Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Abbot Close
Centre ID:	0403
Centre address:	St Mary's Terrace Askeaton Co Limerick
Telephone number:	061-601888
Email address:	denis@abbotclose.ie
Type of centre:	Private
Registered provider:	Denis McElligott and Pat Kennedy
Person authorised to act on behalf of the provider:	Denis McElligott
Person in charge:	Denis McElligott
Date of inspection:	26 March 2012 and 27 March 2012
Time inspection took place:	**Day 1 start:** 11:15hrs **Completion:** 20:15hrs **Day 2 start:** 10:15hrs **Completion:** 16:15hrs
Lead inspector:	Margaret O'Regan
Support inspector:	Caroline Connelly
Type of inspection:	☐ **announced** ☒ **unannounced**
Date of last inspection:	14 January 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 *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.*
Outcome 2 *The quality of care and experience of the residents are monitored and developed on an ongoing basis.*
Outcome 3 *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*
Outcome 4 *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.*
Outcome 5 *The health and safety of residents, visitors and staff is promoted and protected.*
Outcome 6 *Each resident is protected by the designated centre's policies and procedures for medication management.*
Outcome 7 *Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*
Outcome 8 *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.*
Outcome 9 *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 discreet and sensitive manner.*
Outcome 10 *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.*

Outcome 11 *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.*
Outcome 12 *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.*
Outcome 13 *The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*
Outcome 14 *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.*
Outcome 15 *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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*
Outcome 16 *The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*
Outcome 17 *A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*
Outcome 18 *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.*

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

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Abbot Close Nursing Home is situated in the centre of Askeaton town on an elevated site close to the public swimming pool and leisure centre. Askeaton is 17 miles from Limerick city. The Nursing Home is a purpose built two-storey centre which was established in 2006. It is registered to care for people over the age of eighteen. Accommodation comprises of 48 single and six twin bedrooms. This includes a 12-bed unit for residents with dementia. All rooms have full en suite facilities. There is an assisted bathroom on the first floor which is also used as a hairdressing salon. There are two dining rooms, one of which is in the dementia care unit. There are several seating areas throughout with many residents favouring to sit in the foyer which is the focal point of the building.

A small visitor's room is available. There is a designated smoking room and a small treatment room. A lift provides access between the floors. The layout, furnishings and décor are comfortable and meet with residents' satisfaction. There is a large kitchen and laundry, limited staff changing facilities and a small office which is shared by the administrator and the person in charge.

There are two enclosed garden areas which residents can easily access and there is ample car parking for visitors.

The residential complex also comprises of 18 housing units suitable for semi-independent living. At the time of inspection 16 of these units were occupied. A number of these residents had their meals in the main centre and their medications managed by nursing home staff.

Date centre was first established:	2006
Date of registration:	14 January 2011
Number of registered places:	60
Number of residents on the date of inspection:	58

Dependency level of current residents as provided by the centre:	**Max**	**High**	**Medium**	**Low**
Number of residents	15	22	12	9

Gender of residents	**Male (✓)**	**Female (✓)**
	36	22

Management structure

Pat Kennedy and Denis McElligott are the providers and Denis McElligott is also the Person in Charge. The deputy person in charge is Margaret Keane and she reports to the person in charge. Nurses, carers and housekeeping staff report to the deputy person in charge in the first instance and to the person in charge if appropriate. The administrator, receptionist and maintenance staff 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	9	2	4	2	2*

* One activities coordinator; One maintenance person

Summary of compliance with 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*.

This report set out the findings of an unannounced inspection. This inspection took place over two days and inspectors met with residents, relatives, staff members and the providers. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Care practices in the centre were generally good; residents had choices about getting up, what to get involved in and when to have their meals. Residents were seen to make use of the secure outdoor areas and a number of engaging activities were provided for the residents. The quality of the food was good and the physical environment was well maintained.

Staff turnover was low which ensured a continuity of care and indicated a good working environment. Staffing levels had increased but yet were at the lower end of recognised guidelines, in particular the nurse to carer ratio. Documentation, in particular the care plans were limited in detail and appeared to have little impact on the actual care provided. Some medication practices needed to be reviewed. These and other issues are discussed in the report below and the subsequent action plan.

Compliance with 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. Statement of purpose and quality management

Outcome 1
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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose was updated in February 2011. The information contained in it was concise, informative and generally accurate. However, reference was made to meetings dates and review dates which had passed which indicated the statement of purpose needed to be reviewed in order for it to remain accurate. Two matters listed in schedule 1 of the regulations were absent. These included details of any conditions attached by the chief inspector to the registration and the size of communal rooms in the centre.

