

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Centre address:	Dublin Road (N5), Castlebar, Mayo.
Telephone number:	094 902 5029
Email address:	info@abbeybreaffy.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	AbbeyBreaffy Nursing Home Limited
Provider Nominee:	Maureen Collins
Lead inspector:	Geraldine Jolley
Support inspector(s):	P.J. Wynne
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	3

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 February 2016 07:30 To: 03 February 2016 17:00

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

Outcome	Our Judgment
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The inspectors observed care practice, attended the morning handover from night to day staff and reviewed documentation such as care plans, accident and incident reports, the medication management system and the deployment of staff. They talked to residents about their experience of living in the centre and talked to staff about their day to day work and training. The inspectors found that standards of nursing and social care were appropriate to residents needs and that residents had a good quality of life in the centre. Care plans described the choices and preferences made by residents in relation to diet, personal care and how they spent their time. Staffing numbers and skill mix were adequate and took account of the needs of residents and the size and layout of the premises. Residents who had problems associated with confusion or dementia had opportunity to engage in meaningful activity and there

was a range of memorabilia and reminiscence material available for staff to facilitate activities. The majority of residents were highly dependent and there were twenty residents who had problems associated with confusion or dementia.

There was good emphasis on health promotion and supporting residents to be as independent as possible. Residents told inspectors that they were encouraged to remain mobile and had access to physiotherapy if they needed specialist assessment or exercises. Care plan documentation confirmed that staff were aware of residents abilities as well as their care needs and information on the activities that residents could do for themselves in areas such as personal care was recorded and used by staff in day to day practice. All staff had received training in topics such as adult protection, fire safety and moving and handling as well as infection control, dementia care, the legislation and standards. There were audit systems in place to review the quality and safety of care and these were used to identify good practice and remedy deficits. An annual review in accordance with regulation 23-Governance and Management had been prepared for 2015 and was made available to the inspectors.

Residents told inspectors that they did not have to wait for assistance and that call bells were answered promptly. Staff were described as "kind and considerate" and "helpful and encouraging". They described the food as "very good with plenty of variety" and two residents said that portions were varied according to their preferences and when did not want to have main meals they could have an alternative. There were no restrictions on visitors and residents were able to keep in contact with the local community. The inspectors saw that residents were free to come and go and some went out with friends and family during the day of inspection.

Residents also said they enjoyed a range of activities and valued the efforts of staff who they said ensured they had something to do and organised an activity during the morning and afternoon. Residents said they felt safe and attributed this to factors such as staff availability and being able to get assistance when they needed it. The premises were in good decorative condition and provided an attractive environment for residents. There were several communal areas that were noted to be well used during the day. Some were used as quiet spaces and others were used for activities and for watching television.

The last inspection was an announced inspection conducted as part of the registration renewal process. The inspection report outlined seven areas of non compliance that required attention. There were reviewed during this inspection and found to have been addressed. During this inspection there was evidence of good compliance across the outcomes reviewed. The matters that were identified for attention included aspects of the way the communal areas were used as some areas such as the reception area were noted to be very crowded at times, more attention to risk identification and management as some radiators were excessively hot and the information supplied in the complaints procedure required review to accurately reflect the sources for appeals.

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 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

Residents were supplied with information about additional charges not covered in the fee. This information was provided in contracts of care issued to residents.

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 person in charge has been in post since 2010. She has a full time post and to date has complied with her legislative responsibilities in a competent manner. The required notifications have been sent to Hiqa and she has ensured that staff have received appropriate training in accordance with their roles and statutory requirements. She is a qualified nurse and has a post graduate diploma in gerontology and a Masters degree in Health Sciences.

She is supported by the provider who has a regular presence in the centre and by two nurses who have roles as the assistant director of care and care services manager respectively. She facilitated the inspection in a competent manner and provided the

documents and information required by the inspectors. Residents knew her well and identified her and the provider as the persons they would talk to if they had a problem or an issue to discuss. The nurses who supported the person in charge also worked full time and were involved in care, administration and management and provided supervision and guidance to care staff.

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:
The standard of administration was good with the required records accessible and up to date. An action plan in the last report required that the directory of residents was maintained in accordance with Schedule 3 and included all the required information. This action was complete and the required details for residents discharged home or in hospital were available.

