

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Centre address:	Dublin Road (N5), Castlebar, Mayo.
Telephone number:	094 902 5029
Email address:	info@abbeybreaffy.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	AbbeyBreaffy Nursing Home Limited
Provider Nominee:	Maureen Collins
Lead inspector:	Geraldine Jolley
Support inspector(s):	Pj Wynne
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 February 2017 09:30 To: 07 February 2017 18:30

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	Substantially Compliant
Outcome 03: Information for residents	Compliant
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	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was announced and took place over one day. The purpose of the inspection was to inform a registration renewal decision following an application made by the provider. The inspectors observed the delivery of care, the service of meals and the activities provided during the inspection. A range of documentation that included care plans, accident/incident reports and policies and procedures were reviewed. The inspectors talked with residents, visitors, staff, the provider representative and the person in charge. The premises layout, standard of decoration

and maintenance together with health and safety matters were also inspected.

The centre was well organised with a varied skill mix of staff scheduled for duty each day to meet the needs of residents. There was good emphasis on promoting residents' independence. The inspectors were told by residents that they had access to physiotherapy sessions and were encouraged to do as much as possible for themselves. Systems were in place to ensure a safe environment was provided for residents. The centre had a controlled entry system and there were policies, procedures and practices in place to assess, monitor and analyse potential risks so that control measures were put in place to minimise potential risks.

AbbeyBreaffy is modern building that is purpose designed to meet the needs of dependent persons. It is located in a rural setting and is surrounded by spacious gardens on several sides, some of which are enclosed and can be used safely by residents. There were many features that supported good care practice, reflected good dementia care design and that promoted independence. These features included different colours on door handles to some bedrooms to enable residents to find their rooms, handrails that are clearly visible, good levels of lighting and a range of areas where residents can sit together, where they can take part in activities or sit quietly.

Bedrooms were spacious and met the minimum size requirements. All rooms were noted to be well furnished and had ensuite facilities. It can accommodate fifty five residents who have long or short term care needs. Care is provided for residents who have dementia, convalescent or palliative care needs or who have problems related to acute illness, brain injury or strokes.

There were fifty residents accommodated during the inspection. Thirty were assessed as having maximum or high dependency care requirements, fourteen were of medium dependency and the remainder had low level care requirements. Almost half had problems associated with dementia. The inspectors found that there were good working relationships established with the primary care team and also with specialist services such as the teams for old age psychiatry and gerontology to ensure that residents were assessed appropriately and had treatment options that enhanced their quality of life. For example where residents had difficulties with memory or with changing behaviour patterns the inspectors saw that reviews had been undertaken in a timely way and underlying causes explored and relayed to staff to support them to provide care effectively.

Ten residents and five relatives completed pre-inspection questionnaires that provided feedback on the service as they experienced it. The information provided indicated that residents and relatives were satisfied with the care and services provided. They were particularly positive with the information provided at the time of admission and their introduction to the centre. Relatives conveyed that staff welcomed them when they visited and indicated that if they wished to discuss an issue that staff were readily available and well informed. Residents were satisfied with the activity schedule, the menu and food choices available and the freedom they had to go out with friends and relatives. They knew who to approach if they had a concern or a complaint and the majority indicated that they were aware of

their rights and had been given information such as contracts and the residents' guide.

Inspectors spoke with residents on the day of inspection and while some residents were unable to express their views due to memory problems or the complexity of their cognitive impairment, residents indicated satisfaction with the quality of care, the facilities and service provided in the centre. They liked the open and bright sitting areas and described staff as "kind and willing to help" and "always around to see that we are well".

The fitness of the provider representative and the person in charge has been determined by interview during previous registration inspections, ongoing regulatory work that included unannounced inspections, ensuring good compliance with regulations and taking action on issues identified during inspections. The provider and person in charge were clear about their commitment to providing a good quality of life for residents, to ensuring that staff had appropriate skills and training for their roles and residents were safe and well cared for and conveyed this during interviews and through information provided during the inspection.

