

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Abbot Close Nursing Home
<b>Centre ID:</b>	ORG-0000403
<b>Centre address:</b>	St. Marys Terrace, Askeaton, Limerick.
<b>Telephone number:</b>	061 601 888
<b>Email address:</b>	info@abbotclose.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Patrick Kennedy and Denis McElligott Partnership T/A Abbot Close
<b>Provider Nominee:</b>	Denis McElligott
<b>Person in charge:</b>	Margaret Keane
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	58
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 13 November 2013 10:15 To: 13 November 2013 19:20

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, staff members, the person in charge and the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was good with an emphasis on continuous improvement. Nursing care was being provided in line with contemporary-based practices. Residents had choices about getting up times, what to get involved in and when to have their meals. Residents were seen to engage in activities such as art and craft work, music sessions, card games, reminiscence therapy and physiotherapy. The quality of the food was good and the dining room was

attractively laid out. The physical environment was well maintained and there was an ongoing programme of maintenance. Rooms were personalised and the décor was attractive.

New arrangements were put in place in mid 2013 with regards to the deputising arrangements and staff reported that this was working satisfactorily. The collective feedback from residents was one of satisfaction with the approach of staff, the friendliness of staff and the care provided. Residents and relatives identified areas for improvement which included a need for higher staffing levels, in particular an increased nursing input into resident care, the need to enhance the décor in the dementia specific unit and the need to increase activities programme. These areas were identified previously as needing attention and progress had been made. For example, since the last inspection the staffing compliment increased for the hours 17:00 to 24:00, repairs to walls, doors and furniture were made and the variety of activities offered had expanded. The management team had plans in place to upgrade the décor with priority given to enhancing the décor of the dementia-specific unit increase the hours staff were allocated to providing activities and planned to increase staff numbers once resident numbers increased over 60.

There were clear lines of authority, accountability and responsibility for the running of the centre. Policies were in place. Other documentation, such as resident file notes and care plans were well maintained. Staff files examined were complete. Medication management practices were good with an emphasis of identifying weaknesses in the system and having them rectified. Care plans were in place and were personalised.

This report outlines the findings of the inspection.

**Section 41(1)(c) of the Health Act 2007 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.**

**Outcome 01: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The written statement of purpose described a service which "promoted the dignity, individuality and independence of all those who enter our care". The services and facilities outlined in this statement of purpose included a secure dedicated Alzheimer/Dementia wing. The centre was described as purpose-built with landscaped gardens. Nursing care practices were to be supported by "allied professionals such as physiotherapists, occupational therapists and other visiting therapists". The inspector found that these descriptions were accurate and the aims and objectives set out in the statement of purpose were reflected in the actual service provided.

All items listed in schedule 1 of the regulations were detailed in the statement of purpose.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Random samples of resident contracts were examined. They were seen to set out the services to be provided and the fees to be charged. Those contracts examined were dated and signed by the resident and/or their representative.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was no change since the last inspection to the post of person in charge. She worked full-time in the centre and was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care.

The person in charge demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with the providers and with members of the management team and staff. Minutes were maintained of these meetings.

**Outcome 04: Records and documentation to be kept at a designated centre**

*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).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

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) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The centre had 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 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been on extended leave since her appointment. Both she and the provider were aware of the need to notify the Regulation Directorate if the person on charge was on leave for more than 28 days. Two deputy persons in charge were available to cover for such absences.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. There was no evidence of any barriers to staff or residents disclosing concerns they had in relation to this matter. Residents stated that they feel safe and attributed this to the attentiveness of staff. When there were suspicions of abuse they were appropriately investigated and responded to in line with the centre's policy.

Systems were in place to safeguard residents' money and this system was monitored by the administrator. This system included two staff members auditing the monies and valuables stored in safety for residents. A random check showed no discrepancies. Receipts were maintained when residents funds were used to purchase clothing for them or other items. Wallets and purses stored in the safe were easily identifiable. The system would benefit from including in each file held in the secure safe, a list of valuables other than money. This list should be kept up-to-date.

For those residents whose pension was collected by staff at the centre or paid into the nursing home account by the Department of Social Welfare, the administrator maintained an electronic record of such transactions. The administrator provided, on a regular basis or when requested, a statement of funds to the resident. If funds are released to a relative a signature was obtained from the relative.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

A health and safety statement was in place and updated in September 2013. The procedures in place for the prevention and control of infection were generally satisfactory. For example, hand gels were in place throughout, wash-hand basins were easily accessible, notices with regards to proper hand washing technique were in place and a contract was in place for the disposal of infected waste. In instances where the resident had an infection, personal protective clothing was available outside the resident's door. Approximately two thirds of staff had received training in hand hygiene but there was scope to provide more training in this area. There was some inappropriate and overuse of plastic gloves and such overuse may be a compensation for proper hand washing. For example, staff wore gloves when transferring residents from the sitting room to the dining room when this was unnecessary. In addition such practices

comprised the dignity of residents.

