



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	07 October 2021
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0034069

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 24 residents and the designated dementia unit, Lee suite accommodates 13 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and was hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 7 October 2021	09:15hrs to 18:30hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that, in general, residents had a good quality of life in the centre. The inspectors met with the majority of the 42 residents living in the centre on the day of inspection and spoke with six residents at length to gain insight into their lived experience. The inspector met with five visitors during the inspection. Residents told the inspector that they were happy living in the centre and they were supported by kind and caring staff, who respected their opinions and choices. Relatives spoken with were in general complimentary about the care provided to their family member and that their family member was happy living in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival the inspector was guided through the centre's infection control procedures by a member of staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge who also accompanied the inspector on a walkaround of the centre. During the walkaround it was evident to the inspector that the person in charge was knowledgeable about residents' care needs and that she was well known to residents with them chatting to her on the walkaround.

The centre had a warm and welcoming atmosphere and was generally bright and clean throughout. The reception area had information displayed regarding the choice of food available to residents, the complaints procedures and signage regarding precautions for COVID-19 and hand hygiene. Residents artwork was displayed on a tree in the reception and on the walls through out the centre giving it a homely feel. Some of the artwork was signed by the residents themselves and framed.

The centre was laid out over one floor and could accommodate 50 residents in 16 single bedrooms and 17 double bedrooms. All bedrooms had ensuite shower and toilet with the exception of one single room. The centre was divided into three sections, the Funcheon, the Blackwater and the Lee suites. The Lee Suite had a finger print controlled access door and was designated for residents living with dementia. The Lee suite was bright and spacious and had walls covered in woodland and lavender scene murals which gave the centre a restful feel. Some residents were seen to move freely around the centre and some were accompanied by staff as required. The layout of the Lee Suite provided residents with an indoor circular walking area that was bright and airy. The corridors were sufficiently wide to accommodate walking aids and wheelchairs, handrails were readily available for residents use.

The inspector observed that residents had easy access to the enclosed garden area. The area was wheelchair-friendly with wide paths around the garden. The inspector

observed that there were several raised flower beds and well maintained garden seating for residents' use. There was plenty communal spaces available for residents through out the centre including two large dining rooms, a day room, a library, arts and crafts room, an oratory and a smoking room. The inspector observed that while there was a fire blanket and call bell available in the smoking room, it was not equipped with a smoking apron to protect residents while smoking. This was addressed by the person in charge during the inspection.

The centre also had a gym room that the physiotherapist used when they attended the centre twice a week. The centre had its own bar "the Abbey Bar" with tables and chairs laid out in a bar style. The person in charge told the inspector that this room had not been used during the COVID-19 pandemic but they were looking at ways of opening it up during the coming winter months.

During the inspection, the oratory and the arts and crafts room were used as rooms where residents could meet their visitors in private. These rooms had floor markings for physical distancing and had alcohol hand rub and surgical face masks for visitors use. One of the activity co-ordinators was assigned to assisting residents to meet with their visitors during their scheduled visits. Residents and visitors told the inspector that they would love more access to visits in the evening and especially at the weekends.

Bedrooms in the centre were observed to be spacious with plenty of space for clothing and belongings and were seen to be decorated with residents' personal possessions, photographs and artwork. During the walk around the inspector observed that some of the furniture such as sofas and chairs were worn and torn and needed replacement. Some of the paintwork on walls in bedrooms were chipped and required renovating. A number of the carpets in bedrooms had been replaced with floor covering. The person in charge told the inspector that there was a programme of work ongoing in the centre to replace bedroom carpets and paint the bedrooms that required it. New alcohol hand gel dispensers had been recently installed in the centre and were readily available throughout the centre. The inspector saw staff completing hand hygiene as appropriate and wearing surgical masks in line with national guidance.

The inspector saw that residents were offered choice at meal times and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were seen to be well presented and appetising. Both dining rooms were nicely decorated with table cloths and posies of flowers on the tables. The inspector observed the lunch time meal in both dining rooms and saw that while there was sufficient staff in the dining room in the Lee suite to provide assistance to residents, staffing levels in the main dining room required improvement to ensure that all residents were provided with assistance and supervision when they required it. Care staff that were providing assistance did so in a respectful and dignified way.

Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others. One resident told the inspector how much he enjoyed his can of beer in

the evening. Inspectors saw a number of residents resting and enjoying a cup of tea in the main reception watching the activity of the day in the centre. Residents told inspectors that they liked activities such as playing cards, bowls and chair aerobics. The inspector saw a group of residents enjoying an old time music session in the afternoon with both staff and residents singing together. The activity co-ordinators were providing one to one sessions with residents taking them for walks, chats or massage. The inspector was informed that mass had been held in the oratory, facilitated by a local priest, on one of the Saturdays in September and that residents loved this return. Residents told the inspector that they were able to see clergy of their own faith in the centre. Residents had access to newspapers, TV and radio in the centre.