An unannounced monitoring inspection was carried out on the 3 February 2016. The five areas that required review from this inspection and which related to radiator temperatures in some areas, the use of communal areas and the closed circuit television system had been addressed.

The inspectors found that there was a high level of compliance over all the areas inspections with no moderate or major non compliances identified in any area. There were some areas where improvements were required and these included records completed by nurses to convey the daily health and condition of residents and records of residents' meetings to ensure the format and language was accessible to all residents. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 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:

There is a written statement of purpose in place which accurately describes the service and facilities that are provided in the centre. The inspectors observed that the operation of the service reflected the information outlined including the staff allocation and the way complaints were managed.

The required information listed in Schedule 1 of the Regulations was included in the statement of purpose.

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:

The registered provider has an established structure for the management of the centre

and this was evident in the day to day activity. The lines of authority were evident and staff were aware of who was in charge and how to report through the senior management structure. There was an established communication system between the provider representative, the person in charge and the managers who had responsibility in the absence of the provider or person in charge. The inspectors observed good communication between the staff team and senior staff.

There were systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and regularly monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and procedures that required attention to infection control protocols.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. The person in charge is supported by two other managers and all were aware of their responsibilities in relation to their areas of work.

There was an annual review of the quality and safety of care delivered to residents, and there was evidence that this had been completed in consultation with residents as required by regulation 23-. The report described a range of areas that included when policies and procedures were reviewed. It described that residents had been consulted about how the service operated. Feedback had been provided to residents during residents' committee meetings the inspectors were told. The format of the report required review to ensure that the information relayed is provided in a format that residents find meaningful. For example, while factual information was described the impact and meaning of this was not evident and where improvements were made as a result of residents' comments these were not described.

Judgment:
Substantially 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:
An inspector reviewed a sample of residents' contracts of care and found that there was

an agreed written contract in place that included details of the services to be provided, the fee to be paid by residents and the services that incurred additional charges.

Contracts were signed by residents or their representatives and any increase in fees was communicated when this applied.

A resident's guide that described the facilities, procedures such as complaints and social care arrangements was available and provided to residents at the time of admission.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had been in post since 2010. She holds a full-time post and she is supported in her role by two senior managers one of whom is a nurse and the other is manager of the household staff and coordinator of social care. The provider representative also works full time in the centre and provides support to the team. The person in charge is a registered general nurse and has a post graduate Diploma in Gerontology and a Masters degree in Health Sciences (Specialist Nursing).

She was assessed as appropriately qualified and experienced to be the person in charge at the time of initial registration and has continued to display competence in her role. She has developed her professional portfolio by attending training courses and conferences on topics that included dementia care, responsive behaviours, and nutrition and wound care. Her knowledge on adult protection, safe moving and handling and fire safety and her professional registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were all in date.

During interview, the person in charge described the arrangements in place for the assessment and admission of residents. She said that prospective residents and their families were encouraged to visit the centre to become familiar with the layout and to ensure that it met their needs. As many residents had a range of complex needs and were in advanced old age this was important as it helped to reduce anxiety about the move to nursing home care. All residents had an assessment prior to admission to ensure that the centre could provide appropriate care and had any specialist equipment in place.

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):

No actions were required from the previous inspection.

Findings:

The administration systems of the centre were well organised and the required records were maintained and available for inspection. The inspectors found that the majority of records were maintained in a manner that ensured completeness, accuracy and ease of retrieval.

The inspectors reviewed a range of records that included the directory of residents, a sample of staff personnel records, nursing care documents, incident reports, medication records and the record of complaints.

Inspectors examined the documents to be held in respect of four persons working at the centre and found that all documents as required by current legislation were in place. The person in charge and provider confirmed that vetting disclosures were in place for all staff.

The only record that was noted to require attention was the record of residents' health and condition that is required to be maintained daily by nurses in accordance with Regulation 21-Records (schedule 3). Care records are maintained on a computer programme and there were a range of care plans for all residents that described their health situation and social care provision. There were periodic evaluations of each care plan and there was a record of the interventions undertaken by care staff daily that included personal care delivered and other aspects of care such as continence management. However, there was no daily overview of each resident's health and condition and treatment given completed by nurses in accordance with professional guidelines as described in Schedule 3 – Records to be kept in a designated centre in respect of each resident.

