Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	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:	Helen Lindsey
Support inspector(s):	Ann Wallace
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:	To:
09 March 2017 09:45	09 March 2017 16:30

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	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection inspector met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Residents were seen to be afforded choice in how they went about their day and were spending time in different areas of the centre including the garden. There were adequate staffing levels and skill-mix to meet the residents' assessed needs and there were suitable staff recruitment processes in place. Residents' health needs were seen to be met with good access to medical professionals where required.

There were effective governance and management arrangement in place to ensure the quality and safety of the service provided in the centre. Regular reviews and audits were carried out, and inspectors saw evidence that improvements were made where they were identified as being needed.

One area where improvement was required was noted in relation to care planning, this is detailed in the report and set out in the action plan at the end.

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 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:
There were effective management arrangements in the centre, and systems in place to monitor the quality and safety of the service.

There was a clearly defined management structure in place. The organisational structure made reporting arrangements very clear. The provider was based in the centre and was kept up to date by the person in charge in relation to care issues. Other managers provided updates on issues in relation to housekeeping, maintenance and catering.

The person in charge was supported in their role by an assistant director of nursing. They both oversaw the staff nurses and healthcare assistants. Staff spoken with said they were very clear about who to raise any issues with and found the management in the centre were focused on the residents and were approachable.

The service provided in the centre was seen to be in line with the statement of purpose. There were sufficient resources in place to ensure the premises were fit for purpose. During the inspection inspectors observed sufficient staffing levels to meet the needs of residents, including an activities team.

There were a range of systems in place to monitor the practice in the centre and ensure safe and effective care was provided. This included reviewing data on staff performance against key performance indicators, carrying out a regular set of audits, and seeking feedback from residents and relatives.

Feedback from residents meetings was seen to have been acted on, for example a greater choice at breakfast had been implemented after it was raised in a meeting, and raised toilet seats had been arranged. The meetings were held monthly to allow resident plenty of opportunity to provide feedback on the service.

There were a range of meetings in the centre including with the senior management team, nurses, healthcare staff and catering team. The clinical governance meeting records showed that information was gathered about practice in the centre in the previous month and reviewed to identify if any improvements were identified. For example number of falls, review of bed rails, safeguarding issues, and any training needs for staff.

There were arrangements in place for the supervision of staff. The provider and person in charge observed practice on a daily basis, and annual appraisals were carried out for all staff.

An annual report had been produced that included the feedback from people using the service. It set out the centres performance for the previous year, and plan for the following year.

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. They demonstrated a good understanding of the regulations and standards and had effective systems in place to make sure that they were being met in the centre.

Judgment:
Compliant

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:
Inspectors found procedures were in place to safeguard and protect residents from abuse. Evidence was seen that the provider was working towards a restraint free environment and there were policies and procedures in place for managing responsive behaviour.

There was a policy in place that set out the procedures for the prevention, detection and response to abuse. Inspectors spoke with staff and they knew the procedure to follow in the event of an allegation, suspicion or disclosure of abuse. They were also clear who any allegations of abuse needed reporting to. Inspectors were satisfied that the person in charge knew how to respond if abuse was reported to them.

Inspectors reviewed the 'policy for management of challenging behavior'. It described definitions of challenging behaviour, the approach for identifying any underlying cause of agitation, including checking for delirium. Some staff had completed dementia specific training in order to support them to meet residents needs. Staff spoken with were clear of the plans in place where residents had support needs in relation to responsive behaviour. A review of care plans showed that there were plans in place that set out resident's needs, but they required review to ensure there was sufficient detail to guide practice. See Outcome 11 for further details.

There was also a policy in place setting out the procedures to follow when considering the use of restrictions (physical, chemical, environmental). Any restrictions in the centre were recorded, and were regularly audited by the person in charge to ensure they remained necessary. In the case of bedrails there were clear risk assessments that included setting out the reason for using the restraint, the alternatives trialled, the decision made and the consent of the resident where possible.

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:
Inspectors found that the health and safety of residents, staff and visitors was actively promoted.

There was an up-to-date Health and Safety Statement in place that provided detail on practices in the centre relating to health and safety. A comprehensive risk management policy met the requirements of the regulations. The risk register was reviewed regularly and had been recently updated, and the risk register documented the measures that had been put into place to mitigate identified risks. Inspectors spoke with staff who were found to be aware of the risks identified and the measures that were in place to reduce risk. This was seen to be reflected in care practices and service delivery. Records showed there were arrangements in place for investigating and learning from incidents. Staff informed inspectors that information was communicated to relevant staff through staff meetings and handovers.

Inspectors found that, overall, fire safety was well managed and all staff had received up to-date-training. Records showed that fire drills were carried out regularly on both day and night shifts. Staff interviewed demonstrated that they knew what to do in the event of a fire including the approach for evacuating residents. Records confirmed that fire equipment was being serviced on an annual basis, for example the fire alarm and emergency lighting had been serviced quarterly. The centre was seen to be compartmentalised through the use of fire doors on magnetic self closing mechanisms. It was reported that the doors would automatically close on the sounding of the fire alarm and this was checked as part of the daily, weekly, and monthly fire checks in the centre. Inspectors found that all internal fire doors were unobstructed during the inspection.

The inspectors observed that fire action signs were on display throughout the building, smoke detectors and fire blankets were in place and ski sheets were on the beds for those residents who would need full support during an evacuation. Each resident had a personal emergency egress plan [PEEP] which clearly outlined the resident's needs in terms of mobility and cognitive understanding in relation to mobilizing in the event of an emergency. There was written confirmation from a competent person that the centre was in compliance with all the legal requirements of the statutory fire authority.

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. This included useful telephone and contact details for a range of emergency and support services and identification of alternative accommodation for residents should a full evacuation of the centre be required.