The written statement of purpose described the service as being safe, friendly and with a homely atmosphere. Its ethos was portrayed as promoting the dignity, individuality and independence of all residents. The services and facilities outlined in this document included a dedicated dementia 12 bed dementia unit; enclosed gardens; weekly hairdressing and physiotherapy services. The manner in which care was to be provided was described as one which brings well- being and rest to the mind, body and spirit. Inspectors found that the statement of purpose's written aims, objectives, ethos and description of the facilities provided, reflected the actual service provided to care for the diverse needs of residents in the centre.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There was a culture of openness towards change and staff had no difficulty in discussing quality issues with management. The incidence of falls was reviewed by the person in charge and changes were seen to have taken place as a result of such reviews. For example, a low low bed was provided for a resident who had a history of falling. However there was little structure or documentation in place around these reviews. They were generally carried out on an ad hoc basis by management and staff. Residents were consulted through the residents' forum meetings for their input into the operating of the centre and changes which occurred through this forum included a change in the manner in which a choice of meal was offered. The advocacy group met on a regular basis and the issues raised were relayed back to the person in charge via documented minutes of the meetings.

There was an informal system in place to review and monitor the quality and safety of care and the quality of life of residents. However, it would benefit from being more structured and formalised to cover such issues as clinical audits, safety and hygiene audits; auditing of documentation and auditing of quality of life issues for residents. With this in mind, the inspector requested a quarterly report to be submitted to the chief inspector in respect of any re-evaluation conducted for the purposes of reviewing the quality and safety of care provided to, and the quality of life of, residents in the centre. This system must provide for consultation with residents and their representatives.

Outcome 3
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.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Written operational policies and procedures were in place for the management of complaints. The summary of the complaints process was user-friendly and accessible to all residents. However, the policy was not specific to Abbot Close nursing home and there was ambiguity in some of the references made in it. The policy was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and they felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and he maintained a record of the details of the complaint; the results of any investigations; the actions taken and whether or not the resident was satisfied with the outcome of the complaint. An independent person was available if the complainant wished to appeal the outcome of the investigation.

2. Safeguarding and safety

Outcome 4
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.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Policy and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke with knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure. They had received training in understanding elder abuse and implementing the centre's policy including who to report such concerns to. When there were suspicions of abuse they were appropriately responded to in line with the centre's policy. The policy was due to be reviewed and audited to ensure it was adhered to. Systems were in place to safeguard residents' money.

The provider and person in charge monitored all the systems in place to protect residents. Residents stated they felt safe and attributed this to the kindness and attentiveness of staff.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

There were policies and procedures in place relating to health and safety. There was a health and safety statement; however, it had not been updated annually. There were procedures in place for the prevention and control of infection. For example, hand gels were in place throughout; hand hygiene notices were displayed and a contract was in place for the disposal of infected waste. However, it would be beneficial for staff to receive updates on infection control practices and in particular updates on hand hygiene.

A risk management policy was implemented in the centre and arrangements were in place for responding to emergencies. However, there was a lack of evidence of hazard identification and control measures in place. Measures were in place to prevent accidents. For example, handrails were on corridors, grab-rails were in toilets, the floor covering was safe and there was a lift available to access the first floor. On the days of inspection cleaning trolleys with chemicals on display were left unattended which posed a risk to residents.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory.

Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. The fire alarm was serviced on a quarterly basis as was fire safety equipment. There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Staff received annual training in fire safety and evacuation and fire drills took place on a six monthly basis. Staff with whom inspectors spoke knew what to do in the event of fire. Records were maintained of all checks and training conducted.

Outcome 6
Each resident is protected by the designated centre's policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, some practices observed were not in adherence to the processes outlined or in line with appropriate professional guidelines. For example, medicines which needed to be crushed had not been prescribed in this format by a doctor; transcribed medicine charts were not signed by the transcribing nurse and a nurse witness; the medication policy did not adequately cover the transcribing issue; residents' date of birth was not always on their drug administration charts; medication policies made reference to referral to the speech and language department when this was not part of the actual practice; medicines were handled by a nurse and a trolley was left unattended during the administration of medicines.

