Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	AbbeyBreaffy Nursing Home
Name of provider:	AbbeyBreaffy Nursing Home Limited
Address of centre:	Dublin Road (N5), Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 and 23 October 2018
Centre ID:	OSV-0000308
Fieldwork ID:	MON-0025361

About the designated centre

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

AbbeyBreaffy Nursing Home is a modern purpose-built facility that provides care for 55 male and female residents who require long-term care or who require short periods of care due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre is located in a countryside setting a short drive from the town of Castlebar just off the N5. The atmosphere created is comfortable and there is plenty of natural light in communal areas and in bedrooms. The facilities are accessible and in keeping with the assessed needs of residents. Bedroom accommodation consists of four double rooms and 47 single rooms of which 50 have ensuite facilities. There are toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are several sitting areas where residents can spend time during the day. There were dementia friendly features in place to support residents' orientation and memory and this included signage and items of memorabilia that included displays of china and old style equipment. An accessible and safe courtyard garden is centrally located and has been well cultivated to provide interest for residents.

In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing each individual with the opportunity of living life to their full capacity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 October 2018	18:00hrs to 20:30hrs	Geraldine Jolley	Lead
23 October 2018	08:30hrs to 11:30hrs	Geraldine Jolley	Lead
22 October 2018	18:00hrs to 20:30hrs	Ann Wallace	Support
23 October 2018	08:30hrs to 11:30hrs	Ann Wallace	Support

Views of people who use the service

The inspectors spoke with seven residents and with three visitors. Residents said they felt safe in the centre, had peace of mind and were well looked after by the staff. Residents also told the inspectors that staff responded to call bells promptly and that they did not wait long for staff to respond to their requests for help and support.

Residents said they could spend their day as they wished. Residents valued the privacy of the private space in their bedrooms and when they wanted company they enjoyed the activities organised in the centre.

They described the staff as very busy and said they had good relationships with staff who they said worked hard to meet their needs and to ensure their comfort.

Residents said that they were able to maintain their personal relationships with relatives and people who were important to them. They said visitors were welcomed at any time and while many chose to sit with their visitors in the communal rooms there was also a private area that they could use when they wished.

Residents said they were treated with respect. They said that staff knocked on bedroom doors and ensured they had privacy for all their personal care activities. Residents described having choices about their care and treatment and felt they could refuse care and interventions and their choices were respected.

Residents knew how to raise a concern if they were unhappy about the service being provided. They said they would talk to their carers or to the person in charge and felt confident that issues would be addressed.

Capacity and capability

There was a clear management structure in place with defined lines of responsibility and accountability. This was understood by staff who knew who to report to and the responsibility of the provider representative, the person in charge and support services manager.

The provider representative was based on site and was actively involved in the day to day running of the centre. The person in charge worked full time in the centre. and staff, She was supported by the support services manager.Staff, residents and visitors knew the person in charge and said she was readily available if they wished to talk to her. There was evidence of regular oversight of the delivery of care and the overall service provided to residents. For example, there were regular reviews of aspects of the service that included complaints management and incidents. There was clear evidence of changes being made in response to findings from incident reviews. This demonstrated improvement from the findings of the last inspection.

A review of a sample of staff records confirmed that the required schedule 2 documents were in place for all staff. The provider representative and person in charge confirmed that no staff were employed until vetting disclosures from An Garda Síochána (police) were obtained.

The inspectors found that the provider representative had a suitable complement of staff and a varied skill-mix available to meet the assessed needs of the residents taking into account the size, design and layout of the centre. There had been some turnover of staff in recent months. Records showed that staff recruited to fill vacant roles had received induction or were completing induction programmes. Time was allocated for them to work alongside an experienced carer or nurse to ensure they were familiar with the layout of the centre and residents' routines. The provider representative and person in charge had reviewed the staff allocation following receipt of information of concern that indicated that residents may have been subject to verbal abuse or poor treatment. The inspectors found that the issues raised were being investigated in line with the centre's own policies on Preventing Elder Abuse and Responding to Allegations of Abuse. In addition the provider representative had sourced external expertise to support the enquiry.

Regulation 15: Staffing

Inspectors found that there was an appropriate allocation of carers, nursing and

ancillary staff available to meet the needs of residents. The inspectors observed that residents had their personal care and requests attended to promptly during the evening and morning of the inspection. Rosters showed that there were two nurses on duty in the centre at all times.

Staff were supervised to ensure that they completed their duties to the standards expected. Staff received an annual appraisal and records showed that under performance such as high sickness absence were addressed through the centre's performance management processes. As a result staff demonstrated responsibility and accountability in their work.

The night duty roster had recently been reviewed so that two nurses were available to provide support and supervision of care staff on night duty.

The inspectors observed that staff engaged positively with residents and that staff and resident interactions reflected respect and empathy.Staff were familiar with residents' personal routines and ensured that residents were able to watch television, read their newspapers or go to their rooms at the times the residents chose.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for staff and care staff and staff records confirmed that staff had completed training on topics related to care including care of the elderly, communication, moving and handling, dementia care and infection control.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence that the centre had sufficient resources to ensure that care and services were provided in line with the statement of purpose. The premises were clean, tidy and well maintained for the benefit of the residents who lived there. The fixtures, fittings and equipment were in good condition.

