or more frequently if required. There was a requirement from the previous inspection that care plans should be reflective of any changes in the residents condition, relating to end-of-life care. There was no resident receiving end-of life care during this inspection. The inspector reviewed a number of care plans and found that all of the care plans were up

to date and where required they had been updated to guide evidenced based care of the residents. For example, care plans were updated to reflect recommendations from the GP and the speech and language therapist, and the care was being implemented. Therefore this action had been met.

The inspector was satisfied that there was a good system in place for ensuring residents' health-care needs are met. The inspector reviewed policies and found that they would guide practice.

All residents would have a risk assessment completed on admission and this would be updated four monthly or more frequently if there was a change in the residents condition.

While there was good supervision of residents in communal areas and good staffing levels to ensure residents safety was maintained, supervision of residents in their bedrooms required improvement to ensure their continued safety.

Residents have access to a GP and a doctor-on-call service is used in the evening time and over the weekend. A full range of services is available on referral including speech and language (SALT), chiropody and dietetic services. Dental, optical and audiology services are also available on a referral basis. The inspector was satisfied that residents health-care needs were met to a high standard.

The service of specialist psychiatry and geriatrician can be accessed as required and access to a psychologist can be made through the primary care team as required. Specialist palliative care services are available on a referral basis to the hospice. The person in charge explained that they were currently preparing to move from a paper based system to a computerised care planning management system. She was arranging training for the nursing and care staff to use the system.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of motion sensors and hip protectors.

There was an activities schedule in place, on both days of inspection the residents enjoyed listening and joining in to some music and song provided from a group of contracted musicians.

Staff were observed to interact well with the residents, including residents with dementia related conditions and the staff worked hard to provide good care for the residents. The inspector observed the staff to be very friendly and they were very attentive to the needs of residents that used the sitting room and the dining room. However as previously stated the supervision of residents in their bedrooms required improvement to ensure their continued safety This is actioned under outcome 18.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises takes account of the residents' needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The design and layout of the centre are in line with the statement of purpose. The premises meet the needs of residents and the design and layout promotes residents' dignity, independence and wellbeing.

The centre consists of a new build over three floors with 18 places. There are fourteen single en-suite bedrooms and two twin en-suite bedrooms over the three floors. The person in charge told the inspector that this area of the centre will be staffed by one care staff on each floor and a nurse to supervise care during the day time when it is fully occupied.

The existing building is connected to the new building by a corridor. It can accommodate twenty-three residents over two floors. There are fifteen single en-suite bedrooms and four twin en-suite bedrooms over the two floors. This area will be staffed by a nurse and three care staff during the day time when fully occupied.

On night duty the centre will be staffed by three care staff and one nurse. An additional nurse will be on duty every evening from 19:30 to 23.00 to assist with administering the medications.

The premises are maintained to a very high standard and there is suitable heating, lighting and ventilation.

The centre is homely with enough furnishings, fixtures and fittings. Shared rooms provide screening to ensure privacy for personal care.

There are enough toilets, bathrooms and showers. There are wash hand basins in each bedroom. There is a sufficient supply of piped hot & cold water which incorporates thermostatic control valves or other anti-scalding protection. Each of the completed bedrooms contains the following for each resident: a bed, bedside locker, wardrobe and a chair.

There is suitable storage for residents' belongings, including a built-in shoe rack so that residents do not have to stoop down to get their footwear.

There is a functioning call bell system in place and two new passenger lifts installed. Residents have access to appropriate equipment which promotes their independence and comfort, such as wheelchairs, arm chairs, rollators, and hoists. The equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced. Staff are trained to use equipment and the equipment is stored safely and securely.

Handrails are provided in circulation areas. Grab rails are provided in bath shower and toilet areas. Handrails are provided on both sides of the stairs.

There is a staff dining room/kitchen, locker room, en-suite shower that meets the standards and there are separate toilet facilities for the kitchen staff.