Inspectors observed staff following infection control procedures and personal protective clothing and hand sanitizers were available throughout the centre. There was also a policy in place that provided information on the procedures to be followed in the centre.

Judgment:
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:
There were appropriate management systems in place for medicines management.

The medication policy gave clear guidance to nursing staff on areas such as individual responsibilities, the 'ten rights', ordering, administration including that of 'as required' (PRN) medication, crushing and disposal of un-used and out-of-date medications.

The inspectors observed staff following the policies in the centre and relevant professional guidelines. Nursing staff were able to clearly explain the procedures for different medications, and associated procedures. A nurse explained the procedure for administration and how the medication trolleys were set up to reduce the risk of errors. For example sections for medication to be given at different times of the day.

A sample of resident records was reviewed. They provided clear information on the medication prescribed and administered to residents. They were signed by the nurse following administration and showed drugs were administered within the prescribed timeframes. Drugs being crushed were signed by the GP as suitable for crushing. Resident's medication was reviewed every four months by their general practitioner (GP).

Inspectors found that nurses kept a register of controlled drugs. These were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct. Storage of medication in the centre was seen to be secure.

There was an effective system in place to manage the return of out-of-date and unused medication, with records providing a clear audit trail and storage while waiting for the medication to be returned to the pharmacy.

There was a process for assessing whether a resident was able to manage their own medications that included a risk assessment. At the time of the inspection no residents had opted to do this.

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):
No actions were required from the previous inspection.

Findings:
Each resident had an assessment of their needs. There were care plans that described how their needs were to be met but some improvement was required to ensure they provided enough detail to guide staff.

Inspectors reviewed a selection of residents' records and spoke with the staff who developed and used them. Prior to admission an assessment was carried out, usually by the person in charge, to ensure the needs of the resident could be met in the centre. When residents were admitted a more detailed assessment was developed by nursing staff and care plans were written.

The care plans reviewed by inspectors did provide information about the resident's needs, however improvement was needed to ensure they were completed in a consistent way. Examples were seen where information read as a chronology of changing need rather than a set of guidelines of how to meet the resident's needs, and also where there was insufficient detail to guide staff in their approach to working with the resident. The person in charge advised they were auditing the care plans and there was a plan in place to ensure greater consistency in the information provided.

Inspectors found there was good access to relevant medical professionals. General practitioners (GPs) visited the centre regularly and there was an out-of-hours GP service where required. A range of allied healthcare professionals attended the centre. A physiotherapist visited the centre on a regular regular basis. Other services were contacted as required such as a dietitian, speech and language therapist and psychiatric services. Inspectors saw examples where their recommendations had been put in place, for example with seating arrangements and specialised diets.

A range of recognised nursing tools were being used in the centre to support nursing staff to assess resident health care needs. They assessed for risk of pressure areas developing, risk of falls and risk of malnutrition.

There were clear records of staff reviewing and updating resident's records as their needs changed. This was done at least four monthly or more frequently if required. Residents and families were involved in reviews if they chose to attend.

There were clear record of residents' appointments, and arrangements were made with families or staff in the centre to ensure they were able to attend them.

Inspectors found that where residents were temporarily absent from the centre, relevant

information was sent with them in relation to their medication and assessments of their needs. Also when residents returned to the centre, for example from hospital, there was a clear summary of their needs and any changes to medication.

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

Findings:
Inspectors reviewed the staffing levels and found that there were sufficient staff, with the required skills to meet the needs of the residents who were in the designated centre.

Since the last inspection the centre had completed a review of staffing levels in relation to the number of residents and their dependencies. Additional nursing staff had been recruited since the last inspection. The centre continued to review staffing levels on an ongoing basis and as residents' needs and dependencies changed. There was an assistant director of nursing who worked opposite the person in charge and who provided supervision of the shifts and support to the staff and residents' as required. Following a recent review of incidents within the centre either the person in charge or the assistant director of nursing are occasionally on duty until 22.30 hours to review how resident needs are met during the evening and night shift.

Inspectors spoke with nursing and care staff and found them to be committed to providing person-centred care and support for the residents. Staff stressed the importance of getting to know the resident and of maintaining individual resident's independence and self-care abilities. Staff knew the resident and their families well and were able to articulate individual resident's needs and preferences for care when asked. This information reflected what was documented in the resident's care plans.

Housekeeping, catering and administrative staff were available in the centre in sufficient quantities to ensure that residents' needs were being met. The inspector's observed

good communications and team work and staff demonstrated respect and cooperation in their dealings with each other and with residents and their families.

The centre had a system in place for monitoring if staff training was up to date. The inspectors reviewed fire safety, moving and handling and recognising elder abuse training, and found all staff working in the centre had received up-to-date training or were listed to attend training by the end of March 2017. There were other training opportunities available for staff; for example infection control, dementia training and some staff were completing courses relevant to their roles in the centre.

There were effective recruitment procedures in place in the centre. A total of four randomly selected staff files were reviewed and all contained the requirements as per Schedule 2 of the regulations, including Garda Vetting. All nurses in the centre were registered with the Nursing and Midwifery Board of Ireland.

There were volunteers in the centre. The provider reported that all volunteers were Garda vetted, had their roles outlined and had appropriate supervision from staff.

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:

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	Annabeg Nursing Home
Centre ID:	OSV-0000005
Date of inspection:	09/03/2017
Date of response:	30/03/2017

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 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:
Some care plans did not contain sufficient detail to fully guide and inform the staff providing care.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
We will carry out a comprehensive review of all care plans and amend where necessary to ensure our care plans are "living documents" which guide and inform staff providing care to our residents.

Proposed Timescale: 30/04/2017