



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Mulryan Construction Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Announced
Date of inspection:	24 April 2018
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0021551

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Current registration end date:	24/10/2018
Number of residents on the date of inspection:	62

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 April 2018	09:30hrs to 18:30hrs	Geraldine Jolley	Lead

Views of people who use the service

The inspector spoke with six residents and reviewed 14 questionnaires returned to HIQA. Residents said they were very happy living in the centre and said that they enjoyed the comfort of their spacious rooms and surroundings. They said that they had plenty to do during the day and said that the exercise groups, craft work, discussions and events kept them entertained. Some residents commented that the oratory was a lovely a space where they could pray or read quietly. Other residents said they liked the garden as it was safe to walk around and they could check on the progress of seeds and flowers that had been planted.

The care provided by staff was mentioned as a very positive feature of the service. Residents said that staff were kind, gentle in their approach and had created a lovely atmosphere. Residents were supported to remain independent and in contact with the local community. Many said they went out to do their own shopping and that staff assisted them on these trips. Others said that they were assisted to order items they needed and have them delivered. Letters and post was delivered promptly the inspector was told. Food choices were described as good and varied and residents on specialist diets said that they were provided with meals that suited their needs.

The only negative comment received was about the entrance to the centre. People coming in had to wait for the door to be opened and some residents felt that people should be free to come in without waiting to be admitted during the day.

Capacity and capability

This operation and management systems in the centre were well established and a high level of compliance with the regulations and standards was evident. The inspector found that the governance, management and oversight of the service was good and there were systems in place to review the quality of the service provided to residents. The actions outlined in the report of the last inspection completed on 21 November 2016 had been completed. Signage to guide residents around the building was in place and the service of meals had been reviewed. Main meals were now served in two areas which had created a quieter environment for residents who needed support at mealtimes and resulted in residents eating better according to staff.

There was a clearly defined governance structure with distinct lines of authority and

accountability. Residents and staff said they could raise concerns or discuss aspects of the quality and safety of care delivered and felt their views were listened to and considered.

The service being delivered to residents was observed to be in keeping with the centre's objectives as described in the statement of purpose.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. There was always a minimum of two nurses on duty day and night. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. Staff were observed to engage with residents in a person centred and respectful manner. Staff records confirmed that safe recruitment practices were in place. All the required documents were available and the person in charge confirmed that vetting disclosures were obtained before staff commenced work. The person in charge has been in post several years and residents confirmed that they knew her well and saw her most days.

Residents told the inspector that their experience of raising issues was positive. Four residents said that when they had raised concerns or expressed views on food, the response to call bells or their care, matters had been resolved by staff or the person in charge.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available.

Registration Regulation 4: Application for registration or renewal of registration

The application was complete and the fee paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge knew all residents well and was familiar with their care needs, personal preferences and day to day routines. Residents said they saw her regularly and knew where her office was if they wished to talk to her. She is appropriately qualified and experienced and has kept her skills and knowledge up to date by attending courses and training events. In the last three years she has attended training on conflict management, advanced care directives, nutrition, managing

complaints and infection control. She has a training qualification and a diploma in management. Her training on the required topics of moving and handling, fire safety and adult protection was up to date.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to support the residents' needs and personal wishes over the 24 hour day and night. The inspector noted that staff were familiar with residents' choices and their day to day life patterns including the times they liked to get up and go to bed.

Judgment: Compliant

Regulation 16: Training and staff development

There was a varied training programme in place to ensure staff were appropriately skilled and informed about topics relevant to care practice, emergency procedures and new developments. During 2016 and 2017 staff had attended training on infection control, dementia care and emergency procedures in addition to statutory training on moving and handling, fire safety and safeguarding.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and all the required details were recorded.

Judgment: Compliant

Regulation 21: Records

The directory of residents was up to date and the required information was recorded. An action plan in the last report identifies that the daily records did not convey the range of care provided by staff had been addressed. Records now described a range of staff interventions including social and specialist care.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements were robust. The provider had a full time presence in the centre and ensured that the general business and maintenance of the centre was effectively managed. there were audits of practice that included end of life care, medicines management and food provided. the results were communicated to staff to ensure they were aware of areas where they did well and where improvements were needed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a contract that described the fee to be charged and the cost of additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that contained the required information and was clear and easy to understand.

Judgment: Compliant

Regulation 34: Complaints procedure

The way complaints were managed complied with regulation 34: Complaints procedure. A record of complaints was maintained. Residents told the inspector that they knew how to raise concerns and were confident that the person in charge or whoever they relayed their concern to would address the matter.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies and procedures that are required by legislation were available. Staff knew where to locate information when they needed guidance and said that procedures related to protection and fire safety were discussed at the regular training updates.

Judgment: Compliant

Quality and safety

Residents' health and social care needs were met through appropriate staff deployment, good access to doctors and allied health professionals, and the availability of a varied social activity programme. The modern well laid out environment also contributed positively to how care was delivered and residents' quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. There was a falls assessment completed and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent incidents. Residents told the inspector that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. Residents' and family members were informed about the admission procedure and their daily life patterns and interests were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests recorded and used by staff to plan care. Residents said that they had enjoyed being able to take part in new interests such as painting and crafts and some has resumed old hobbies such as knitting which had given them great pleasure they said.