Procedures were in place for the handling and disposal of unused and out-of-date medicines. Residents could be responsible for their own medication; however at the

time of inspection all residents' medication were managed by the centre's nurses. The system in place for reviewing and monitoring safe medication management practice needed to be more robust.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Residents had access to GP services. Specialist services and allied health care services such as physiotherapy and chiropody were accessed on a private basis. They were organised according to the care needs of residents. Records were seen to be maintained of referrals and follow-up appointments. Clinical care such as falls management, wound care and management of incontinence accorded with evidence of general good practice. However, wound assessment documentation needed to be more detailed and fall assessments needed to be completed on a more frequent basis.

Residents' health and social care needs were assessed and care needs were set out in care plans. However, these care plans were limited in detail especially in detail of social care needs. Assessments were not always followed through with an appropriate care plan and some care plans had not been reviewed for over three months. The care plans appeared to have little application to the overall good care provided.

The care and support provided reflected the nature and extent of residents' dependency and needs. For example, residents with a cognitive impairment were provided with reminiscence therapy; those with an enduring mental illness attended a day centre. There were opportunities for residents to participate in activities that suited their needs, interests and capacities. These included outdoor ball activities, vegetable gardening, card games, music and one to one interactions. A policy on managing behaviour that is challenging was in place and staff were provided with training in this area. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. For example, staff had received training in this area and residents had space to move freely indoors and outdoors. Residents' right to refuse treatment was respected.

The use of restraint was judicious and there was awareness amongst staff of the national policy on the subject. However, in instances where restraint was used there was no documentation to show it was subject to assessment, on-going review and monitoring.

Systems were in place to ensure that relevant information about residents was provided and received when they were absent or returned from another care setting, home or hospital.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Overnight facilities were available for relatives use. Residents had the option of a single room and access to specialist palliative care services, if required.

Outcome 9
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 discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

A policy for the monitoring and documentation of nutritional intake was in place. Systems were in place to make sure residents did not experience poor nutrition and hydration. For example, fluid balance charts were maintained where appropriate and residents were weighted monthly or more frequently if indicated. However, residents did not regularly have a nutritional assessment on admission or as their condition changed.

Residents had access to fresh drinking water at all times and the food provided was available in sufficient quantities. It was varied and took account of dietary requirements and kitchen staff were aware of these dietary requirements. Meals and snacks were available at flexible times and at times suitable to residents. Inspectors observed this flexibility in practice. A choice of food was provided at each mealtime. Residents were assisted to eat and drink, where necessary, in a sensitive and appropriate manner. Meals times were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff.

4. Respecting and involving residents

Outcome 10
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.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Resident contracts were examined and seen to be signed by the resident and/or the resident's representative. Contracts set out the services to be provided and the fees to be charged.

Outcome 11
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.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Residents were consulted about how the centre was planned and run through the residents' forum which met every few months. Customer satisfaction questionnaires were available in the foyer and the person in charge met with residents on a daily basis and sought feedback. There was evidence that this feedback informed practice. For example, change in timing of afternoon tea, manner in which meal choices were offered.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and diverse needs. For example, residents were encouraged to dress if this was possible, mobilise independently or with the assistance of a walking frame, encouraged to use the lift independently. Residents were facilitated to exercise their voting rights in recent elections. Residents' religious rights were facilitated through regular visits by the clergy to the centre and the facilitation of services such as mass, rosary and sacrament of the sick.

The centre was managed in a way that facilitated residents' capacity to exercise personal autonomy. For example, provision was made to store clothing and personal possessions and residents had a choice of when to get up and go to bed. Facilities for recreation were good and included card games, outdoor activities (including football), gardening, music sessions and exercise classes.

Privacy and dignity was emphasised in the statement of purpose and practices observed were seen to reflect this culture. Residents spoke of being satisfied with the respect they were shown by staff and this was recorded in the minutes on the residents meeting. Residents could access telephone facilities in private and a room was available for residents to receive visitors. Residents had access to radio, television, newspapers and information on local events.

There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk. Staff showed awareness of the different communication needs of residents. For example, a resident prone to episodes of agitation was facilitated to have some quiet time, another resident benefited from listening to music while others were helped by having a particular carer attend to them. The centre had established links with the community through its advocacy group, its volunteers who assisted with bingo and the outings organised for residents.

Outcome 12
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.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

A policy on residents' personal property and possessions was in place. Residents in single occupancy rooms could retain control over their own possessions through having a lock for their room if they wished. However, residents in twin rooms did not have lockable storage space. Residents in these twin rooms shared a wardrobe which limited the space available to them and also impinged on their privacy.