There was a quality assurance programme in place to monitor and review the care and services provided for residents. The programme included incident reviews and audits of key clinical areas such as care plans and skin abrasions. The inspectors saw for example that following incident reviews prevention measures were put in

place to prevent a recurrence. This had been identified for attention following the last inspection. As a result, skin abrasions were assessed and reviewed by the person in charge who could then work with the occupational therapist and physiotherapist to advise nursing and care staff about the use of equipment such as wheelchairs and the correct position of footplates to ensure staff understood how to use equipment safely and prevent avoidable harm.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. The procedure was on display on the residents' notice board and was included in the residents' guide. The records showed that matters were addressed in a timely way and that anyone who made a complaint was advised of the outcome.There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

People were supported by care and nursing staff who knew residents well and could determine promptly when their care needs changed. Residents told inspectors that staff called doctors promptly when they were unwell. The service worked with health care professionals that included an in-house occupational therapist and physiotherapist and community specialists to ensure people's health and wellbeing was maintained and that people recovered their capacity after illness or incidents such as falls.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. A small sample of care plans was reviewed. The inspectors found that significant improvements had been made since the last inspection. There were good descriptions of residents'

backgrounds and lifestyles recorded to inform how care was delivered. Care needs and changes in health were regularly reviewed by nurses and medical staff. Residents and relatives told the inspectors that staff enquired about their health and arranged that they were reviewed promptly if they were unwell. Other changes such as weight loss or behaviour changes also prompted reviews. There were varied assessments completed including falls risk assessments and where risk or vulnerability was identified, there were care plans that described the measures to be taken by staff to promote health and prevent deterioration. Residents who refused care interventions intended to enhance their wellbeing had their choices recorded and respected. The daily life patterns and interests of residents were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests available to enable staff plan care in a way that reflected the residents' routines and lifestyles.

The inspectors reviewed the arrangements in place for the protection and safety of residents following the receipt of unsolicited information of concern to the Office of The Chief Inspector that indicated that residents could have been subject to verbal abuse and poor care practice. The inspectors found that the provider representative and person in charge had responded in a positive way to these safeguarding concerns in line with the centre's policies. A comprehensive enquiry was underway to investigate the issues raised and that measures had been put in place to ensure all residents were safe and protected.

As part of the safeguarding plan, staff deployment had been reviewed and there were enhanced supervision measures in place from qualified nurses to ensure that staff were adequately supervised and that residents were protected and safe. The inspectors were satisfied that the arrangements in place provided appropriate protection for residents.

There were policies and procedures in place to guide staff on how to prevent and detect possible elder abuse situations. The procedures informed staff that reports of abuse would be taken seriously, that they would be protected from the risk of reprisals or intimidation and that they would be informed of the action taken and the outcome.

The inspectors interviewed staff on duty during the evening inspection. They had knowledge of the types of abuse including neglect. They could describe the actions they would take if they suspected abuse or if an incident took place. All confirmed they had received training and information on this topic. They also confirmed that they would not hesitate in reporting any situation or incident that they had concerns about. They felt confident that their concerns and views would be taken seriously and addressed. Although staff had received training on the centre's own policies in relation to responding to concerns of abuse it had become evident during the current enquiry some staff had not fully understood the protection that the centre's policy offered to them when making a disclosure.As a result the policy was being included in upcoming policy training sessions.

The provider representative and person in charge had also completed training and

together assessed and investigated any incidents or alleged incidents of abuse.

Regulation 11: Visits

There was no restriction on visits and residents said that they were free to see friends and family when they wished.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed the inspectors found that residents' choices, care needs and health problems and the interventions required from staff to ensure their well being were outlined well and provided good guidance for staff caring for them.

Care plans included the resident's self care abilities as well as their needs and staff were observed supporting residents to maintain their independence in relation to mobilising, eating and drinking.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to doctors and to specialist mental health and gerontology services. Residents confirmed that staff sought medical advice promptly when they were unwell. An occupational therapist visited monthly to assess residents and advise staff on seating, equipment and interventions that would enhance residents abilities. A physiotherapist was also employed by the provider to guide and advise staff and residents on mobility issues with the aim of ensuring residents remained as independent as possible.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents and these included regular training sessions for staff and policies and procedures to guide and inform their practice. However, in view of recent allegations having been made anonymously and the finding during the current enquiry that some staff had not fully understood the protection that the centre's policy offered to them when making a disclosure, the inspectors found that improvements were required to the training provided to ensure that staff fully understood the policies and procedures in relation to the prevention of elder abuse and the protection within those policies for staff when making a disclosure. This would ensure that concerns were reported promptly.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that staff understood and respected residents' rights to make their own decisions and live in a way that suited them. The inspectors saw records that confirmed this for example, that where residents had made decisions that were not in keeping with evidenced based practice this was recorded and their decision was respected.

Residents said they had registered to vote in the upcoming elections and some were going to their local areas to vote. They said that staff had prompted them to exercise their civic duty and ensured they remained on the electoral register.

The inspectors saw that residents were supported to keep in contact with family and their local community. Some residents went home regularly and said that being able to do this greatly enhanced their quality of life. They said that staff ensured that they had medicines and any other supplies they needed for their trips out.

There was a good range of social care activity scheduled for the mornings, afternoons and evenings. The inspectors saw that a range of activity materials were available and that staff took time to prompt and engage residents in activities that met their needs.

During the evening scheduled activity did not take place and while residents were engaged with music DVDs the inspectors noted that residents had not been consulted about or informed of the changes to the planned activity schedule.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for AbbeyBreaffy Nursing Home OSV-0000308

Inspection ID: MON-0025361

Date of inspection: 22/10/18 and 23/10/2018

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: 1. Policies will be re-issued as part of training to all staff members and managers will educate staff on these policies and the protection which these policies offer to staff as outlined in our policies and in our staff handbooks. 2. Managers will check with staff that they understand what protection the policies and their staff handbook procedures offers to staff.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. When there is a change in the activity as per our activity planner managers and/or staff will inform the residents of that change. 2. We will review our activity schedule. Completed and ongoing.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	08/11/2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	08/11/2018