All of the written operational policies as required by Schedule 5 of the Regulations were available and provided guidance to staff on how to manage a range of situations in

accordance with good practice.
Judgment: Substantially Compliant

<i>Outcome 06: Absence of the Person in charge</i> <i>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.</i>
Theme: Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge where this is proposed to be for a continuous period of 28 days. No notifications of absence had been required since the last registration.
Judgment: Compliant

<i>Outcome 07: Safeguarding and Safety</i> <i>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.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: There were measures were in place to protect residents from harm and from abuse. The inspectors found that all staff had been provided with training and information on the prevention and detection of abuse. Staff the inspectors talked to were confident in their knowledge and said they felt they would recognise an abuse situation. They could describe possible signs and symptoms of abuse such as anxiety, tearfulness and unexplained distress. They were clear about the procedures in the centre and their role

and responsibility to report any incident or suspected incident of abuse.

Adult protection incidents reported to HIQA during 2016 were recorded, investigated and notified to the safeguarding team who provided guidance where required. There were plans put in place to safeguard residents and where issues had arisen between residents there were accounts of how the situations had been managed and how residents' care needs had been addressed. The person in charge and provider were familiar with the role of the Health Service Executive (HSE) policies on adult protection and the role of the case worker for adult protection. The inspectors viewed training records and these confirmed there was an ongoing programme of refresher training in protection and abuse. All staff had attended training on varied dates during 2016 or on 2 February 2017.

The inspectors discussed with staff the prevalence and management of responsive behaviours. Staff said that this was only an occasional problem and was usually related to fluctuating mental health conditions or dementia. They confirmed that they had attended training /courses in dementia care and that they were able to assess changes in mood that could contribute to changes in behaviour or distressed behaviour. They maintained records of altered behaviour patterns and could describe strategies for managing such behaviours successfully. These included ensuring that residents were kept active, purposefully engaged and reassured when they became distressed. Staff said they had support from the team for old age psychiatry when they needed additional expertise and where specialist interventions were put in place these were relayed to staff at handovers.

During conversations residents told inspectors that they felt safe and that staff cared for them well. Staff were described as "helpful and kind". Two residents told an inspector that staff were around all the time and that they kept "any eye on what was going on". Another said that "there is always staff we can call on and the home is well organised and clean".

There was emphasis on promoting a restraint free environment and there had been a gradual and sustained reduction in the use of bedrails over the past few years. The use of alternative safety measures such as sensor alarms and low level beds had contributed to this change. Bedrails were used by a small number of residents at their request.

There were procedures in place to ensure residents' property and finances were managed appropriately and accounted for in a transparent manner. The arrangements to administer any money held on behalf of residents were clear and there was a record of all transactions. The inspector was informed that management of the centre do not act as an agent for any residents.

There was a visitors' record in place as required and this is located at the reception area. It enables staff to monitor the movement of persons in and out to ensure the safety of residents and the security of the building. This was noted to be complete and was signed by all visitors to the centre on arrival and departure. Residents confirmed that they felt safe in the centre and said they could not identify any problems that they had in this area.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management***The health and safety of residents, visitors and staff is promoted and protected.*****Theme:**

Safe care and support

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

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

Findings:

The health and safety of residents, visitors and staff was promoted well in this centre. There was an up to date health and safety statement that outlined the organisation's commitment to safe work practice. A range of environmental and clinical risks were identified and the procedures for the management and control of risk were implemented and supervised by the provider representative, person in charge and support services manager. All staff were observed to implement appropriate safety measures in their areas of work. For example, household staff were observed to ensure that cleaning materials and cleaning trolleys were in view of staff and did not create a hazard by obstructing hallways. Catering staff were familiar with the health and safety guidance they had to observe in relation to food management and care staff observed good infection control measures when moving around the centre by ensuring they washed their hands before moving from one area to another and when dealing with laundry. Staff interviewed told inspectors that they had attended training in infection control and hand hygiene.

Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, compromised nutrition, weight management, skin and pressure area risks. There were measures in place to identify changes and prevent deterioration to ensure the well being of residents. The record of accidents and incidents was reviewed and the inspectors found that incidents were described well and that neurological observations were completed following unwitnessed falls or falls where a head injury had occurred to monitor neurological function and detect change expediently to prevent further complications. However accident records were noted to require review where residents had more than one fall particularly within a short period of time. For example, the inspectors noted that where a resident had a series of falls an injury noted two days after one fall was not reviewed in the context of the range of events that had happened and did not take into account a medical assessment undertaken. The way incidents are recorded should be reviewed and all incidents that relate to a resident should be examined individually and collectively to identify possible causes, assess injury that becomes evident after the event and to prevent further episodes. Injuries that become apparent following any fall should be reviewed in the context of the overall health and condition of the resident and all recent events.

There was good emphasis on promoting independence and staff used equipment such as walking aids to support residents as they encouraged them to walk around the centre. Staff had the support of a physiotherapist who advised on mobility and on exercises suitable to the needs of residents. Moving and handling assessments were available for all residents and the number of staff required to assist as well as the equipment needed to undertake manoeuvres safely was described. All staff had up to date training in moving and handling and in the use of the hoists. The dates of training outlined in the training record conveyed that staff completed training within the three year timeframe.

The action outlined in the last inspection report in relation to risks presented by hot radiators had been addressed. Radiators checked were noted to operate a safe temperature that did not present a burns hazard.

The building is modern and designed to meet the needs of dependent persons. Hallways are wide and well lit enabling residents and staff to use equipment safely. The standard of cleanliness and maintenance was noted to be good and all areas were free from obstructions that could pose a risk to residents. Equipment was stored in designated areas and was left ready for use. There was a call bell system available in bedrooms and communal areas. Handrails were provided in hallways and were easily visible to residents.

Resident's mobility and moving and handling needs had been risk assessed to indicate the equipment necessary and the number of staff required to ensure safe transfers. Care plans based on these assessments were in place to guide staff actions. Manual handling practice observed by the inspectors during the inspection was safe and staff had completed training in moving and handling within the required three year time frame.

Restraints measures that were in use included bed rails and lap belts and these were used to enhance residents' safety and security. Some were used at residents' own request. There were assessments available that outlined why the measures were in use and the information recorded indicated that other measures had not proved successful in achieving appropriate levels of safety. Lap belts were usually part of the specialist chairs in use and these had been assessed as suitable for residents' comfort and posture. All restraint measures were notified in the quarterly notifications to HIQA as required.

There was a plan and procedure in place to guide staff in an emergency situation and if they had to respond to an untoward events. The plan outlined the procedures to follow in the event of fire, flooding or other adverse event. There were contingency arrangements in place should the building need to be evacuated and a place of safety in such an event was identified.

A missing person policy was in place to guide staff actions should a resident leave the building unnoticed. There were recent photographs available for residents to include with other information if a missing person report was required.

Adequate procedures for fire detection and prevention were in place. The inspectors

reviewed service records which showed that the fire alarm system, emergency lighting and fire alert equipment were regularly serviced. Daily inspections of fire exits were carried out and the inspectors saw that fire exits were clear and unobstructed. There were training records available which confirmed that the majority of staff had attended training on fire prevention and evacuation during 2016 and 2017. Staff interviewed were familiar with the actions they were required to take when the fire alarm was activated. A short summary that described residents' support needs was available to guide staff should evacuation of the centre be necessary. The centre had signage in place to direct residents, staff and anyone in the building to the nearest exit in the event of a fire and signs were prominently displayed throughout the building.

Fire drills were organised at regular intervals to ensure that staff were familiar with the fire procedures. Staff confirmed to inspectors that they responded to the fire alarm when it was activated and followed any instructions issued. The inspectors noted that fire drill events were recorded together with the names of staff who attended.