Laundry facilities were adequate and the majority of residents had their laundry carried out by the centre. Inspectors met with the laundry staff who explained the systems in place to ensure that residents' own clothes were returned to them. Residents expressed satisfaction with all aspects of laundry management. In some instances residents were facilitated and encouraged to assist with their own laundry. For example folding clothes and darning socks.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of person in charge was full time nursing post and occupied by a person who had experience in the area of nursing of the older person. The person in charge demonstrated sufficient clinical knowledge to ensure suitable and safe care.

The person in charge also demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. He was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The deputy person in charge was also in a full time post and was a nurse with experience in the area of nursing older adults and nursing people with a psychiatric illness. She had a key management role in the day to day operation of the centre.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

The staffing levels on this inspection were as follows:

08:00hrs to 09:00hrs = 1 nurse and 9 carers = 1:5.8
09:00hrs to 15:00hrs = 2 nurses and 10 carers = 1:4.8
15:00hrs to 16:00hrs = 3 nurses and 8 carers = 1:5.27
16:00hrs to 18:00hrs = 2 nurses and 7 carers = 1:6.48
18:00hrs to 22:00hrs = 1 nurse and 5 carers = 1:9.48
22:00hrs to 08:00hrs = 1 nurse and 3 carers = 1:14.5

The person in charge, housekeeping, kitchen, administration and maintenance staff were in addition to the above ratios.

With the exception of evening time these levels had increased since the previous inspection on 14 January 2011 when staffing levels were:

08:00hrs to 10:00hrs = 1 nurse and 4 carers = 1:11
10:00hrs to 15:00hrs = 2 nurses and 6 carers = 1:7
15:00hrs to 16:00hrs = 3 nurses and 5 carers = 1:7
16:00hrs to 18:00hrs = 2 nurses and 5 carers = 1:7.85
18:00hrs to 22:00hrs = 1 nurse and 5 carers = 1:9.1
22:00hrs to 08:00hrs = 1 nurse and 3 carers = 1:13.7

The provider and the deputy person in charge stated staffing levels are continuously monitored. No specific staffing level tool was used but the person in charge informed inspectors that staffing levels were based on the statement of

purpose and size and layout of the building. When needed extra staff were provided at short notice. However, the inspectors noted that nursing staff levels were low and that morning and evening medications were being administered by the only nurse on duty. To facilitate minimum disturbance of the nurse administering medicines and minimise the risk of error two nurses needed to be on duty at such times.

There was a low staff turnover which was good for the continuity of care. There was a good induction process and a good education programme in place for staff. The training programme included mandatory training in moving and handling, fire training and elder abuse awareness and the majority of staff had received training in understanding dementia and managing behaviours which are challenging. Staff were aware of policies and procedures related to the general welfare and protection of residents. An actual and planned staff rota was maintained.

Staff were supervised appropriate to their role and were aware of regulations and standards pertaining to the nursing home environment. They were made aware of regulations ad standards through staff meetings and were able to access copies of these documents at the nurse's station.

Most of the documentation required for each staff member as per Schedule 2 of the care and welfare regulations was available. However, some new staff were employed without all their references having been obtained. Where references were received the provider satisfied himself as to the authenticity of the references by telephoning the referees. Volunteers working in the centre had not been vetted.

6. Safe and suitable premises

Outcome 15
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities were adequate for the majority of residents. However, those in twin rooms had limited wardrobe space. There was a functioning call bell system in place and a lift to access the first floor.

The centre maintained a safe environment for resident mobility with hand rails in circulation areas. The corridors were kept clean and tidy. Adequate space was

available for privacy such as a small visitor's room and single occupancy bedrooms. There was a variety of communal space available. Heating, lighting and ventilation was suitable. Water was at a suitable temperature and showers were installed with anti-scalding devices. Pipe work and radiators were safe to touch.

The premises and grounds were well-maintained and free from significant hazards which could cause injury. Residents had access to a safe garden

The room dimensions met the requirements of the *National Quality Standards* for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents.

Each bedroom had an en suite facility. There were a sufficient number of toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was maintained and stored to a safe standard. Records were maintained of servicing.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were available. Staff facilities for changing and storage were limited.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:
Part 6: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

The manner in which records were stored ensured they were easily retrievable and kept secure. Records were accessible to the residents to whom they referred. Records were maintained for not less than seven years after the resident to whom they related ceased to be a resident in the centre. Reports relating to other inspections such as environmental health reports and fire safety reports were maintained in the centre and seen by the inspector.

However, some care plans were incomplete and there were some details missing from staff files. The directory of residents did not record the cause of death and not all policies were centre-specific. For example, the policy on complaints referred to the practice in another of the provider's nursing homes.

