

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



<b>Centre name:</b>	Annabeg Nursing Home
<b>Centre ID:</b>	0005
<b>Centre address:</b>	Meadowcourt
	Ballybrack
	Co Dublin
<b>Telephone number:</b>	01 2720201
<b>Fax number:</b>	01 2720201
<b>Email address:</b>	<a href="mailto:care@annabeg.com">care@annabeg.com</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Annabeg Enterprises Ltd
<b>Person in charge:</b>	Sinead Beirne
<b>Date of inspection:</b>	19 April 2012
<b>Time inspection took place:</b>	<b>Start:</b> 07:45hrs <b>Completion:</b> 16:45 hrs
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Additional inspections** take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Annabeg Nursing Home is a two-story house with a purpose-built extension. There are 28 places, with 15 single bedrooms, five twin bedrooms and one bedroom for three residents. All of the residents were over 65 and the majority had a cognitive impairment.

The ground floor consists of seven single bedrooms, four with en suite shower rooms and one three-bedded room. The communal rooms are on this floor and include the dining room and two sitting rooms which were used for activities and recreation. The dining room is a bright conservatory. There are also two toilets and one shower room. The kitchen and nurses' station are located on this floor. The laundry, sluice room and cleaning store room are located on the grounds of the building at the back of the centre.

The first floor consists of eight single bedrooms, five with en suite bathrooms and three twin bedrooms, two of which have en suite shower and toilet facilities. There is also a visitors' bathroom with a bath and toilet and an office located on this floor. There is a chair lift connecting both floors.

The garden has mature trees at the side and back of the building. Car parking is available at the side of the building and on the road directly outside the centre. The entrances from the front and the back are locked with key-coded access.

### Location

The centre is located in South County Dublin. It is close to the Dart station at Killiney, the 7A and 45 buses and close to the proposed Luas station at Loughlinstown. It is approximately two minutes by car from Loughlinstown Hospital.

<b>Date centre was first established:</b>	1 January 1987
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	0

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	10	7	5	6

## Management structure

Annabeg Enterprises Ltd is a family owned business with three Directors and has been in operation since 1987. The person named to act on behalf of the Provider is Brendan O'Connell, a family member, and he reports to the Board of Directors. The Person in Charge, Sinead Beirne, is known as the Director of Nursing and she reports to the Provider. There is an Assistant Director of Nursing (ADON) who deputises for the Person in Charge when she is absent. The ADON, Staff nurses and care assistants report to the Person in Charge as do the laundry and housekeeping staff. The catering staff report to the Chef. The Chef, Activity Coordinator, and maintenance personnel all report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1	2	5	2	2	0	2*

\* the provider and activity coordinator

An additional nurse was brought on duty and a care assistant was on work experience.

## Summary of findings from this inspection

This was an unannounced follow up inspection which focused on areas identified for improvement at the inspection of 30 March 11 and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector met residents, relatives, the person in charge and staff on duty. Records were examined including care plans, medical records, staff records including training records, staff files and policies.

The inspector found that the health care needs of residents were met. Residents and relatives spoke very fondly of the staff and were very happy with the care delivered. The inspector noted that the residents had a good quality of life and were actively involved during the day.

The inspector found that the provider and person in charge had been proactive in responding to the action plan from the previous inspection. There were nine actions identified at the previous inspection and four of these were fully addressed, four were partly addressed. There were outstanding issues in relation to several aspects of the premises. The provider planned to address these in a proposed extension.

Improvements made by the provider since the previous inspection included:

- all staff files included all requirements of the Regulations
- the person in charge had continued with the schedule of audits and implemented the improvements required
- the nursing notes were now completed in line with An Bord Altranais guidelines
- the provider submitted confirmation from a competent person that all statutory requirements relating to fire safety and building control had been complied with.

On this inspection the inspector found that the staffing levels were not appropriate to meet the needs of residents. Improvements were also required in relation to the management of restraint, policy development and implementation and care planning. The directory of residents was not being kept up-to-date.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

## Governance

### Article 5: Statement of Purpose

The inspector found that the statement of purpose accurately described the service that was provided in the centre and contained all of the information required in Schedule 1 of the Regulations. This would be further enhanced if it included that bedrooms 9, 10, 11 and 14 were only used for residents who were independent due to the steps into the rooms. The inspector observed that only residents who were independent resided in these bedrooms.