There were several staff allocated to provide social care daily. Residents said that they enjoyed group and individual activities. In the morning there was usually an exercise group, prayers and varied crafts. The inspector saw residents making a display for the Bealtaine festival in May, others were knitting and residents who were very frail were prompted by staff to participate in exercise and conversation.

The building is a modern design, with plenty of natural light throughout and is maintained to a high decorative standard. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were wide and unobstructed and there were pictures to provide interest for residents as they walked around. There were several communal rooms that residents could use during the day and these rooms were used creatively for different purposes which residents said they enjoyed as they did not have to stay in

the same rooms all day. There was an oratory that residents used for prayer and quiet time. There was access to a large safe outdoor garden where raised beds had been planted and some residents were taking a great interest in how the plants were developing and viewing them regularly. Residents' rooms are single or double occupancy. Rooms viewed were organised according to residents' preferences and were personalised with furniture, books, plants and ornaments belonging to residents.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed regularly and call bells were accessible to residents in all areas. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for new staff and fire training was scheduled for these staff in May.

There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place. There was training planned during 2018 to ensure all staff remained familiar with the safeguarding procedures.

Regulation 10: Communication difficulties

Communication needs were identified and described in care records. Staff confirmed that they were made aware of communication problems by nurses and carers. They worked together to ensure that they established good relationships with residents which helped them determine what communication interventions helped residents best.

Judgment: Compliant

Regulation 11: Visits

Residents were observed to have visitors throughout the day. A record of people who visited was maintained. Some residents and visitors said that visitors had to wait for admission to the centre as the front door was locked which they felt was not necessary during the day.

Judgment: Compliant

Regulation 12: Personal possessions

Residents said staff took care of their personal possessions and ensured that furniture and ornaments for example were cleaned and polished daily. Clothing was laundered carefully and returned to rooms promptly they told the inspector.

Judgment: Compliant

Regulation 13: End of life

There was evidence the end of life care was appropriately managed and staff had received several positive comments from relatives that confirmed their satisfaction with care at this time. Residents wishes were recorded and adhered to by staff. Decisions made in relation to acute care needs and resuscitation at end of life were recorded and reviewed by doctors and nurses regularly.

Judgment: Compliant

Regulation 17: Premises

There were no premises matters that required attention. Equipment, signage and lighting was in place to meet needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that residents food and nutrition needs were met to a high standard. Residents had a good choice of main meals and could request alternatives if they did not wish to have what was on offer. The chef talked to them regularly about meal options residents reported. Where residents required specialised food or nutrition their needs were assessed and their diet was provided in accordance with the recommendations of speech and language therapists or dietetics. Residents reported that they were happy with the food, drinks and snacks that were available to them. The dining arrangements had been reviewed since the last inspection and meals were now served in two locations. This had resulted in the main dining room being less busy and noisy and the dining experience had improved

for all residents according to staff.

Residents could describe the information they were given about their specialist dietary needs and said that staff discussed their progress with them regularly and ensured they understood recommendations and advice from specialists when they were reviewed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Staff provided a range of information to other professionals on medical conditions, care and treatment when residents who were transferred to hospital or discharged home.

Judgment: Compliant

Regulation 26: Risk management

The centre had an established risk management system and procedures that met legislative requirements and provided good guidance for staff. This included the required policies and the assessment of clinical and environmental risks that could cause harm to the residents, staff or visitors.

Judgment: Compliant

Regulation 27: Infection control

There were good infection control measures in place. staff had supplies of personal protective equipment for use when needed. The centre was very clean and surfaces in high risk areas such as sluices, toilets and bathrooms were in good condition and easy to clean.

Judgment: Compliant

Regulation 28: Fire precautions

There were regular fire drills and fire training sessions organised to ensure that staff were familiar with the fire procedures. Four recently recruited staff required fire training which was scheduled to take place within a month of the inspection. The fire safety arrangements, maintenance of fire equipment, checks of the alarm system and exits ensured that legislative requirements were met.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The management of medicines met legislative requirements and good practice standards. Nurses were well informed about the medicines in use and each residents medicine regime was reviewed regularly by their doctors.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The arrangements to meet residents' assessed needs were described in individual care plans. Residents and relatives were involved in reviews of care plans and their contribution and views were recorded and used to inform care practice.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in place to protect the residents from possible abuse. There was evidence that any incidents and

allegations of abuse were reported, screened, investigated and responded to appropriately. This including reporting of the matter to local community staff or services. Residents said they were very happy and felt safe living in the centre.

Staff were provided with training in the safeguarding of vulnerable persons. Over the course of the inspection, the inspector saw that staff engagement and interactions with residents were person centred, warm and contributed positively to the well being of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said they had good freedom and could exercise choice in their day to day lives. They could get up and go to bed when they wished and were free to spend time with others or in their rooms. Two action plans in the last report were completed. The closed circuit television system that was present in many areas was advised to staff and visitors through signage. The dining arrangements had been reviewed and meals were now served in two locations. This had resulted in the main dining room being less busy and noisy and the dining experience had improved for all residents according to staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0021551

Date of inspection: 24/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Safety training has been completed as scheduled prior to inspection. Fire training for new staff and some pre-employment staff was completed on the 10/5/2018 and 17/05/2018 , regular staff also attended as part of refresher training .</p> <p>All new staff are orientated to fire procedures, fire safety arrangements including fire drills at induction and formal fire training is prioritised as part of risk management.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	17/05/2018