The fire alert equipment, emergency lights, fire extinguishers and fire doors were checked and serviced regularly according to the records available. The required record of all fire equipment in the centre was also available.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were safe procedures in place to ensure safe management of medicines. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards were in place. The medication administration records were clear and the required information including photographs of resident was available. Medicines that were no longer required or were discontinued were signed off to indicate the regime was complete. The inspectors found that resident's medicines were reviewed regularly by doctors. The original prescription was available with the administration records.

Safe storage arrangements were in place and medication trolleys were locked and stored securely.

The nurses administering medication were knowledgeable about the medicines being

administered. Residents who required special arrangements such as medicines to be administered in crushed format had this direction outlined on their medication record. Nurses confirmed that they undertook refresher training in medicines management.

Controlled drugs were stored in drug cabinets that conform to statutory requirements. A controlled drug register was maintained and these medicines were checked by two nurses when administered and at each shift change in accordance with the Misuse of Drugs (Safe Custody) Regulations, 1984. One of the inspectors checked the controlled drugs register and found that it was accurate and reflected the exact amount of controlled drugs in the centre.

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 was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents that occurred in the centre had been recorded and nurses and managers were aware of the incidents and the timescales that applied to the notification of particular incidents.

The quarterly reports had been submitted and contained the required information.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

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

Findings:

At the time of this inspection there were 50 residents living in the centre, 30 of whom had maximum or high dependency care needs, 14 were assessed as medium dependency and the remaining six had low level care needs. Residents had a mixture of age related medical conditions and twenty three had a diagnosis of cognitive impairment or dementia.

The inspectors reviewed a sample of residents' care plans, discussed with residents and staff how care practice was managed and reviewed the arrangements for medical and allied health professional input to assess the quality of health care provided. The inspectors found that staff were well informed about the day to day personal and health care needs of residents. Care plans reviewed and observation and examination of care practice confirmed that the nursing and medical care needs of residents were assessed and that appropriate care interventions/treatment plans were implemented. There was good support from primary care services and doctors visited the centre regularly to review residents' health conditions and medicines. The provider had arrangements in place for specialists that included a geriatrician and the team for old age psychiatry to assess and review residents when required. There was also input three times a week from a physiotherapist who undertook assessments, treatment programmes and exercise sessions with residents.

All residents had a care plan and these were maintained on a computer programme. This was well understood by the staff team and care staff had access to portals where they could record their interventions and contacts with residents. An inspector was shown how assessments, care plans, reviews, accidents and incidents were recorded on the system. Residents had an assessment prior to admission and some residents confirmed that they had met staff from the centre before they came in who explained varied aspects of the service and provided information to them and their families. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine risk in relation to areas that included falls, vulnerability to the development of pressure area problems and poor nutrition. Care plans for residents with dementia described the condition and associated problems such as orientation levels and communication capacity.

The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspectors found that there was good information that reflected a person-centred approach to care had been adopted. Residents were able to get up at times that suited them and could choose to take part in activities or absent themselves from planned activity. Their personal choices were recorded to inform staff. There was evidence of consultation with residents in the majority of care plans reviewed. Relatives' feedback indicated that they had been informed about care plans at the time of admission and when changes in care needs were evident. Care plans were reviewed at the required four monthly intervals. An action plan in the last report outlined that a care plan had not been completed for a specific condition. This had been addressed and the inspectors saw that care plans were in place for specialist care needs that included dementia and short and long term conditions.

Nurses confirmed that they meet with relatives to discuss care plans and residents' progress and well being. The inspectors found that care plans were updated during periods of illness and when respiratory or other infections were present.

There were no wound care problems related to pressure wounds. There were appropriate care plans in place to address circulatory and venous ulcers. The wound care records provided information on how wounds were cleaned and dressed. The advice of a dietician had been sought to support the healing process and her recommendations were being followed by staff. There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and nurses were confident that a referral for specialist advice would be made if weight loss or gain was persistent or unplanned.

