Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Abbeygale House
Centre ID:	OSV-0000743
Centre address:	Farnogue Residential Healthcare Unit, Old Hospital Road, Wexford.
Telephone number:	053 915 7821
Email address:	stephanie.lynch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Batan
Support inspector(s):	Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	20
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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 October 2015 10:00	06 October 2015 17:00
07 October 2015 09:00	07 October 2015 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

Abbeygale House is a centre under the management of the Health Services Executive. It was a purpose built unit which was bright spacious and well maintained. The inspectors met residents and staff and observed practice. Documents were also reviewed such as policies, procedures, training records, care plans, medication management charts, menus and minutes of residents' meetings.

This was an announced inspection which took place over two days and was for the purpose of informing an application to vary conditions of registration of Abbeygale House. The provider had applied to increase bed capacity from 21 to 30 places. The additional nine beds were to accommodate short stay residents only. The inspector also reviewed progress made on the action plan which was issued to the provider following an inspection carried out in September 2014.

Overall, inspectors found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well cared for, engaged readily with the inspectors and provided positive feedback on the staff, care and services provided. The inspectors found evidence of good practice in a range of areas. Staff interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

The actions from the previous inspection had been completed. The inspectors identified further actions on this inspection. Areas for improvement identified on this inspection included:

Contracts of care
management of complaints
staff files and training
notifications
management of residents' finances.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
As part of the inspection process the inspectors reviewed the statement of purpose and found that it consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are to be provided for residents. It also contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The statement of purpose was kept under review and updated at intervals of not less than one year.

During the course of the inspection inspectors observed staff interacting with the residents in a manner which showed that the aims, objectives and ethos of the centre were clearly implemented by staff.

Judgment:
Compliant

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 was a clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre. This included a nominated provider, person in charge and a clinical nurse manager. The nominated provider and person in charge had changed since the previous inspection. There was also a group director of nursing who had remit over the three centres of the Health Service Executive in this area.

This director of nursing was an additional support to the person in charge and she was also listed as a person participating in the management of this centre. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

The person in charge and clinical nurse manager demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. They demonstrated a sufficient knowledge of the legislation and their statutory responsibilities according to the Regulations. They were actively engaged in the governance, operational management and administration of this centre on a daily basis.

The clinical nurse manager worked on the floor both day and night supervising staff and directly in the delivery of care to residents. The inspectors viewed audits completed by the person in charge which included medication management, nutrition, restraint, hygiene, and food satisfaction surveys.

Staff confirmed to inspectors that audit results were discussed at handover meetings and staff meetings. Staff also informed inspectors that the person in charge would enable staff do carry out their own audits in order for staff to learn from their own self assessments in relation to pertinent areas of care for residents.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. Inspectors saw that a quality improvement plan as a result of the annual review had been developed for 2015 which included action plans, responsible persons and dedicated timeframes.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A guide to the centre was available to residents. Each resident had an agreed written contract that included details of the services to be provided for that resident. However, inspectors reviewed a number of contracts as part of the inspection process and found that, while each resident had a contract, not every contract clearly set out the fees being charged. Staff advised inspectors that certain services, such as transport and hairdressing, had once been provided at no extra charge to residents. These services were no longer included and existing contracts had not been updated appropriately to reflect this. A handwritten note had been added to a number of the existing contracts to reflect this but it was unclear:
•whether the resident was aware of this amendment,
•when it was made or
•by whom.

Judgment:
Non Compliant - Moderate

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

Findings:
The person in charge had changed since the time of the last inspection. The current person in charge has worked in the service for many years and is full-time in this role. She was suitably qualified and experienced with the authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure in place to support the person in charge.

The inspectors spoke with staff and residents, and found that there was a clear reporting mechanism and management structure in place. The inspectors were satisfied that the management arrangements in place ensured that the assessed needs of residents were being met and monitored

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

As part of the inspection staff files were reviewed and were found to be not in compliance with the requirements of regulation, for example in one file viewed the Garda vetting form was incomplete and in another the work history of the staff member was not complete.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:
To date notification of a proposed absence of the person in charge has not occurred however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.

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:
As on the previous inspection, inspectors were satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on safeguarding vulnerable persons at risk of abuse dated 2014. The inspectors spoke with staff members, who had good knowledge of the reporting procedure, and what to do in the event of an allegation. Inspectors saw that 100% of staff had up to date training in abuse. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The inspectors saw that assessments for the use of bedrails were being completed on residents and some alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. There was a restraint register in place. Inspectors saw that regular audits on restraint were being completed by the person in charge.