The inspector was satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the person in charge and was available to residents and relatives.

### Article 15: Person in Charge

The person in charge was a registered general nurse who worked full-time in the centre. She had more than the required level of experience in nursing older people. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and demonstrated good organisational skills.

The inspector noted that the overall governance arrangements in place had improved since the previous inspection with the appointment of an assistant director of nursing (ADON). The person in charge was now supported in her role by the ADON, and the ADON was nominated to deputise for the person in charge in her absence. The inspector found that the person in charge, ADON and the nurse were very knowledgeable about residents' needs and their backgrounds. They were observed engaging well with residents throughout the day of inspection.

### Article 16: Staffing

The inspector found that the staffing levels were not appropriate to meet the needs of residents. The inspector reviewed staffing rosters and discussed the staffing levels with the person in charge. She said she used the assessed dependencies levels of residents and her clinical judgment to inform staffing levels. The person in charge had put additional staff on night duty to meet one resident's changing needs and an additional nurse was brought on duty for the inspection.

However, the inspector reviewed the documented assessed dependency levels of residents and they showed that the dependency levels had changed significantly since the previous inspection. The staffing levels were not amended to reflect these changing needs of the residents. There were now seventeen residents above high dependency and previously there were ten residents at high dependency.

The night staff told the inspector that they provided breakfast to five residents between 7.00 and 7.30 am. The staff said this was to assist the day staff coming on duty rather than to facilitate residents' choices. These residents could not indicate that this was a preferred time for breakfast. This practice and lack of choice may have negative outcomes for some residents. The day staff appeared rushed in the morning while assisting residents. The staff said the number of residents requiring assistance had increased to twelve and the complement of staff on day duty could not assist all of these residents without the assistance that night staff provided with breakfast arrangements.

Staff and residents stated that there was an inadequate number of staff on duty during the day to meet the needs of the residents.

The inspector examined the files of the two most recently recruited staff members and found that the files contained all of the information required by the Regulations.

The inspector found that there were good induction arrangements for newly employed staff members and staff appraisals were used to monitor performance and support staff.

The inspector carried out interviews with staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire safety procedures and the policies and procedures for safeguarding residents. The inspector saw staff interacting with residents and responding to residents' needs in a respectful manner. Staff told the inspector that they were supported by the person in charge.

The inspector saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, the inspector reviewed minutes of staff meetings and found that risk management, safety issues and fall's prevention were discussed regularly with staff.

The person in charge explained that she was responsible for providing education to staff and external experts were also employed to train staff as required. For example, there were records to indicate that staff had received training in 2011 and 2012 on fire safety procedures, the prevention, detection and response to elder abuse and training on infection control. A number of staff had attended study days on issues such as managing behaviours that challenge and nutrition and dysphagia. The person in charge told the inspector that she planned to send staff on training on areas such as restraint, continence management and wound care but there the dates had not yet been arranged.

### **Article 23: Directory of Residents**

The inspector read the directory of residents and noted that it was not being kept up-to-date. While it contained all of the information as required by the Regulations, it had not been updated to reflect a recent resident transfer to and return from hospital.

## **Article 31: Risk Management Procedures**

The inspector found that generally, practice in relation to the health and safety of residents and the management of risk, promoted the safety of residents, staff and visitors. However, the risk management policy did not fully meet the requirements of the Regulations.

There was a visitors' sign-in book located at the entrance to the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector observed visitors' daily signatures in the visitor's book.

The inspector noted that there was a centre-specific health and safety statement relating to the health and safety of residents, staff and visitors. In addition to this, the person in charge had developed a system to identify, review and record non-clinical risks on an ongoing basis. The inspector read the risk assessments for the premises which detailed the control measures to manage these risks.

The inspector reviewed the incidents and accidents that occurred since January 2012 and found that there were five falls during this time, one resulting in a minor injury to a resident. Incident forms were completed for each incident and there was evidence of residents being monitored closely following any accident.

There was a risk management policy which did not fully meet the requirements of the Regulations and did not guide the practice in the identification and management of risk. The risk management policy did not include the processes for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

## **Article 39: Complaints Procedures**

The inspector found evidence of good complaints management practices.