From the documentation, information received from residents and observation in the centre the inspectors saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Residents told the inspectors about participating in different activities which were meaningful such as baking, discussing the news and listening to and participating in music sessions. The support services manager organises the activity schedule and all staff are engaged in the provision of activities. Staff used their knowledge of residents' past interests and hobbies to engage them in activities and to plan the schedule. The inspectors observed that there was sufficient staff available to provide one to one interaction for residents who did not take part in organised activity or who spent time in their rooms.

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

Findings:
AbbeyBreaffy is modern building that is purpose designed to meet the needs of dependent persons. It is located in a rural setting and is surrounded by garden on several sides. Some of the garden spaces are enclosed and can be used safely by

residents. There were many features that supported good care practice, reflected good dementia care design and that promoted independence. These features included different colours on door handles to some bedrooms to enable residents to find their rooms, handrails that are clearly visible, good levels of lighting and a range of areas where residents can sit together, where they can take part in activities or sit quietly.

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

There was appropriate equipment in place to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Walking aids and appliances such as hoists and wheelchairs were in good condition. Call bells were readily accessible and staff left call bells within easy reach of residents who spent time in their rooms.

The inspectors noted that there were a number of features that reflected good practice in dementia care design. Windows were at a low level so that residents could see out easily, there was contrast in the colours of floors, walls and hand rails and there was signage to direct residents to the varied areas around the building. Signage was meaningful and an example was a sitting room identified by a photograph of a sofa. One sitting room had a range of sensory equipment and another had domestic style features to prompt memory such as a fire place, a display of crockery and old style pictures and photographs.

Many residents liked to sit in the reception/foyer during the day and some told inspectors they liked to see people coming and going. An action plan in the last report identified that the use of this area required review particularly for the use of activities as it was noted to be crowded and noisy at times. During this inspection residents were noted to be comfortable here and to be able to take part in activities undisturbed.

There were a range of other facilities that included rooms for treatment/clinical care, storage, administrative offices, cleaning and sluicing facilities. All were noted to be appropriately equipped and well organised. The kitchen and dining area is located centrally. The dining room was noted to be well used by residents at all meal times and there was a good allocation of space between dining tables to enable residents to use equipment and to move around safely. A separate laundry room was available which provided adequate space to comply with best practices in infection control.

Adequate car parking is available to the front and side of the centre.

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):

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

Findings:

The inspectors found that the requirements of regulation 34- Complaints Procedures were in place and information on how to appeal if not satisfied with the outcome of the centre's investigation was available. Relatives and residents confirmed in feedback questionnaires that they were aware that there was a complaints procedure in place. Residents told inspectors they would approach the person in charge, the provider or any member of staff should they have concerns. The complaints procedure was prominently displayed.

The inspectors saw that complaints were responded to promptly and that all complaints were acknowledged. The outcomes of investigations were recorded and there was a conclusion indicating if the complainant was satisfied. There were no active complaints at the time of the inspection.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were no residents in receipt of end of life care at the time of inspection. An inspector discussed end-of-life care planning with nurses and reviewed some of the care plans that had been completed. Nurses gave good accounts of how end of life care was addressed, the supports provided to residents and their families at this time and the spiritual care provided. There was good evidence that frail residents received appropriate care. Pain relief needs were well managed and interventions were described in care records.

Some residents had outlined their views and wishes in relation to how their care was to be managed at this time. This information was recorded and included consideration residents were giving to organ donation and to resuscitation in time of medical crisis. Nurses had readily accessible information on the resuscitation status of residents and this was reviewed with doctors and discussed with family members. There was an end-of-life care policy in place to guide staff practice.

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:

The inspectors found that the arrangements in place to provide residents with a varied and balanced diet met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional requirements and intake. Residents' food preferences were identified and catering staff were informed about specialist needs. Residents said that menu choices and food were discussed at residents' meetings.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of food and hydration, medication management and the care of residents with conditions such as diabetes. Catering staff were well informed about residents' choices and preferences. They were provided with each resident's menu choice for the day and prepared food accordingly. There were two choices at each meal time and the menu operated over a three week cycle.