Efforts were made to identify and alleviate the underlying causes of any behaviours that may challenge. The inspector noted that there were multi-disciplinary support meetings taking place, where considerable efforts were made to identify the cause of increased patterns of behaviour for residents who presented with such challenges. Family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, as observed by the

inspector in nursing care plans. Throughout the inspection, inspectors observed that staff interacted with residents in a kind, caring, respectful and patient manner.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras at entrance and exit points.

Residents finances were examined and while there were policies, procedures and practices in place to keep residents' money safe, some gaps were evident in how the system is operated and maintained. Inspectors found that the residents finances were not held locally and while residents had access to their finances and the system was transparent, there was a delay in residents accessing funds.

Supervision of this process was disjointed in that no one person had oversight of the entire system over the two locations. In addition the system of monitoring residents finances within the centre was not subject to external review nor had the provider nominee performed any audit of this system.

Judgment:
Non Compliant - Moderate

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:
As on the previous inspection the inspectors found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector saw that the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a risk register in place which was reviewed on a regular basis by the management team. The inspector saw that all risks which had been identified on the previous inspection had also been included. Inspectors saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings.

The inspector found that there were comprehensive details of the situation and the actions taken at the time. There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every three months thereafter.

Falls and incidents reported were reviewed and satisfactory measures were in place to mitigate all risks associated and identified further to incidents which took place. For example, residents assessed at high risk of falling had appropriate supervision in place, and the inspectors saw that communal sitting rooms were well supervised and diversional activity on going at the time of the inspection.

Equipment used for moving and handling such as hoists were available and were serviced regularly. The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

Inspectors saw that regular hygiene audits were completed. Inspectors observed that the environment was clean. 50% of staff had completed recent hand hygiene training. Overall satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infection.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspectors noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place and the fire alarm was tested and serviced on a regular basis.

There was a centre-specific health and safety statement in place which had been reviewed in January 2015. There was a centre-specific emergency plan that took into account all emergency situations. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, restraint, continence, moving and handling.

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):
No actions were required from the previous inspection.

Findings:
As on the previous inspection the inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication

management. The inspector saw that practice was supported by a comprehensive medication management policy. The inspector reviewed a sample of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The inspector saw that medication charts were printed and were easy to decipher.

All prescriptions were signed by the relevant General Practitioner (GP) and were reviewed at the required three month intervals. The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medications requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

Medication prescribed on an "as required" PRN basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined. Medication that had to be administered in crushed format was appropriately prescribed where this applied. All medication was reviewed by the prescribing doctor every three months or more frequently when a change in the resident's health occurred. The inspector saw that medication management audits were being carried out on a regular basis by the person in charge and any deficits were actioned. All staff nurses involved in the administration of medications had undertaken medication management training.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector. However the inspectors noted that the centre had failed to submit quarterly notifications for the first six months of 2015 as required by the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of

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

Theme:
Effective care and support

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

Findings:
There was evidence that timely access to health care services was facilitated for residents. The person in charge confirmed that a GP was attending to the needs of all residents. Inspectors spoke with the GP during inspection and found that he delivered a person centered service to all residents. The person in charge told inspectors that an "out of hours" GP service was rarely used as the same GP would often visit residents out of hours when required. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including physiotherapy, podiatry, dietetics, speech and language, psychiatry of old age and dental.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used and on going monitoring of falls, weight, mobilisation and, where appropriate, pain. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and for the most part was reviewed no less frequently than at three-monthly intervals. The inspector reviewed the use of restraint within the designated centre, and found them to be risk assessed in line with best practice. There was evidence to show that the use of bed rails had this clearly outlined in their care plan. There was evidence of alternatives tried and of to ensure residents' safety. The inspector found that any clinical risk for individual residents had been appropriately assessed and managed. Other specific areas of risk or care had been adequately assessed and managed and evidenced in individual residents care plans.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and was reviewed on a regular basis.. This was augmented by an enhanced falls risk assessment where appropriate. Care plans were developed based on these assessments. Preventative measures, such as hip protectors and regular environmental checks, were implemented. The person in charge confirmed that the incidence of falls was monitored on an on going basis.