The complaints policy was read by the inspector and details of the complaints procedure were posted publicly and described in the Residents' Guide and statement of purpose. The procedure provided guidelines on how to make a complaint or express a concern, and outlined how these would be addressed. A named complaints officer was identified as the nominated person to respond to complaints. The policy also identified an appeals process in the event that a complainant was not satisfied with the outcome.

The person in charge confirmed that she or a nurse met with residents on a daily basis and usually resolved any issues which arose before they became a source of discontent. This was observed by the inspector.

The inspector reviewed the complaints log and saw that verbal complaints from residents and relatives were documented including the outcome. There was evidence that complaints were appropriately responded to by the person in charge, to the satisfaction of the complainant.

## Article 36: Notification of Incidents

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Chief Inspector by the person in charge.

## Resident Care

### Article 9: Health Care

The inspector found that the residents had diverse needs - many were highly dependant and required full assistance while other residents were quite mobile and independent. The inspector found a good standard of nursing care and residents had access to appropriate medical and allied healthcare. However, the management of restraint, wound care and medication management also required improvement. Improvements were also required in the nursing documentation to show appropriate evidence of the care delivery.

The inspector found that there was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by their GP. Records showed that residents had access to physiotherapy and regular speech and language therapy (SALT), dietician and chiropody services as required. The inspector reviewed care plans and they contained details of referrals and appointments with the various allied health services. Staff promoted the residents' health by encouraging them to stay active. Residents were seen taking exercise during the day and they told the inspector they were satisfied with the healthcare delivered.

The inspector saw documentary evidence to demonstrate that residents' weights were recorded each month and the person in charge monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk and there was evidence of resident's meals being fortified and supplements prescribed where necessary.

The inspector reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were completed for all residents. There was a daily record maintained of the resident's health condition and any treatment given, completed by the nurse on duty. The inspector noted that residents and relatives were involved where possible in the development and review of their care plans. While most residents were reassessed every three months and the care plans updated as required, there were some residents whose assessment and care plans were not reflective of their current needs and did not provide specific enough guidance to address the issues. For example, the inspector found that one resident's care plans said resident had Methicillin-resistant *Staphylococcus aureus* (MRSA) when they did not.

While there was a policy on wound care, this was not being used to guide staff. Staff were very familiar with the care of two residents each with pressure sores and could describe the care to the inspector. However, the assessment for one of these residents was not sufficiently detailed to guide staff in the management of this resident's wound or to determine if progress was being made. There was no assessment and care plan for the management of the other resident's wound.

The person in charge said that none of the staff had attended training on the new national policy on restraint and she did not have access to this policy for staff. The centre's policy on the use of restraint was not updated in line with the national policy and was not being used to guide the care delivered. While bedrails were being managed appropriately, other forms of restraint were not.

There were a small number of bedrails in use and two residents used a recliner chair. The inspector reviewed files for a sample of residents who required bedrails and found that there was good practice in the management of these residents. Resident's assessments for the use of the bedrails included evidence of alternative strategies being tried for residents prior to the use of restraint. There was evidence that discussion about restraint was held with the residents and relatives where appropriate. There was documentation on the monitoring of bedrails hourly over night. The residents care plans were satisfactory for the management of the bedrails as they detailed the care to be delivered.

However, the staff had very little knowledge on the use of the recliner chairs and staff said they used these as a pressure relieving mechanism. While other staff said that they resident should not be sitting in a reclined position. There was no assessment undertaken prior to their use and no care plan in place to guide the care.

Inspectors observed good practice in relation to falls management. However, this required some improvement. Falls records indicated that the number of falls in the centre in 2012 was low. Residents had a falls risk assessment completed to identify those at risk and a care plan was in place to guide the care delivered. Residents at risk of falls were provided with appropriate interventions such as hip protectors. However, a review of residents' records showed that a falls risk assessment was not completed after two residents had fallen. The care plans were not being updated after a fall to reflect the residents' changing needs or additional measures to be put in place to prevent falling. There was no falls policy available to guide staff.

The inspector noted that there was an inconsistent approach to the management of behaviours that challenge. The inspector spoke to staff and noted that there was one resident who now displayed behaviours that challenge. The inspector reviewed this resident's file and noted that this resident did not have an assessment for their behaviour completed using a recognised assessment tool. There was a behaviour monitoring log for this resident but not all of the incidents were recorded on the log. Because the behaviour itself was not consistently recorded, the triggers that prompted the behaviour may not be identified and managed. While staff told the inspector how they care for this resident to manage the behaviours, these initiatives were not included in the care plan.