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 designated 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:
There was appropriate availability of nurses to cover any absence of the person in

charge. The assistant director of care took on this responsibility. She was a nurse with experience in the care of older people and has a Masters degree in dementia care. During the inspection she conveyed good knowledge of residents care needs, care plans, clinical risk areas and the monitoring systems in place to ensure residents had appropriate health and social care.

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:
There were procedures in place to protect residents from abuse including regular training for all staff. The training report indicated that 22 staff had already received training as part of the scheduled training programme for 2016. The person in charge is qualified to deliver this training and discussions with members of staff confirmed that they had received training and information on the protection of residents' from abuse. According to staff interviewed information is provided on the types of abuse, how to keep residents safe and how to report any concerns or allegations of abuse. Their descriptions of the procedures they were expected to follow reflected national guidance and good practice.

An allegation of abuse notified to HIQA was found to have been recorded, comprehensively investigated and reported to the designated social worker in the Health Service Executive. The allegation was not substantiated. Residents told the inspectors that they felt safe and said that they were well cared for by staff who were "always available and helpful" and "do what is needed in the way we want it done". Staff said that they ensured that residents were treated with respect and dignity and described practices such as giving residents time to do things for themselves, not rushing when personal care was under-way and ensuring that residents were comfortable as ways they achieved this. This was demonstrated in care records which were noted to describe care needs sensitively and also in the way staff were observed to talk and engage with residents during the day.

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 systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had an up to date Health and Safety Statement and there were risk management arrangements in place that were overseen by the person in charge, provider and the support services manager. There was emphasis on hazard identification and preventive action to reduce risk. For example the prevention measures for slips, trips and falls included assessments for falls risks, the use of protective equipment and the use of hazard signs when cleaning was in progress. Inspectors noted that cleaning and linen trolleys did not obstruct hallways or communal areas when in use.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment available and these were also noted to be used appropriately by staff. Cleaning staff could describe the routines they followed when cleaning rooms and all staff interviewed said they had regular hand hygiene training.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records and there were protocols put in place as part of the risk management system to alert staff to hazards associated with these conditions. For example pressure relieving equipment and specialist beds were in use to prevent pressure area problems and small changes in residents' weights prompted weekly weight checks so that problems were detected early and residents were referred for specialist advice to prevent deterioration in health. There were good descriptions of the risks presented and the control measures in place described in the relevant areas of care records.

Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. Manual handling assessments were completed, were up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and the information for staff was reviewed at the required intervals and when residents' needs changed. Accidents and incidents were recorded and there were good descriptions of the events that had happened and neurological observations were maintained to detect deterioration where falls were unobserved.

Remedial actions taken to reduce further falls included the use of low low beds and medication reviews.

There were moving and handling procedures in place and all staff had up to date training in moving and handling techniques. Equipment was noted to be in good condition and regularly serviced. Hot water temperatures did not present a burns risk but some radiators were noted to be excessively hot to touch and this required review and monitoring as part of hazard identification to prevent injury.

The fire safety arrangements were noted to be satisfactory. There was a fire safety procedure and clear floor plans of the building that identified fire exit routes were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. There was a daily check of fire exits and the fire alarm and monthly checks of the automatic door closures and other equipment. Equipment such as fire extinguishers, emergency lights and the fire alarm were serviced on a contract basis according to records viewed. Regular fire drills were completed and the records indicated that six fire drills had been conducted between October and December 2015. Staff described aspects of their fire training to an inspector. They described how they were taught to move residents, to proceed with progressive horizontal evacuation through each set of fire doors and to follow the instructions in each resident's personal evacuation plan. The provider told inspectors that staff are training small groups of staff has assisted learning by ensuring that staff have time to achieve a good understanding of their responsibilities, time learn the required skills and to ask questions.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and residents were appropriately supervised.

An action plan in the last report required that restraint measures were reviewed as there was inadequate indicators that equipment such as bed rails were only used when other measures had failed to provide adequate safety. This had been addressed and there had been a substantial reduction in the use of bed rails. The inspectors saw that those in use were assessed and used safely. The person in charge told inspectors that there was ongoing education and information provided to residents and relatives in relation to the risks related to such equipment and alternatives such as low low beds, alarm mats and crash mats were promoted as safer alternatives.