The inspectors were satisfied that residents' social care needs were being met within the designated centre. There were two full time staff dedicated to running activities and meeting the social needs of residents. The inspector found that each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their individual interests and preferences. The inspector spoke with the two activities staff, and reviewed documentation and found that residents' social care needs were assessed and planned. The inspectors saw a number of life stories for individual residents which detailed important memories and milestones in their lives.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs were reflected in the person-centred plans for residents'. Inspectors generally were satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
As on the previous inspection the inspectors were satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. It was purpose built in 2012. It is divided into two units. One unit comes under the auspices of psychiatry of old age and Abbeygale House is a 30-bedded unit dedicated to older persons services.

The location, design and layout of Abbeygale House is suitable for its stated purpose There are 24 single en suite bedrooms and two three-bedded en suite rooms with dimensions to meet the requirements of the National Quality Standards for new buildings. It is a split level building with Abbeygale House situated on the top level. The perimeter of the building is monitored by CCTV (closed circuit television) surveillance. The environment and decor was tranquil, well decorated and in a style which was

comfortable. There were large bright social rooms as well as areas for quiet reflection. Inspectors saw that the sitting rooms were located at the heart of the unit. Dining rooms were situated on either side of the kitchen. The visitors' room was located beside the reception area. Inspectors observed that it also contained a chair that can be converted to a bed for relatives who may require staying overnight. The sun rooms overlooked the landscaped garden areas.

There was a secure outdoor area which could be accessed from a number of points and garden seating was provided. There was a multi-denominational prayer room available on the ground floor, a therapies room and a fully equipped hairdressing salon. There was adequate storage space available and necessary sluicing facilities are provided. There was suitable heating, lighting and ventilation. There were thermostatic controls on the water systems. There was a separate kitchen with sufficient cooking facilities and equipment. There was suitable staff facilities for changing and storage. Overall, inspectors observed that the design and layout promoted residents' dignity, independence and wellbeing. On the day of inspection the building and surrounding grounds were clean and well presented.

The inspector reviewed documentation in relation to the maintenance and upkeep of equipment such as hoists, wheelchairs and beds and found them to be regularly serviced.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge explained that issues of concern are addressed immediately at local level without recourse to the formal complaints procedure. The complaints policy contained all procedures as required by the regulations including a named person to whom complaints can be made, a nominated person who would monitor that the complaints process was followed and recorded and an independent appeals process. The complaints process was displayed in a prominent position.

However, the inspector observed that while records of complaints were maintained the outcome of the complaint and whether or not the resident was satisfied was not recorded.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
A full thematic inspection on this Outcome took place in September 2014 where all lines of enquiry were confirmed and reviewed by the inspector. The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. This was evidenced by the intimate detail provided within individual end of life care plans and the person in charge had commenced an advance care register which was based on a specific pathway to end of life care.

Single en-suite rooms were available for residents at end of life. The advanced care planning documentation recorded residents' wishes regarding if they wanted to remain in the centre, an acute hospital or go home. There was unrestricted access for families of residents at end of life, with showering and dining facilities made available.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. A training programme had been provided to members of nursing staff in relation to a specific pathway in end of life and the framework approach to care.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
All lines of enquiry were followed during the most recent inspection of September 2014 relating to a thematic review of this Outcome and the provider was found to be in full compliance. Food and drinks were provided in quantities adequate for residents needs, and available on a regular and as required basis. Menus were reviewed and food options gave choice and variety, and were based on feedback from residents and inputs and review from the dietician. The inspector confirmed full compliance relating to this outcome, and there were no areas for improvement identified.

The inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received dietetic and speech and language (SALT) and/or dietetic review. The treatment plans for residents was recorded in the residents' records. Medication records showed that supplements were prescribed by a doctor and administered appropriately

The inspectors observed mealtimes including mid morning refreshments, lunch and tea. Due to residents dependency levels and the need for assistance with eating, a number of residents were assisted with their meals at their bedside. In addition there were two dining rooms, one for residents who required assistance with eating and the second dining area for residents who could eat independently. The tables were set in an attractive manner. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Staff were observed assisting residents in a sensitive manner. There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation during the inspection.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
The inspector was satisfied that all staff treated residents with dignity and respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by management and all staff interacting with residents.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged and facilitated. A private visitor's room was available.