A risk management policy was in place and risk assessments conducted were specific to the centre. However, further assessment needed to be undertaken with regards to the unprotected stairwell and the opening of a window on the first floor corridor.

Arrangements were in place for responding to emergencies. Reasonable measures were in place to prevent accidents. 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 most recent fire alarm test took place on 14 October 2013. Call-bells were checked on that date also. The fire alarm was serviced regularly and all fire equipment was serviced on an annual basis. There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Staff received training in fire safety and the last training took place on 8 February 2013. However, the staff record also showed that it was over 12 months since the majority of staff had updates in relation to fire. Records were maintained of the servicing of the heating system, the generator and the lift. Records were also seen for the servicing and maintenance of equipment used in the centre. Records were maintained of all checks and training conducted.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A medication administration round was observed and practices adhered to professional guidelines. Medicines which needed to be crushed were prescribed for in this format. A system was in place to check medications received from the pharmacist to ensure they were correct. Such deliveries were made every month. If any discrepancies were noted the tray of medicines for that resident was returned to the pharmacy without delay. Medicine errors and near misses were recorded with the last entry being in December 2012. Drugs administered in a crushed format were appropriately prescribed. The pharmacist conducted audits and provided training for staff and the medicine audit of February 2013 showed improvement in practice from the previous one. There was an ongoing system of improving the manner in which medications were managed. Recently

the prescription charts were changed to ensure they were easier to follow than previous charts. Different coloured prescription charts were used for different medication types. This made it easy to identify those residents who were on regular medicines, those on medication given on an "as required basis" and those who were on antibiotics. Medications were reviewed on a three-monthly basis by the GP or more frequently if required. A nurse's signature sheet was held in the nurse office which identified each nurse signature and their initials. It was recommended that a copy of this signature sheet was also placed in each medicine kardex in order to have ready access to it.

#### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required.

#### **Outcome 10: Reviewing and improving the quality and safety of care**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge led the initiative in relation to auditing the safety and quality of practices. Since the last inspection she had undertaken a course in auditing and implemented a system to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of the learning from the monitoring review. For example, changes were made to kitchen access

following an incident which occurred. A falls' audit was undertaken and beds which lowered to the ground were purchased to minimise the incident of injury from night time falls. In addition an extra staff member was rostered from 17:00 hours to 24:00 hours as it was identified this was the time of highest risk of falls.

Residents were consulted through the residents' forum meetings for their input into the operating of the centre. The person in charge met with residents, relatives and staff on a daily basis and sought feedback with regards to care. This was confirmed by residents and relatives. Matters raised were generally attended to. For example, meal times were changed following consultation with residents. However, from the feedback provided to the inspector there was scope to revisit mealtimes as some residents still felt meals were too early. Other feedback received by the inspector indicated residents and their relatives were satisfied with the caring interventions given by staff. While some relatives and residents considered there was adequate staff on duty there was a significant number who felt an increase in staffing levels were needed, in particular in relation to the number of nurses. The management team and in particular the person in charge continuously reviewed staffing levels and plans were in place to increase staffing once occupancy increased to over 60 residents. Plans were also in place to increase the number of hours assigned to the activities coordinator.

### **Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents had access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy and dietetics were provided. Chiropody and hairdressing were accessed on a private basis. They were organised according to the 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 in accordance with evidence-based practice.

An initial assessment of residents' health and social care needs took place. Assessments were conducted as care needs indicated. For example, where appropriate pain levels were checked and recorded as were sleep pattern and mental test score. These assessments were in addition to the activities of daily needs' assessments conducted. Care needs were set out in care plans. These plans were revised following regular review. Residents and their families were encouraged to be involved in developing the plan of care. Nurse familiarity with care plans was good. However, it was unclear how familiar other staff were with the plan of care. There was a good system in place for giving hand-overs to staff and recording important daily items in a diary that was accessed by all staff. This diary was in addition to the daily nursing notes.

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 restricted mobility were supported to enjoy pet therapy and those who enjoyed keeping up-to-date with current affairs were able to enjoy quite reading space and access to radio and television.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The use of restraint was subject to assessment, on-going review and monitoring. Where used, the least restrictive approach was put in place and for the shortest time necessary. Alternative less restrictive measures were tried before restraint was employed. Documentation was in place to this effect.