There is no laundry room as the provider nominee uses a contracted laundry service for all residents clothing and sheets. There is a storage area in place and a system in place for clean/dirty laundry to remain separate to reduce the risk of cross infection.

The centre is clean and decorated to a very high standard. For example, the head rest and bed end have been matched to the colour of the wooden wardrobes and dressing table in the bedrooms and provide a very nice effect. The majority of the new beds are "low-low beds". The walls are nicely painted in soft colours, with colour coordinated wallpaper in some areas. There are pictures on the walls, and a thematic effect throughout the new premises of old style photographs, cabinets containing old fashioned memorabilia, suitable for reminiscence for residents with dementia related conditions. There are TV's in all of the bedrooms, and access to a range of radio channels.

All of the furniture, tables' chairs, armchairs are new and of good quality. The provider also purchased special "arm lounge type seating, with special head rest and arm rests', made especially for the comfort of residents with dementia (these are not restrictive).

There is adequate private and communal accommodation.

There is an activities/living room, with the original fire place, a new sofa and armchairs. There are wheelchair assisted toilets located within a short distance of this room.

The dining facilities consist of a number of separate areas, including a snug, ideal for residents with dementia related conditions. The tables were set nicely with blue checked table cloths, cutlery, napkins and condiments and a flower arrangement, seats twenty-five people. There is a plan in place to have two separate meal sittings to enable residents to receive appropriate support from staff as required.

One of the areas is furnished to reflect a homely kitchen, with delph placed on a large dresser, including a variety of tea pots. Old fashioned plates were placed on the walls in areas of this dining/living area. The middle aspect of the room contained a TV and comfortable armchairs. Part of this sitting area is used for more dependent residents who are supervised and cared for during the day.

There were good views of the garden area from the windows all along one side of the sitting room.

There were two key pad sluice rooms which met the requirements of the standards. There is a beauty/treatment room and a linen room.

On the day of inspection residents did not have access have access to the garden as it was in the process of being landscaped and paved. The provider plans to have a sensory, tactile garden with raised beds to enable residents to do some planting. The gardener was busy planting flowers and shrubs on the second day of inspection. There is a large double patio door leading out into a good sized enclosed garden. This garden can be seen from the dining/sitting room area, as there are wide, tall windows all along one side. Residents and visitors were very pleased to have such a nice, safe and secure outside space. There were plans in place to provide garden furniture.

There are car park facilities to the back of the centre, for 12 cars, and space for 4 cars at the front. There is a protected space at the front of the existing house for an ambulance. The portering staff provides security.

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:

The person in charge did not have adequate support on the second day of inspection to enable her to perform her role as the person in charge. While it is acknowledged that the person in charge enjoys a 'hands on' approach in care provision and leads by example, she spent a twelve hour shift without the support of an additional nurse.

The person in charge told the inspector that one nurse had taken short emergency leave and the person in charge had been unable to replace the nurse on the day of inspection. This meant that the person in charge was the only nurse on duty for 23 residents. The

inspector noted that she was busy on two occasions during inspection administering medication to residents. This meant that she had limited time to supervise care, or to meet with people that had an appointment with her, and limited time to speak with the inspector. While a number of residents, relatives and visitors were very complimentary about the service, one relative told the inspector that there could be more staff on duty, for example, when a number of residents would require assistance at the same time to use the bathroom.

As previously mentioned, it would not be possible for the person in charge to advise, supervise and monitor care and be available to residents, staff and visitors while carrying out the role of a staff nurse. The inspector was concerned that potential risk issues to residents such as choking from swallowing unsuitably crushed medications, or placing a resident at risk of falls into an unsuitable bedroom was not being detected by the person in charge as she was too busy carrying out the role of a nurse.

The provider nominee and the person in charge told the inspector that staffing and skill mix are reviewed very regularly in relation to the number of residents and their dependencies. Dependencies were not very high on this inspection; however, the layout of the building had not been taken into account while assessing staffing numbers and skill mix. For example, there are bedrooms in five separate areas of the centre where residents will require supervision. The need for additional staff to supervise residents in relation to the layout of the building had been discussed in detail with the provider on the previous inspection, mainly relating to inadequate weekend staffing. When at full capacity forty-one residents will be accommodated over five different floors.