Residents' meetings took place within the centre and the inspector read the last minutes. The person in charge told the inspector that any issues raised by residents for example, in relation to food or laundry were addressed at local level.

It was noted that residents' choice and independence was promoted and enabled and this was confirmed in conversations with residents. As outlined under Outcome 11 residents had opportunities to participate in activities appropriate to their interests and preferences. Residents were observed engaged in a variety of activities with the activities coordinators such as, reading, watching television or entertaining their visitors. Religious services were provided and staff confirmed that residents liked to attend mass in the oratory provided downstairs.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors noted that there is adequate space provided for residents' personal possessions. Each resident has their own room with a wardrobe and bedside locker. This allowed residents to appropriately use and store their own clothes.

The person in charge informed inspectors that residents' laundry was laundered off site and the families of some residents laundered their clothing at home. There are

arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Inspectors noted there was a centre-specific policy in relation to the management of residents' personal property, which had been reviewed in June 2015. The contracts of care viewed by inspectors required that a list of personal possessions for each resident be maintained in their file. Inspectors saw that this was in place and that some files were in the process of being updated.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector examined the staff duty rota for a two week period. This described the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The inspector was satisfied that the number and skill mix deployed was adequate to meet the needs of residents. The provider outlined the staffing arrangements that will be in place to facilitate an additional nine residents. The inspector was satisfied with proposal put forward by the provider which included an increase in nursing, healthcare assistant, household and catering hours to meet residents' needs.

Good supervision practices were in place with the senior nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents. The person in charge was also noted to be involved on a daily basis and clear directional leadership and support was noted to be provided to care and ancillary staff by the management team.

The inspector saw and staff confirmed that regular staff meetings occurred. Staff whom inspectors spoke with displayed an appropriate knowledge of policies and procedures, for example the prevention of abuse, prevention of healthcare acquired infection and

fire.

Inspectors viewed a training matrix which listed the numbers of staff and the participation in training within the centre. Inspectors noted that while the overall levels of training for staff was quite high, a small number of staff had not received refresher training in behaviours that challenge. Overall, through discussion with staff , review of documentation and observation inspectors formed the view that staff were competent to deliver care and support to residents. A review of staff files was conducted as part of the inspection and this is dealt with and actioned under Outcome 5

Volunteers were being used within the centre, particularly on Sundays to assist residents who wished to attend religious services. Evidence was seen of Garda vetting being carried out for all volunteers who assisted within the centre.

Judgment:
Substantially 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:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate **Action Plan**

Provider's response to inspection report[1]

Centre name:	Abbeygale House
Centre ID:	OSV-0000743
Date of inspection:	06/10/2015 & 07/10/2015
Date of response:	06/11/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident contracts for services did not accurately reflect the charges to be paid for all services.

1. Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated

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

centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
A full review of all residents' contracts will take place. Those identified as requiring update in terms of charges to residents will be have the appropriate amendments included.

Proposed Timescale: 30/10/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff files reviewed did not contain all of the information required by Schedule 2 of the Regulations

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A full review of staff files has taken place. it is noted that 1 staff file did not have the Garda Clearance aspect fully completed and this is being remedied immediately.

Proposed Timescale: 19/10/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Supervision of the process in place to manage residents' finanaces was disjointed in that no one person had oversight of the entire system over the two locations. In addition the system of monitoring residents finances within the centre was not subject to external review nor had the provider nominee performed any audit of this system.

3. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The provider will ensure that an external bi annual audit of finances will take place in the unit. There is also an annual audit of resident's private property accounts carried out by Crowley's DFK chartered accountants Cork. A review of the process of ongoing management of finances in the unit will also take place in order to ensure appropriate oversight and compliance.

Proposed Timescale: 19/10/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Quarterly report for the first six months of 2015 were not submitted.

4. Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
The Quarterly Notifications and 3 day notices will be submitted as required by regulation

Proposed Timescale: 31/10/2015

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector observed that while records of complaints were maintained the outcome of the complaint and whether or not the resident was satisfied was not recorded.

5. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A review of the complaints process has been undertaken to ensure outcomes and residents response to outcome is appropriately documented.

Proposed Timescale: 07/10/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff had not received refresher training in behaviours that challenge.

6. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Education in challenging behaviour will be initiated for all staff
All staff have manual handling training completed in last three years as per HSE regulations.

Proposed Timescale: 01/12/2015