The way the service was organised provided the residents with an interesting day that reflected their lifestyles prior to admission. There was an activity schedule on the board and the residents told the inspector about the importance of these activities to them. These included arts and crafts, sing songs, exercise programme and Sonas (a programme for older people who have difficulties with communication, especially those with dementia). Since the previous inspection, the person in charge and provider had organised day trips for the residents to the local community. The residents told the inspector about the day trip with the person in charge in the vintage car and how they had thoroughly enjoyed it.

Since the previous inspection, the provider had formed a relationship with the local school and some of the residents had visited the school and the students came to the centre for an Easter egg hunt. The residents told the inspector about this.

Since the previous inspection the provider had also bought a dog that now lived in the centre. She was seen by the inspector to be a central part of life in the centre. One of the residents said that she feeds and walks the dog every day as that was what she did for many years before moving to the centre. There were other animals in the centre which enhanced the quality of life of residents, these included a budgie and chickens and the residents said they enjoyed the eggs.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

Medications that required special control measures were carefully managed and kept in a secure cabinet in compliance with the Misuse of Drugs (Safe Custody) Regulations, 1984. These medications were counted at the time of administration and at the change of each shift. Nurses kept a register of controlled drugs and the stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of the balances and found them to be correct. Appropriate processes were in place for checking and administering controlled medication on night duty when there was only one nurse on duty.

There were records that showed that medications were reviewed on a three-monthly and the reviews were signed by the GP. There was a process to report medication errors and the person in charge reviewed these and shared the learning with staff.

The inspector observed a staff nurse on the medication round and found evidence that the administration practices that did not adhere to the centre's policy. This was discussed with the person in charge and she stated in writing following the inspection that further medication management training was being provided and a monitoring process for medication administration was being introduced.

There was a medication management policy which was revised since the previous inspection but was not being used to guide the practice. For example, a resident's prescription which was viewed by the inspector showed an overall statement that the resident's medications should be crushed, the inspector noted that the prescriptions did not include the individual medications that required crushing. This increased the risk of medications being crushed that were not suitable for crushing. It also contravened the centre's medication management policy. The inspector noted that

the administration record did not provide sufficient space for staff to detail what time a PRN (as required medication) was given or the exact dosage of insulin administered.

## **Article 6: General Welfare and Protection**

The inspector found that measures were in place to safeguard residents but they required some improvement. Records showed that staff had attended a training course on the prevention, detection and response to elder abuse in 2011 and 2012. Staff said they frequently discussed elder abuse with the person in charge. The inspector found that staff spoken to were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge or senior nurse. Residents confirmed to the inspector that they felt safe in the centre. The person in charge and the ADON who deputised for the person in charge were familiar with how to investigate a reported allegation of abuse.

While there was a policy on the prevention of elder abuse, it was not specific enough to guide practice. It did not include the investigation process or the need to notify the Authority of all allegations of abuse.

## **Article 20: Food and Nutrition**

The inspector was satisfied that residents received a nutritious and varied diet. Residents were seen to enjoy the social dining occasion. The inspector noted that meals were hot and well presented. The presentation of the modified consistency meals ensured that each item on the resident's plate could be identified.

Residents were encouraged to be independent with eating and assistance was provided as required. Residents confirmed that they enjoyed the food.

The inspector found that lunch was appropriately paced and a very sociable occasion. All residents were involved in the conversations at each table, including those with confusion or cognitive impairment. The tables were nicely set with a centre piece, condiments and individual napkins available.

The chef discussed the menus with the inspector and was aware of all residents' dietary needs. The daily menu was displayed at the dining room and residents were asked what they wanted for their lunch for the next day.

All residents' dietary requirements were documented to ensure that staff would provide the necessary dietary requirements. There was daily contact between the chef and the person in charge. The chef also attended the residents committee meeting and the meals were discussed.

The inspector 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.

## Environment

### Article 19: Premises

There were several aspects to the premises that did not meet the requirements of the Regulations and the *National Standards for Residential Care Settings for Older People in Ireland*. These issues had already been identified by the provider and he had responded by putting in place a plan to build an extension to address the deficits. The provider had contacted the Authority and advisory discussions on the proposed extension had taken place at the previous inspection in March 2011. The provider said the plan of work was due to commence in November 2012.