Insurance cover was up to date and the level of cover was normal for the industry. It included cover for resident's personal property. The insurance certificate stated cover was for 60 beds. However, if it was unclear if the certificate also covered the residential village in which case the number of beds to be covered should be higher.

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

A record was maintained of incidents occurring in the centre. Notifiable incidents were notified to the social services inspectorate within three days of the occurrence. Quarterly reports were provided, where relevant.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the deputy 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 co-operation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

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

5 April 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Abbot Close Nursing Home
Centre ID:	403
Date of inspection:	26 March 2012 and 27 March 2012
Date of response:	4 May 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

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

Two matters listed in schedule 1 of the regulations were absent. These included details of any conditions attached by the Chief Inspector to the registration and the size of communal rooms in the centre.

Reference was made to meetings dates and review dates which had passed which indicated the statement of purpose needed to be reviewed in order for it to remain accurate.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Action required: Keep the statement of purpose under review.	
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: The Abbot Close statement of purpose has been reviewed and has been updated accordingly. It will be reviewed on a quarterly basis going forward.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is requested to comply with a regulatory requirement in the following respect: The inspector requests a quarterly report to be submitted to the Chief Inspector in respect of any reviews of the quality and safety of care provided to, and the quality of life of, residents in the centre. This review must provide for consultation with residents and their representatives.	
Action required: Make a report in respect of any review conducted by the registered provider for the purposes of regulation 35(1), and make a copy of the report available to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We are reviewing and improving quality and safety of care and to date we have completed and submitted an audit on falls. We are beginning an audit on medication practices in view of the recent inspection and we will develop further audits in line with best practise.	Ongoing

Through our residents' forum we will seek the views of residents.	

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect: The complaints policy was not specific to Abbot Close Nursing Home; there was ambiguity in some of the references made in the policy and it was not dated.
Action required: Ensure the complaints policy is centre specific, accurately referenced and dated.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The complaints policy has been updated to make it specific to Abbot Close Nursing Home. The policy has been accurately referenced and dated.	Completed

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: Cleaning trolleys were left unattended with chemicals exposed. This posed a health and safety risk.
Action required: All reasonable measures must be taken to prevent accidents to any person in the centre.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Cleaning staff have been informed that cleaning trolleys must not be left unattended. They must be locked away when not in use. We have reminded staff that master keys need to be held responsibly and that staff are responsible for ensuring that rooms where cleaning products are stored are kept locked. This was brought to individual cleaning staff members' attention and was also raised at the staff meeting which was held on Thursday 19 April 2012.	Completed

Outcome 6: Medication management

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

Medicines which needed to be crushed had not been prescribed in this format by a doctor; transcribed medicine charts were not signed by the transcribing nurse and a nurse witness; the medication policy did not adequately cover the transcribing issue; residents' date of birth was not always on their drug administration charts; medication policies made reference to referral to the speech and language department when this was not part of the actual practice; medicines were handled by a nurse and a trolley was left unattended during the administration of medicines.

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are currently updating our medication policy, to include a section which specifies any transcribed medication, and also that a second nurse checks the transcribed medication in the Kardex and	

co-signs. We intend amending the main prescription sheet to include a column for the nurse transcribers' signatures. Our medication policy will be reviewed and will reflect our current practise, which does not include a review by a speech and language therapist (SALT). However, if we do need a SALT we will make the necessary referral.	31 July 2012

Outcome 7: Health and social care needs

5. The person in charge is failing to comply with a regulatory requirement in the following respect:

Documentation in relation to wound assessment was insufficient.

Falls assessments were completed on an infrequent basis.

The care plans were limited in detail especially in detail of social care needs. Assessments were not always followed through with an appropriate care plan and some care plans had not been reviewed for over three months.

Action required:

Comprehensive wound assessment documentation must be in place.

Action required:

Falls assessments must be completed on a more routine basis.

Action required:

Each resident's needs must be set out in an individual care plan developed and agreed with the resident.

Action required:

Each resident's care plan must be kept under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have changed over to using a different wound chart format which is more detailed and includes a section on staging wounds. We have now introduced a recognised wound assessment chart from the Royal Marsden Hospital. Since the inspection we have carried out an audit of falls risk (submitted to you); this covered the period from 1 January 2012 to end of April 2012. We will repeat this audit on a four-month basis. We are currently reviewing some of our care plans and we are looking at introducing a more thorough accountable format for care plans. To this end we are liaising with our two sister nursing homes.	 Completed Ongoing 31 July 2012

Outcome 12: Residents' clothing and personal property and possessions

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

Residents in twin rooms did not have lockable storage space.