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):

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

Findings:

The inspectors found that there were safe systems in place for the management of medication. There was an area where medication trolleys and supplies of medication were securely stored. Fridges used to store medication were functioning at an appropriate temperature which was checked and recorded regularly by staff.

Staff were well informed about the medication in use and residents' medication regimes. Medication was supplied in a monitored dosage system which nurses said they found safe and easy to use. Residents were noted to be observed closely when taking medication and where required liquid preparations were used where residents had swallowing problems. An inspector observed two medication rounds and saw that nurses wore red tabards to alert others that medication administration was underway and avoid unnecessary interruptions. Medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training to ensure their knowledge was up to date and that they adhered to good practice standards. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (as required) medication was recorded.

Resident's medication was noted to be reviewed every three months by the GP, nursing staff and by specialist services. There was emphasis placed on reviewing residents' psychotropic medication to avoid excessive administration and polypharmacy.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. A random sample of medication stored was checked against the register and the quantities available were in accordance with the balance recorded in the register.

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):

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

Findings:

There were 47 residents accommodated at the time of the inspection and five residents were receiving care in hospital. There were 36 residents assessed as having maximum or high level care needs and the remaining 16 residents had medium or low level care needs. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed. Care plans for residents wound care problems and where bedrails were in use were also examined.

The inspectors found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspectors saw evidence that the ethos of person centred care was generally well promoted during the day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. The sitting areas were supervised and staff engaged with residents in a positive and friendly manner.

An action plan in the last report that required that the use of lap belts and specialist seating be appropriately assessed had been addressed. All residents who required specialist chairs for posture or pressure relief had been assessed by an occupational therapist and where required their needs were reviewed. Such equipment was noted to be used safely.

Care plans were maintained on a computer programme and staff had access to this as terminal points were provided in several locations. The records provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were compiled for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspectors noted that the assessments were used to

inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Residents had access to GP services and there was evidence of medical contact at least three monthly and more frequently when required. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was an emphasis on multidisciplinary working and input from specialists such as staff in the psychiatry of old age and geriatricians contributed to assessments and care plans with good outcomes for residents. There was evidence that residents were involved in the completion of care plans and the way their day to day care was carried out. Residents told inspectors that staff followed the routines they had requested such as when they liked to spend time alone and when they wished to go to bed and get up.

Care plans for residents with dementia described the condition and associated problems such as orientation and communication capacity. There were some areas where improvements were required. For example a condition such as osteoporosis was not identified as a risk factor for moving and handling and did not have a related care plan although staff conveyed good awareness of the vulnerability to injury during discussion. Reviews and evaluations of care were completed at the required intervals and when care needs changed. The system prompted review which helped staff keep up to date.

There were processes in place to ensure that when residents were admitted to or transferred or discharged from the centre that relevant and appropriate information about their care and treatment was made available in accordance with regulation 25- Temporary absence or discharge of residents. The inspector saw that current care plans and information on health care changes that prompted the admission was provided for hospital staff.

Residents had opportunities to participate in a range of activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. All staff had responsibility for ensuring that the scheduled morning and afternoon activity took place. The schedule included reminiscence activity, orientation, reading papers, bingo and exercises. Some staff had training in the "Sonas" activity intervention which is a varied activity that involves a range of stimulations including music and reminiscence suitable for residents with dementia. The inspectors noted that there was a range of activity materials available for residents and that these were left within easy reach of residents to prompt them to use it independently outside of scheduled activity time. Several residents were observed to have newspapers and discussed the daily events. A physiotherapist was available regularly and some residents said that they had specific activities that they had to do each day to keep up "their level of mobility". Other allied health professionals such as speech and language therapists, dieticians and tissue viability specialists were available through an arrangement with a nutrition company and there were no delay in accessing these services the inspectors were told.

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:

AbbeyBreaffy is modern building on one level that is purpose designed to meet the needs of dependent persons. It is a large building that is surrounded by garden on several sides and some of the garden spaces are enclosed and can be used safely by residents. There were many features that supported good care practice, reflected good dementia care design and that promoted independence. These included different colours on door handles to some bedrooms to enable residents to find their rooms, good levels of lighting and varied areas to sit or to take part in activities.