Issues included:

- residents who resided in bedrooms 9, 10 and 11 had to walk at least 50 feet to the nearest bathroom
- there was one three-bedded room
- there were an insufficient number of showers and toilets for residents' use
- storage remained a challenge as commodes and linen trolleys were stored in bathrooms
- there was no hand-wash basin in the laundry and the cleaning staff said they filled their mop buckets from the bathroom on the ground floor as they could not access the sink in the cleaner's room.

The plans for the refurbishment and extension of the building showed that these issues would be addressed.

The centre was pleasantly decorated and homely throughout. The inspector found that the bedrooms were personalised. The premises were observed to be clean. The cleaning staff member was knowledgeable about the cleaning processes.

Residents could have their laundry processed in the centre. All residents' clothes were folded and returned to the residents' rooms. Residents told the inspector that they were satisfied with the laundry arrangements.

Since the previous inspection, the provider submitted a letter to the authority from a competent person that the building was in substantial compliance with statutory requirements relating to fire safety and building control.

At the registration inspection inspectors had concerns about the electrical switches as some of these were not fit for purpose and these were replaced during that inspection. The provider subsequently submitted confirmation to the Authority that the electrical switches were now fit for purpose and had been upgraded in line with standards.

## Article 32: Fire Precautions and Records

The provider and person in charge had prioritised the safety of residents in the event of fire.

Appropriate procedures for fire detection and prevention were in place. The inspector reviewed service records which showed that the fire alarm system, fire equipment and emergency lighting were monitored. The inspector read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. The training records confirmed that all staff members had attended training on fire prevention and response in March 2012.

The emergency plan was reviewed by the inspector. The plan identified an alternative location which residents would be moved to in the event of the need for full evacuation.

There were dates in the fire manual and the person in charge said these were the dates that fire drills had taken place. However, there was no record of the fire drill, the outcome of the drill and the learning to improve responses in the event of fire. The inspector found that all staff were clear about the procedure to follow in the event of a fire.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, and person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Linda Moore  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

20 April 2012

### Provider's response to inspection report\*

Centre:	Annabeg Nursing Home
Centre ID:	0005
Date of inspection:	19 April 2012
Date of response:	21 May 2012

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The medication management policy was not being implemented and medication administration practices in the centre required improvement.

#### Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

#### Reference:

Health Act, 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our medication policy has been reviewed since inspection and will be further reviewed. A new Medication Prescription Chart has been drawn up which allows for both GP and Pharmacist to sign individual medications that require crushing. A new MAR chart with larger signing areas is now in use. While we advocate best practice in all aspects of nursing it was disappointing that medication administration on the day of inspection was not executed in line with our in-house policy by the nurse on duty despite training given. This person is no longer in our employment.</p>	<p>2 Months Partially completed but will review further</p>

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>A high standard of contemporary evidence-based nursing care was not delivered in relation to use of restraint and wound care.</p>
<p><b>Action required:</b></p> <p>Provide a high standard of evidence-based nursing practice in relation to restraint management and management of wound care.</p>
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 6: General Welfare and Protection</li> <li>Standard 13: Healthcare</li> <li>Regulation 8: Assessment and Care Plan</li> <li>Standard 10: Assessment</li> <li>Standard 11: The Resident's Care Plan</li> </ul>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Staff will attend Wound Care Training over four Tuesday evenings over the month of June. Training will be provided by the HSE Tissue Viability Nurse. A company are currently organising a training session on Restraint Management to incorporate The National Restraint Policy. Date to be confirmed. Copies of The National Restraint Policy have been made available to all staff.</p>	<p>2 Months</p>

**3. The person in charge has failed to comply with a regulatory requirement in the following respect:**

The care plans did not comprehensively set out each resident's needs.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Reference:**

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Standard 13: Healthcare
- Regulation 8: Assessment and Care Plan
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

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

**Timescale:**

Provider's response:

Care plans have been re reviewed and are currently updated every 3/12 with residents and next of kin.

Completed

**4. The provider is failing to comply with a regulatory requirement in the following respect:**

The policy on and procedures for the prevention, detection and response to abuse did not adequately guide practice and inform staff.

**Action required:**

Update the policy on and procedures for the prevention, detection and response to abuse.