Residents in twin rooms shared a wardrobe which limited the space available to them to hang their clothes and also impinged on their privacy.

Action required:

Adequate space must be provided for a reasonable number of each resident's personal possessions and ensure that residents retain control over their personal possessions.

Action required:

Adequate facilities must be provided for each resident to appropriately store, maintain and use his/her own clothes.

Reference:

Health Act, 2007
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All double rooms will have a second wardrobe fitted. We are currently looking at retrofitting the lockers in twin bedrooms with new locks. Pat Kennedy (proprietor) is ordering and following up on this.	31 August 2012

Outcome 14: Suitable staffing

7. The person in charge is failing to comply with a regulatory requirement in the following respect:

Nursing staff levels were low and morning and evening medications were being administered by the only nurse on duty. The ratio of nurses to carers was below UK guidelines.

New staff were employed without all their references having been obtained.

Volunteers working in the centre had not been vetted.

Action required:

To facilitate minimum disturbance to the nurse administering medicines, and minimise the risk of error, a minimum of two nurses must be on duty at medicine administration times.

Action required:

All staff must have three references on file before employment commences.

Action required:

Volunteers working in the centre must have their roles and responsibilities set out in a written agreement between the centre and the individual, receive supervision and support; they must be vetted appropriate to their role and level of involvement in the centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: In order to have two nurses on duty at all times during the daytime shift, I have introduced a 17:00hrs to 22:00hrs shift. There will be some overlap in hours with three nurses on duty, but this will only enhance resident care. I am currently actively recruiting extra nursing staff. We have sought references for all employees and most staff now have all the necessary documentation required. We have updated our recruitment policy to ensure that all staff references are sought and verified prior to employee start date. We have written to all volunteers and asked them to complete Garda vetting forms and we are seeking references. We are also developing a template that will clearly identify the roles and responsibilities of volunteers.	Ongoing 30 June 2012 Ongoing 31 August 2012

Outcome 15: Safe and suitable premises

15. The provider is failing to comply with a regulatory requirement in the following respect: Residents in twin rooms had limited space to hang their clothes as they shared a wardrobe. Staff facilities for changing and storage were limited.
Action required: Suitable storage facilities must be provided for the use of residents.
Action required: Suitable changing and storage facilities must be provided for staff.
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As already stated extra wardrobes are being provided. We are looking at re-allocating space in the nursing home for use as a changing facility for staff.	31 August 2012

Outcome 16: Records and documentation to be kept at a designated centre

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

Where restraint was used there was no documentation to show it was subject to assessment, ongoing review and monitoring.

It was unclear if the insurance certificate covered the residential village in addition to the nursing home. If it did, the number of beds stated on the certificate should be higher.

Action required:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Action required:

Clarify with the insurance company if the certificate covers the residential village in addition to the nursing home and amend the bed number cover accordingly.

Reference:

Health Act, 2007
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Standard 21: Responding to Behaviour that is Challenging
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: While we have carried out full staff training in the whole area of restraint, we will now review and update our current policy on documenting the use of restraint, in particular the nature of the restraint and its duration.	Ongoing

This will be reviewed on a continuous basis and audited. There is separate insurance for the Nursing Home and the Retirement Village. The management company for the Retirement Village provides the insurance cover for it.	31 July 2012

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 29: Management Systems	Each policy must be reviewed at a minimum every three years. Each policy should have a review date and this review date should be adhered to.
Standard 29: Management Systems	Policies should be audited to ensure compliance. This is particularly so if it stated in the policy that audits will be conducted.
Standard 24: Training and Supervision	Staff should receive updates on infection control, in particular updates on hand hygiene.
Standard 26: Health and Safety	More attention was needed in identification of hazards and documenting the control measures in place to minimize these hazards.
Standard 14: Medication Management	The system in place for reviewing and monitoring safe medication management practice needs to be more robust.
Standard 10: Assessment	Residents with a poor nutritional intake should have a regular nutritional assessment.

Any comments the provider may wish to make:

Provider's response:

The inspection has highlighted the need for constant review of policies, to reflect what actually happens in the day-to-day running of our nursing home. In addition, the need for audits to reflect best practice and to identify patterns of gaps in service was brought to our attention.

We have also begun using the MUST tool for monitoring nutritional requirements.

Provider's name: Denis McElligott

Date: 4 May 2012