The inspector observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents to walk. The atmosphere was unhurried and there was an evident sense of camaraderie between residents and staff. The inspector saw some very person centred interactions with staff and residents in resident's rooms and in the communal areas. Residents and relatives were complimentary about staff saying that staff are excellent, friendly, courteous and understanding. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. The inspectors saw and residents confirmed that staff assisted residents to keep up their appearance. The inspectors saw that a number of residents' nails were painted and they were well dressed. A small number of relatives raised concern with the inspector about the management of residents clothes during the inspection and this was relayed to the person in charge.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place to ensure that the service provided was safe consistent and appropriate to residents' needs. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had in the main been addressed and rectified. However, from this inspection, improvements were required in the areas of infection control, fire safety, visits and residents rights that will be discussed further in the report.

The centre was owned and operated by Abbeylands Nursing Home and Alzheimer Unit Limited who is the registered provider. The company had a board of directors, one of whom was the person representing the provider and was actively involved in the operational management of the centre. The person in charge was an

experienced nurse and was supported in her role by an assistant general manager, a newly appointed clinical nurse manager, nursing staff, healthcare assistants, administrator, catering and household staff. The person in charge demonstrated good knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

There were clear lines of authority and accountability, with each member of the team having their role and responsibilities defined. There were good processes for communication between team members. The management team held monthly meetings and minutes of these meetings provided to the inspector indicated that key clinical and operational issues were discussed and actioned.

Comprehensive systems were in place to monitor the quality and safety of the service. The person in charge collected and monitored key metrics such as falls, residents' weights, pressure ulcer development, antimicrobial usage and usage of restrictive practices. These were discussed with nursing staff at regular clinical governance meetings. There was a schedule of audits in the centre that included monitoring of care plans, falls, medication management, hand hygiene and infection prevention control environmental audits. Quality improvement plans were developed following these audits and improvements were seen to be actioned within specific time frames. Following attendance at a HIQA infection prevention and control webinar, the person in charge had developed a cleaning schedule for environmental and patient equipment to improve oversight of these practices in the weeks before the inspection.

The centre had experienced an outbreak of COVID-19 which was declared over by public Health in March 2021. The inspector acknowledged that residents and staff had been through a very challenging time during the outbreak, which affected 14 residents and one staff member. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do an on site inspection during the outbreak. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives during the outbreak. From speaking with the person in charge and the management team during the inspection, it was evident that a review of the outbreak had occurred. However, a formal outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented, to inform future outbreak management, needed to be developed. This was provided to the inspector following the inspection.

Staffing levels were discussed with the person in charge who gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of the residents. The provider had maintained two registered nurse on duty 24 hours a day. The centre had two cleaners on duty seven days each week to maintain the cleaning of the centre. Due to a number of resignations in the weeks prior to the inspection, the staff complement of healthcare assistants had reduced at the centre. The registered provider had an ongoing programme of both local and overseas recruitment to fill these vacancies.

Staff were seen to be knowledgeable about residents needs. there was a comprehensive programme of training available for staff at the centre that included manual handling, fire safety, medication management, person centred dementia care, end of life care and infection prevention and control. Staff training matrix and records reviewed by the inspector showed that all staff were up to date with fire safety training, manual handling, infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE) . Training was scheduled for staff to update their training on managing responsive behaviour and end of life. However not all staff were up to date with training on safeguarding as required by legislation. The person in charge provided assurances to the inspector that staff would complete online training until face to face training could be facilitated at the centre.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with inspectors were aware of how to make a complaint. The inspector was informed of one complaint that while it was investigated by the person in charge was not logged in the centre as required by the centres policy.

The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. Trend analysis on key incidents such as falls were conducted at the centre to identify areas for improvement.

There was evidence of consultation with residents in the planning and running of the centre. Residents meetings had resumed in the weeks prior to the inspection. Family and resident satisfaction questionnaires were completed to help inform ongoing improvements and required changes in the centre.

Regulation 15: Staffing

The inspector was not satisfied that there were sufficient numbers of healthcare staff available to meet the needs of residents during mealtimes. During the lunchtime meal the inspector observed that there was one healthcare assistant available to support 11 residents in one of the dining rooms. There were six healthcare assistants on duty on the day of inspection and management acknowledged this shortage and that they were actively recruiting to fill healthcare positions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records provided to inspectors indicated that a number of staff were not up-to-date with mandatory training within the required time frame. Seven nurses and 11 care staff were not up to date with mandatory training on safeguarding within the required time frame. The person in charge provided assurances to the inspector that online training would be completed by these staff until sessions by an external trainer was available.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up to date and maintained at the centre and recorded the information required to meeting the regulatory requirements.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of three staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same.