The provider nominee provided a schedule of admissions to the inspector with appropriate number and skill mix of staff recorded on a proposed duty rota and allocation sheet. This information provided the inspector with an overview of how the provider nominee proposed to supervise and care for residents appropriately in different parts of the building while ensuring that the person in charge was provided with enough support to enable her to carry out her duties as person in charge.

The inspector observed on the second day of inspection that supervision was inadequate for some dependent residents having their supper in their bedrooms in the evening time, or choosing to spend time in their bedrooms. This posed a risk to the safety of vulnerable residents.

The provider nominee explained that it is currently very difficult to recruit nursing staff, despite advertising in local and national newspapers and on the radio. One nurse was awaiting her registration with the Nursing and Midwifery Board of Ireland. Following the inspection the person in charge informed the Authority that two additional nurses had been recruited. The administration manager told the inspector that one nurse was due to commence induction on 21 September 2015, and another nurse had accepted the post and was working her/his period of notice, and should be in post within five weeks (by 26 October, 2015). Four healthcare assistants are due to commence induction 28 September, 2015. Two part-time nurses work one night per week, and the provider uses regular relief nurses known to him to cover annual leave and sick leave. The provider nominee confirmed that he has recruited two additional nurses and five new health care assistants.

There is a system of formal supervision and appraisal in place. Since the previous inspection supervisory meetings and staff appraisal had commenced and is ongoing. Therefore this aspect of the action plan has been met.

Staff files were not reviewed on this inspection as a sample of staff files had been examined on the registration inspection at and all relevant documents had been present, including vetting of volunteers appropriate to their role. All relevant members of staff have an up-to-date registration with the relevant professional body.

The provider nominee ensured that all staff completed mandatory training. Records reviewed indicated that all staff had received their training and staff spoken with confirmed this to be the case.

Staff also has access to other education and training to meet the needs of residents as outlined in the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, falls prevention and management, wound care management, infection control and the management of choking. Staff had also received training on behaviour that challenges and nutrition.

The inspector found that there were good induction arrangements for newly employed staff members and staff appraisals were used to monitor performance and support staff. The staff induction booklet was recently revised.

The inspector reviewed the training plan for the remaining months of 2015 found it to be satisfactory. For example, CPR refresher course, management of choking and fire safety.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Annabeg Nursing Home
Centre ID:	OSV-0000005
Date of inspection:	05/08/2015
Date of response:	21/09/2015

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 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:

There was a steep incline on the corridor inside the main entrance which was a potential hazard for residents. There was no risk assessment or control measures in place to minimise the associated risk of falls.

1. Action Required:

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

Under Regulation 26(1) (a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The provider is currently sourcing a suitable 'highlighter' that can be applied to the floor areas that have an incline. Wall signage is also being sourced. Residents are supervised when walking in these areas and assisted if necessary.

Proposed Timescale: 31/10/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The prescribing practice for crushed medications was not in line with best practice as the medications had not been individually prescribed to be crushed.

There was no process in place to ensure that the medications prescribed as to be crushed were suitable to be crushed.

Where a liquid format of these medications could have been made available this had not occurred.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Our medication kardex has been reviewed to include signatures for both the pharmacist and GP to sign each medication individually for crushing. While liquid format of some medications were available other formats of medications are now being sourced such as soluble format.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Arrangements were inadequate for the supervision of residents while they are dining in their bedrooms, or choosing to spend time in their bedrooms.

3. 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:

Residents are risk assessed for dining in their bedrooms. Procedures have been put in place whereby residents who wish to dine in their bedroom and are deemed at high risk are supervised or assisted if necessary and residents deemed at low /moderate risk are checked every 15 minutes by allocated staff. Staff ensure residents dining in their bedrooms have their callbell beside them at all times.

Proposed Timescale: 21/09/2015