Residents expressed very positive views about the food served. They described the catering staff as helpful and keen to ensure that they enjoyed their food. Three residents said that they were offered alternatives if they did not like the menu choices on offer or were not feeling well and did not want a full meal. The different choices available were observed at lunch time when roast turkey and salmon dishes were on offer.

The inspectors observed two meal times and found that food was attractively presented and served in variable portion sizes to meet residents' choices. Staff were observed to support residents effectively at meal times and to encourage residents to be as independent as possible. The inspectors noted that plenty of time was devoted to main meals, residents were not rushed and staff were available throughout all meals to assist and support residents where necessary. There were snack foods available between meals to ensure sufficient or optimum calorific intake, particularly for residents who required fortified diets. The inspectors saw residents being offered drinks throughout the day. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

During lunch and tea time staff were observed to consult with residents and to remind them what was on the menu and what choice they had selected. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed monthly and those at risk or where fluctuations upwards or downwards were a concern were reviewed on a more frequent basis. Evidence was available that nutritional risk assessments were used to identify residents at risk of malnutrition.

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

Findings:
There was evidence that the person in charge and staff team encouraged and facilitated good communication among residents, staff and relatives. Information supplied to the inspectors from residents and from feedback questionnaires conveyed that residents generally knew their rights and felt free to query anything they did not understand.

There was a relaxed atmosphere throughout the centre and residents were observed to use all the communal areas well while relaxing, reading the paper or listening to the radio. Some residents told inspectors that they had a choice in the way they spent their day and could choose whether to join in an activity or to spend quiet time in their room.

There was a range of activities available to residents. An activity coordinator and carers on duty daily facilitated the activity programme. A range of reminiscence material was available to prompt conversation. Inspectors observed that staff interacted positively with residents, greeted them when they entered rooms and were at all times cheerful and pleasant. The inspectors observed that staff respected residents' privacy at appropriate times.

Residents had access to television, radio and local and national newspapers.

The person in charge said the contact details for independent advocacy services were available. No residents were presently accessing this service.

Inspectors were satisfied that residents were consulted about the organisation of the centre. Regular meetings for residents were organised. The inspectors viewed the meeting records and found that there was good participation from residents who commented on varied aspects of the service. Residents told inspectors that they liked the privacy of their rooms and that staff alerted them by knocking on doors before they went in. Some residents commented that they would prefer to be at home but realised they could not manage and felt that the centre offered the best option for them. The records of residents meetings were noted to be somewhat businesslike and clinical in tone and the way information was conveyed required review so that it was conveyed in a meaningful format that was clear and understandable for residents and reflected their views and the discussions that took place.

There was CCTV (closed circuit television) in operation throughout the centre. This was present in all communal areas with the exception of the dining room, at exits, entrances and in hallways. The system was only viewed by senior staff and was password protected. Recordings were stored for 30 days. An action plan in the last report required that the presence of this equipment needed to be highlighted more clearly so that residents and others were always aware that it was in use. This action had been addressed and there was more visible signage on display to indicate where the CCTV was in use.

Judgment:
Substantially 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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents had adequate storage space for their belongings and many had a range of personal possessions displayed in their rooms. A property record was completed by staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss. The centre provided a laundry service and except family members wished to do personal laundry clothing was laundered on site. There were staff assigned to the laundry each day of the week and there was appropriate equipment available to ensure that laundry was washed at appropriate temperatures and pressed effectively. Residents were encouraged to personalise their rooms and the inspectors visited rooms with personal photographs, pictures and other personal belongings.</p> <p>There was a policy on the management of residents' personal property. A record of each individual's property was completed on admission and was updated at regular intervals.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found that staff numbers and skill mix available during the day and at night could meet the needs of residents appropriately. All nurses on duty were on the active register maintained by An Bord Altranais agus Cnáimhseachais na hÉireann or the Nursing and Midwifery Board of Ireland (NMBI). The inspectors found that appropriate staff allocations were in place to address the business and administrative needs of the service. The inspectors reviewed staffing levels and discussed the staff allocation with</p>

the person in charge and the provider representative. They described how they allocated workloads and determined staffing requirements. There was a system in place to review staffing levels in the context of residents' dependency needs as assessed using an evidence based rating tool. The last review was undertaken on 31 January 2017.