There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in

the quality and safety of care.

There was evidence of regular management meetings and of actions taken following same. Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The Inspector found that while a complaint had been investigated, it had not been recorded in the complaints log at the centre. This meant that there was no record of the incident available to share any learning with staff and therefore reduce the risk of recurrence.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were enabled to have a good quality of life in Abbeylands Nursing home with good access to medical and healthcare services. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection prevention and control and fire safety, visits and activities. These will be addressed under the relevant regulations.

Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' healthcare needs were promoted through ongoing onsite access to General Practitioner(GP) services. The centre employed a physiotherapist who was onsite twice a week to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, occupational therapist and speech and language therapist and tissue

viability expertise was available to residents who required these services.

In general, residents told the inspector and the inspector observed that staff were kind and caring when interacting with residents and treated them with dignity. Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings which had resumed at the centre. Minutes of residents' meetings reviewed by the inspector noted that these meetings were attended by residents and items discussed at these meetings included, keeping residents informed regarding the ongoing COVID-19 pandemic. Residents had access to independent advocacy if they wished.

The inspector found that while visits had resumed at the centre, they were not facilitated in line with national guidance. This will be discussed under regulation 11.

Records showed that a social assessment was carried out to determine each resident's past occupation, hobbies and preferences for activities. However the activities programme on offer required further oversight to ensure that all residents are afforded the opportunity to participate in activities in accordance with their interests and capacities seven days a week. The centre employed two activity co-ordinators who both worked Monday to Friday. While there was a programme of varied activities available at the centre, a number of these such as baking, had been curtailed with the onset of the COVID-19 pandemic and were restricted to small group activities and one to one activities. During the inspection, the inspector saw a number of residents going on walks with an activity co-ordinator, enjoying one to one chats. Residents told inspectors that they enjoyed playing cards, chair aerobics and bingo sessions.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19 and the provider had put controls in place to keep residents and staff safe. Two cleaners were rostered seven days a week. A designated area was available in the centre should residents required isolation. There was alcohol hand rub available in dispensers throughout the centre and staff were observed to be practicing hand hygiene and wearing personal protective equipment in line with national guidance. There was good oversight of compliance with hand hygiene practices at the centre. The centre was overall observed to be clean, however access to hand hygiene sinks, maintenance and some cleaning practices required review. This will be discussed under Regulation 27.

Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. The inspector reviewed the fire safety folder. Daily and weekly fire safety checks were completed and recorded. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. However, the inspector found that the frequency of emergency lighting and fire detection system servicing required improving. Annual fire training was completed by staff and regular fire drills were undertaken. However, these did not include the simulation of the evacuation of the largest compartment with minimal staffing levels to provide assurances regarding suitable evacuation times. An urgent compliance plan was issued on inspection requesting

evacuations of compartment cognisant of night duty staff levels. This will be discussed under Regulation 28.

Overall the design and layout of the premises met the residents' needs. The centre was bright and airy throughout with a homely atmosphere. Plenty of communal space was available for residents use and lovely external grounds and enclosed gardens were readily available. The centre was generally well maintained and the inspector saw that there was an ongoing programme of maintenance works of painting and to replace furniture and flooring in the centre. However, the inspector identified a few areas that required attention.

Regulation 11: Visits

Arrangements for visiting in the centre were not in line with the current national guidance (HPSC Guidance on Visits to Long Term Residential Care Facilities) which state that there is no requirement to limit the duration or number of visits for residents. Compassionate visits were offered as required, and the inspector observed these visits taking place on the day of inspection. Other visits to the centre were scheduled in advance on an appointment basis and took place in two dedicated visiting rooms or in residents' bedrooms. These visits took place Monday to Friday between 10am and 5pm. One of the activity co-ordinators was assigned to assisting residents attend their visits during these hours. Feedback from a number of visitors that the inspector met with; and feedback provided in a recent family survey indicated that families found these times too restrictive and they would like more access to visits in the evening and the weekends. The management team at the centre provided assurances to the inspector that this would be facilitated following the inspection.