Bedrooms met the minimum size requirements, were well furnished and had en suite facilities. There were additional baths and showers around the building which gave residents the choice to have a bath or shower. Rooms viewed were noted to be clean and well organised. Many residents had personal items such as photographs, ornaments and pictures on display. The communal areas were spacious and had good levels of natural and artificial light. Residents had a choice of places to spend time. All areas viewed were well decorated and maintained to a good standard.

There was appropriate equipment in place to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Walking aids and appliances such as hoists and wheelchairs were in good condition. Call bells were readily accessible and there were readily visible hand rails on both sides of hallways. The inspectors noted that there were many areas that had dementia design features. Windows were at a low level so that residents could see out easily, there was contrast between floors, walls and hand rails and there was signage to guide residents around the building and to different areas. For example a sitting room was depicted by a photograph of a sofa. One area had a range of sensory equipment and another contained features that prompted memory and familiarity such as a fire place, a display of willow pattern crockery and old style pictures and photographs.

The inspectors found that while all areas were used well there was a need to review the function of some rooms. For example, residents liked to use the foyer at the entrance and some activities were conducted here however this area was noted to be crowded and noisy at times which detracted from how staff could engage residents in the activity under way and made it difficult for some residents to hear. It was also hazardous for

some residents who mobilised independently to get around safely. However, despite this, there was significant positive interactions between staff, residents and visitors throughout the day in this area which serves as a focal point for the centre. The sensory equipment in one large sitting room was activated from 08.30 to mid-day which could be disorientating for some residents with vision or memory problems entering the room when staff were not present.

Judgment:
Substantially 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 inspectors found that the requirements of regulation 34- Complaints Procedures were largely in place but the information on how to appeal if not satisfied with the outcome of the centre's investigation required review. The Authority is described as a source for appeal as well as the Health Service Executive and the Ombudsman. This information required review to ensure residents and anyone making a complaint had the correct information as the Authority does not have a role in the investigation of individual complaints. Relatives and residents were aware that there was a complaints procedure in place and told the inspectors they would approach the person in charge or any member of staff should they have concerns.

The inspectors saw from the records maintained that a range of matters had been addressed. These matters had been investigated and addressed. The outcomes of investigations were recorded and there was a conclusion indicating if the complainant was satisfied. There were no active complaints at the time of the inspection.

Judgment:
Substantially 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 inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place that provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes.

Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located when they needed to refer to them. An action plan in the last report that required that records of food and fluid intake and output be improved to provide accurate therapeutic details had been addressed. The records reviewed were noted to be fully complete and described portion sizes and quantity of liquid consumed.

Residents told the inspectors that the food was "very good" and also said "there is choice and we can have small or large portions as we wish". One resident told an inspector that he preferred to have soup and a small snack at times and this is always provided as he likes it. Residents' food likes and dislikes were recorded and staff could describe to the inspectors the varied modifications that were made to ensure their choices and therapeutic needs were met.

The inspectors observed that meals were well presented, served in individual portions and residents who needed assistance were not left waiting for their meals. Staff were observed to assist residents in a manner that protected their dignity during meal times. There was an appropriate number of staff available to serve meals and one member of care staff was allocated to dining room duties each day. This staff made residents comfortable when they came to the dining room and coordinated the dining activity during each meal time. Staff were observed to sit beside residents who needed prompting or assistance to eat and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different textures of food that was served and how they adhered to safe swallowing guidelines. Snacks, beverages and cold drinks were available throughout the day. Residents could have tea, coffee and other drinks when they wished and the inspectors saw residents order drinks throughout the day. Staff prompted residents to have drinks where residents could not assist themselves.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent weekly monitoring was put

in place where fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. Residents have access to speech and language therapists and dieticians and their recommendations were noted to have been incorporated into care plans and to daily care practice.

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 inspectors found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspectors observed that staff engaged with residents throughout the day and ensured that residents were included in activities or in conversation if they did not wish to take part in the activity underway. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff described how they helped residents orientate to their environment and participate in day to day life to their maximum capacity. They described spending time with residents, giving them choices, time to respond to questions, speaking slowly and also providing reminders so that they knew when meal times for example were to take place. There were arrangements in place for consultation with residents through regular meetings and there was an established network with residents' families.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections. Visitors were welcomed throughout the day and there were no restrictions on visits. The inspectors saw that visitors came in at varied times during the day. Residents had access to the television,

radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events.