There was a clear staff structure in place. The person in charge, her deputy and the support services manager supervised staff and ensured that personal care interventions, social care, the service of meals and refreshments and housekeeping duties were undertaken in accordance with care plans and with established procedures. On the inspection day there were three nurses on duty in addition to the person in charge. There was a support services manager and nine carers on duty and there were catering, cleaning, laundry, and maintenance and administration staff also available. Maintenance staff were available three days a week. The provider also worked full time and was available to provide advice and guidance to staff. The staffing levels were reflective of the planned and actual roster for the day.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff were well informed about the actions they should take and conveyed positive attitudes towards the care of older people. Staff told the inspectors that they were well supported, that a good team spirit had been developed and that senior staff provided good leadership and guidance. New staff had a formal period of induction to help them become familiar with residents, the overall routine of the centre, the layout of the premises and policies and procedures that informed practice.

There was a training programme in place and the inspectors found that staff were up to date with training and information on the mandatory topics of fire safety, moving and handling and adult protection/elder abuse. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had up-to-date mandatory training as documented in relevant outcomes above. The inspector reviewed the training records and found that staff had completed training on nutrition, food handling, dementia care, hand washing, falls prevention and infection control.

Staff were positive about the training they had received on end of life care and dementia care. They said that they had a better understanding of issues that residents might be concerned about in relation to end of life. They also said that they understood better why residents might have difficulty expressing themselves when they had confusion or dementia and this helped them in their day to day work when residents needed reassurance or showed signs of distress.

The inspectors reviewed a sample of staff files. All contained the required documentation described in Schedule 2 as necessary for staff working with vulnerable people.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Date of inspection:	07/02/2017
Date of response:	10/04/2017

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The format of the annual review required alteration to ensure that the information is relayed in a format that residents find meaningful. For example, while factual information was described the impact and meaning of this was not evident and where improvements were made as a result of residents' comments these were not described.

1. Action Required:

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

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

An annual review report of the quality and safety of care delivered was completed. A copy of this report is available to residents and was available on the day of our inspection on the 07/02/2017. Further to suggestions received from the Inspectors regarding having more narrative in our annual report. This will be brought to the next Residents Committee meeting in the nursing home to determine the residents views further on what they would like added/changed in the report.

Proposed Timescale: 30/04/2017

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:

There was no daily overview of each resident's health and condition and treatment given completed by nurses in accordance with professional guidelines as described in Schedule 3 – Records to be kept in a designated centre in respect of each resident.

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:

On a daily basis in the nursing home, Nurses complete daily flow sheets on all residents and progress notes, measurements, assessments and care plan reviews as required. Healthcare Assistants complete daily flow sheets on all residents, hourly check records, turning sheets and activity sheets. In addition to this, nurses are now making daily progress note entries outlining specifically the resident's health and condition and treatment given. Completed.

Proposed Timescale: 07/03/2017 Completed

Proposed Timescale: 07/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Accident records require review where residents had more than one fall particularly

within a short period of time. The way incidents are recorded did not include examination of all incidents that relate to the resident individually or collectively to identify possible causes, assess injury that becomes evident after the event and to prevent further episodes.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All incidents in the nursing home are documented. Any incidents related to falls, the resident is reviewed by a GP and Physio. First Contact is informed. Cannards falls assessment is completed and falls prevention care plan updated. In addition to these measures now, nursing staff will review and make a progress note post the incident in outlining the residents post incident review. Completed

Proposed Timescale: 07/03/2017 Completed

Proposed Timescale: 07/03/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The records of residents meetings were noted to be somewhat businesslike and clinical in tone and the way information was conveyed required review so that it was meaningful for residents, reflected their views and the discussions that took place.

4. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

We will review this at the next Residents Committee meeting to determine the resident's wishes on the minutes and how they are documented.

Proposed Timescale: 30/04/2017