Judgment: Substantially compliant

Regulation 17: Premises

the inspector observed the following issues with the premise that required action:

- Paint work and doors in a number of residents bedrooms was chipped and required repair.
- There was inappropriate storage of mattresses in one of the bathrooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. There was good oversight of risks in the centre. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Risk assessments, including specific risks associated with COVID-19 were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the centre. For example:

- The procedure for floor cleaning and decontamination was not in line with best practice guidance. The inspector observed that mop heads were not changed between rooms presenting a risk of contamination from one area to another.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, and these were not compliant with Health Building Note 00-10: Part C standards.
- There was no hand wash sink in the laundry
- Shower seats in resident's bathrooms were rusted and could not be effectively cleaned
- A number of cushions and sofas were torn and worn and could not be effectively cleaned.
- The dirty utility room required a deep cleaning
- A bin for incontinence wear was attached to a clean linen trolley and posed a risk of cross contamination
- The laundry did not allow for a dirty to clean workflow.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example

- the positioning of the breakglass key for one of the emergency exits required review to ensure it facilitated adequate means of escape in the event of an emergency
- while records provided to the inspector indicated that the fire alarm and emergency lighting were recently serviced, these records indicated that there were gaps of over the recommended three month time frame prior to the last servicing.
- there was no signage in place to indicate where oxygen cylinders and concentrators were stored to alert staff in the event of fire
- simulations of evacuations of the largest compartment were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requiring the provider to organise simulated evacuations of the largest compartment mindful of night duty staffing levels. The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a wide range of validated assessment tools which were regularly reviewed and completed to assess clinical risks such as risks of malnutrition, pressure ulcer formation and falls. Residents care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans were person centred. There was a low incidence of pressure ulcer development in the centre. The inspector saw that from a sample of care plans reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans to support resident's needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. A general practitioner (GP) attended the centre to support the residents' needs weekly or more frequently if required. Allied health professionals also supported the residents on site where possible and remotely when appropriate. A physiotherapist was on site at the centre twice a week. There was evidence of ongoing referral and

review by allied health professional such as dietitian and speech and language therapist as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff. This was reflected in responsive behaviour care plans. Staff spoken with outlined person centred interventions including walks around the centre, music and other distraction techniques.

The principles of a restraint free environment were promoted by the person in charge and staff at the centre. There was a low level of restraint observed in the centre and five residents had bedrails to prevent falls or because residents expressed that they feel safer with them.

Judgment: Compliant

Regulation 9: Residents' rights

Activity co-ordinators were scheduled to work Monday to Friday. Therefore there was no structured programme available at the weekend, to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0034069

Date of inspection: 07/10/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have ongoing recruitment on social media and in local newspapers, we have recently also run advertisements on the local radio C103FM, we have secured the services of 5 HCA's from non EU nationals and currently have the requisite work visa applications with the Department awaiting approval, it is anticipated that the 5 new HCA's will join our team in January 2022. Our non-core, but qualified staff are now on hand to assist at mealtimes to provide additional support to our residents in the intervening period.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff members have now completed the online safeguarding training offered through the HSE training portal. Face to face safeguarding training is booked and scheduled for January 20, 2022</p> <p>All other mandatory training requirements for staff are up to date.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We will record all complaints however minor they appear to be, we will investigate as set out in our complaints procedure and provide learning outcomes for all staff members.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: We have increased our capacity for visiting friends and relatives from two designated areas to four, we have also expanded our visiting times to accommodate late evening and weekend visits by appointment.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting and decorating is ongoing in the Home.</p> <p>The mattress in the wrong location has been removed, it was after been washed and has since returned to the correct location.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We have procured mop sets for each room, two per room, one for the bathroom and one for the bedroom area, these are colour coded to ensure no cross contamination occurs. We will provide clinical handwashing sinks throughout the Home for staff handwashing we expect to provide 6 such clinical sinks to facilitate this measure. We will provide a dedicated hand wash sink to the laundry. We will replace any defective or rusted shower seat. We are reviewing our furniture provision within the home, the damaged seating has already been removed and disposed of. A deep clean of the utility room is scheduled along with further regular cleaning placed on the cleaning Rota.</p>	

We have removed the offending incontinence wear bin from the cart, this is not going to be repeated.

We have met with laundry staff members and have set out the process in which laundry is handled and sorted to ensure a safe and efficient flow of laundry is achieved, this will involve minor works to the laundry room which we have planned and scheduled.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 We have fitted a new key box adjacent to the fire door in the Lee Suite to comply with fire regulations.

We have brought our fire alarm and emergency lighting certification and testing up to date, this has always been so, the pandemic and our outbreak will have contributed to this slipping below our normal standards.

We have placed the correct signage in place to indicate the location of the Oxygen cylinders to all members of staff.

We now have three staff members fully trained as Fire Safety officers, we are progressing well with regular evacuation drills and have specific regard for the night staff training in fire evacuation, and this has also taken place and will be ongoing.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 We have planned for additional music and movies over the weekend periods, we also have two religious services programmed one for Saturday and another for Sunday.

We are also re-opening the "Abbey Bar" which has proved popular with residents in the recent past, this will form part of our additional weekend offering to Residents to compliment the week day scheduled activities.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	12/11/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	20/01/2022

	have access to appropriate training.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	01/12/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/12/2021

Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	12/11/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	12/11/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	05/11/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	10/12/2021