There was one area where the inspectors found that an improvement was required. The centre had a closed circuit television system in place. Any monitoring of this was restricted to the provider and person in charge. There was signage to indicate it's use, however, the signage needed to be made more prominent and more visible to alert residents who may have vision problems and others to it's presence as it impacts on the rights of residents to undertake activities in private.

A concern relayed to the Authority that indicated that residents did not have a choice about the times they got up in the morning was reviewed by the inspectors and was not substantiated. The inspectors arrived at the centre at 07.40 am and found that eight residents were up and dressed. The night staff were completing their morning routine and the residents who were up had followed this pattern from the time of admission and their routine was known to the person in charge and staff and recorded in care records. Other residents were noted to get up at varied time throughout the morning and were offered breakfast in the dining room if they had not wished to have it in their bedroom.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed staffing levels allocated to day and night duty and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspectors found that the day and night staff allocation both numbers and skill mix was appropriate to meet the needs of residents. There were no significant absences due to illness leave. The provider and person in charge are on duty each day. There are two nurses in senior roles on duty most days one of whom is the designated nurse who takes charge in the absence of the person in charge. There are two other staff nurses on duty and all

qualified nurses are involved in aspects of care practice, administration or direct care. There was also two administrators, two cleaning staff, one laundry and two catering staff on duty. The ancillary staff were supported by the support services manager who had a multipurpose role across the service.

The inspectors were provided with details of the training that had been provided to staff during 2015. This was also documented in the annual review of the service completed in accordance with Regulation 23-Governance and Management. Training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, Fire safety, Hand hygiene and infection control, End of life care, Medication management, Moving and handling, Dementia care Nutrition and Venepuncture. All staff had up to date training in the mandatory topics of moving and handling, fire safety and adult protection.

The inspectors spoke with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspectors that they were well supported and that senior staff provided good leadership and guidance. Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspectors observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection period.

Judgment:
Compliant

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Date of inspection:	03/02/2016
Date of response:	07/04/2016

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:

The risk management arrangements needed review to identify prevalent risks such as hot radiators in some areas.

1. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control

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

accidental injury to residents, visitors or staff.

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

We contacted the Plumber on the day of our inspection 03/02/2016. The Plumber has reduced the range of temperatures of the radiators. The surface temperature of the radiators has been reduced. Temperatures of radiators are spot checked monthly. These temperature checks were in place prior to our inspection and this was discussed with the Inspectors at our closing meeting. This point has been risk assessed.

Proposed Timescale: 26/02/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was an identified care need and condition that did not have an associated care plan to guide and inform staff in relation to how this could impact on interventions such as moving and handling.

2. 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:

This residents care plan was updated on the day of our inspection and was completed prior to our closing meeting.

Proposed Timescale: 03/02/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The use of some communal areas such as the foyer and sitting room with sensory equipment required review to ensure that the needs of all residents could be met safely and that planned activities could be carried out in an organised and purposeful manner.

3. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

With regards to sensory equipment. This is used in the sitting room not foyer area for a specific time in the morning. This has been risk assessed by our Assistant Director of Care who has an MSc in Dementia and Health and Safety qualification in Managing Safely.

With regards to activity provision in the foyer area. This has been risk assessed by our Assistant Director of Care who has an MSc in Dementia and Health and Safety qualification in Managing Safely. This has been the choice of our residents. However we have encouraged our residents to participate in activities in the summerbrook room / sitting room for the last month. Residents have indicated whilst they are happy to participate in some activities in the summerbrook room / sitting room, they would like to continue some activities in the foyer area. This point has been added to the agenda for review by the residents committee.

Proposed Timescale: Completed. 01/03/2016.

Completed. Review of activity provision in the summerbrook room / sitting room 31/03/2016.

Proposed Timescale: 31/03/2016

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:

The information on how to appeal if not satisfied with the outcome of a complaint made required review to accurately describe the options for appeals.

4. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Complaints procedure has been reviewed.

Proposed Timescale: 29/02/2016

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 use of closed circuit television needed to be highlighted more effectively as many residents had vision problems and the use of this equipment needed to be made known as it impacts on residents ability to undertake activities in private.

5. 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:

Bigger CCTV sign for the sitting room area has been ordered and is now in place.

Proposed Timescale: 01/03/2016