**Reference:**

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Standard 8: Protection

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

**Timescale:**

<p>Provider's response:</p> <p>Our Elder Abuse Policy has been amended to include the name of the local HSE Elder Abuse Officer, the investigation process and details of how to notify the Authority. We were delighted that on inspection staff were knowledgeable in relation to the different types of abuse and their responsibilities in reporting same.</p>	Completed
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<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The risk management policy did not meet the Regulations and the processes for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents were not included.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety  Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Risk assessments remain ongoing. The services of an external consultant have been engaged to enhance our Risk Management Policy.</p>	3 months

<p><b>6. The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The numbers of staff on day duty were not appropriate to the needs of the residents.</p> <p>Due to staff shortages breakfast was provided to residents by the night staff to assist the day duty staff as opposed to resident choice.</p>	
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<b>Action required:</b>	
Ensure that the numbers of staff on duty are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
<b>Reference:</b> Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  While there were three staff on night duty five residents were assisted with their breakfasts to ensure maximum nutritional intake at an unhurried pace in the residents best interests. Following inspection only those residents requesting breakfast before 8.00 am receive same. All other breakfasts commence after 8.00am. Additional staff have been put on duty.	Completed

<b>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>	
Staff did not have sufficient knowledge of evidence-based practice in wound care and restraint to ensure a high standard of contemporary evidence-based practice.	
<b>Action required:</b>	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
<b>Reference:</b> Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  See Action 2 above.	

<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The documentation on fire drills was limited and did not indicate whether staff and residents were sufficiently aware of the fire procedures.</p>	
<p><b>Action required:</b></p> <p>Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 32: Fire Precautions and Records  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Documentation on in-house fire drills has been improved upon. While an external consultant carries out Fire Training twice/year in-house, we acknowledge your assessment (Article 32 Fire Precautions and Records, Page 14) that "all staff were clear about the procedure to follow in the event of a fire".</p>	<p>Completed</p>

<p><b>9. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The directory of residents was not up-to-date.</p>	
<p><b>Action required:</b></p> <p>Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 23: Directory of Residents  Standard 32: Register and Residents' Records</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  We have updated our Policy on the Directory of Residents to be updated to include temporary absences.	Completed
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<p><b>10. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Some aspects of the premises did not meet the requirements of the Regulations and Standards and posed a risk to the safety of residents. There were plans of a refurbishment and extension programme.</p> <p>These issues included:</p> <ul style="list-style-type: none"> <li>▪ there was an insufficient number of assisted toilets and showers</li> <li>▪ there was one three-bedded room which did not meet the requirements of the Standards</li> <li>▪ storage space was inadequate</li> <li>▪ the inspector observed that residents who resided in bedrooms 9, 10 and 11 had to walk at least 50 feet to the nearest bathroom.</li> </ul>
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<p><b>Action required:</b></p> <p>Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>
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<p><b>Action required:</b></p> <p>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs and meet the requirements of the Regulations and Standards.</p>
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<p><b>Action required:</b></p> <p>Provide suitable storage space in the centre.</p>
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<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>
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<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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<p>Provider's response:</p> <p>To minimise risk to residents only mobile residents occupy rooms 9, 10, 11. All other issues will be addressed in our extension and refurbishment programme.</p>	Ongoing
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**11. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not include sufficient information to indicate that bedrooms 9, 10, 11 and 14 were only used for independent residents.

**Action required:**

Review the statement of purpose to ensure it includes that bedrooms 9, 10, 11 and 14 were only used for independent residents.

**Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

**Timescale:**

Provider's response:

While the above is not a condition of our registration our statement of purpose and function has been amended accordingly.

Completed

**Any comments the provider may wish to make:**

**Provider's response:**

We wish to acknowledge Ms. Linda Moore, Inspector for her courteous inspection with minimum intrusion on our residents.

We sincerely wish to extend our gratitude to our wonderful caring team at Annabeg. This includes nurses, healthcare assistants, chefs, kitchen porters, housekeeping, maintenance, activities and laundry staff who endeavour to provide the highest standard of care in a homely environment. Without their endless hard work we would not be able to give the level of care our residents so deserve.

We are delighted that our efforts to enhance residents quality of life at Annabeg have not gone unnoticed in our report and a "good standard of nursing care" was evident.

We acknowledge all recommendations as is in our report and will execute all actions as stated.

**Provider's name:** Brendan O'Connell

**Date:** 21 May 2012