There were opportunities for residents to participate in activities that suited residents needs, interests and capacities. They included music, art and craft, exercises, bingo, card games, knitting, walks, one to one interaction and outings. The music was particularly well received by residents and it was a positive feature of the Monday evening music session that residents from the main unit in the centre joined residents in the dementia unit for a very lively and enjoyable music session. The activities programme had become an important aspect of care for residents and there was scope for it to be expanded. The provider confirmed the time allocated to the activities coordinator was to be increased to facilitate this growing demand. Relatives and residents commented how the activities programme had improved over the past three years. The inspector observed that the programme had gained momentum and was a positive development. Staff other than the coordinator were also involved in activities.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The centre was clean and warm. Bedrooms were personalised and the communal areas were attractively decorated. The water temperature was suitable. Adequate space was available for residents to meet with visitors in private. However, screening curtains were incomplete in some of the twin-bedded rooms which impacted on bedroom privacy. A system was in place where maintenance issues were recorded in a book and attended to by the maintenance person. Repairs and redecorating had taken place since the last inspection and plans were in place for further improvements. This registration application was for 61 beds, an increase of one bed since the previous registration. This was the conversion of a single room to a twin room. There was adequate space for two residents in this room.

Bedrooms were tidy and it was clear that attention was given to ensuring residents' clothes were neatly placed in wardrobes. Storage arrangements had improved since the previous inspection with corridors tidier than previously. The room dimensions met the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had an en suite shower, toilet and wash-hand basin. There were a sufficient number of other toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Records were maintained of servicing of equipment. There was a well equipped and well stocked kitchen and the kitchen had been upgraded since the last report was issued. Other changes to the environment since the last inspection included the creation of a new reception area in the front foyer. This facilitated the old reception area to become a secure and more private nurse's station. The grand piano was moved from the front foyer to the sitting room to facilitate the new reception desk. However, this piano needed to be tuned and repaired in order that residents could enjoy it.

There were two attractive enclosed garden areas which were well maintained. Residents had easy access to these areas.

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Written operational policies and procedures were in place for the management of complaints. The complaints process 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 felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. Good detail was recorded around each complaint and it was clear from this documentation that there was an open approach to receiving and learning from complaints. An independent person was available if the complainant wished to appeal the outcome of the complaint.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous 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. Residents had the option of a single room and access to specialist palliative care services.

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example, residents had a nutritional assessment as their care needs indicated. Residents' weight was checked and recorded monthly. Residents had access to fresh drinking water at all times and the food provided was nutritious and available in sufficient quantities. It was also varied and took account of dietary requirements. Breakfast was normally served before 08:00hrs but residents had the flexibility to have a later breakfast if they so wished. Other meals and snacks were also available at flexible times. A choice of food was provided at each mealtime and a daily menu was on display. Residents expressed to the inspector their satisfaction with the food provided.

Residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. Nutritional supplements were used accordingly. Residents were referred to a dietician as appropriate and comprehensive speech and language therapist reports were seen in residents' files.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted about how the centre was planned and run through the residents' forum which met approximately every three months. The activities coordinator facilitated these meetings and maintained minutes of them. The activities coordinator then liaised with the person in charge regarding matters which had arisen at the meeting. Changes which had taken place as a result of these meetings included a change to mealtimes, and a greater awareness of the need to answer call-bells swiftly. The forum was usually well attended by residents who were openly able to express their opinions.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. Residents' independence was supported. For example, facilities were put in place so that political rights could be

exercised and voting in elections was accommodated in the centre. Residents' religious rights were facilitated through visits by the clergy and the facilitation of services such as Mass, Rosary and Sacrament of the sick. A remembrance mass was celebrated yearly which was a source of spiritual support for residents and their families.

Residents' capacity to exercise personal autonomy was respected. For example, provision was made for adequate storage space for clothing and personal possessions, lockable storage was provided and residents had a choice of when to get up and go to bed. In some instances residents choose to go to bed in the afternoon and get up again later. Residents were enabled to make informed decisions about the management of their care through being consulted about their care plans (in so far as possible). Facilities for recreation were good and included in-house activities such as art, bingo, card games and music. Outdoor activities included access to gardens and outings with family and friends.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Most practices in the centre ensured this. For example, bedroom doors were closed when personal care was being provided. Residents used their spacious en suite facilities to undertake personal care. However, privacy was compromised in some of the bedrooms where the screening curtains were not encircling the bed as mentioned in outcome 11. Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private and the inspector saw that this occurred. A room was available for residents to receive visitors in private. 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, residents with a cognitive impairment were provided with reminiscence therapy. The inspector observed staff in the dementia specific unit interacting with residents in a caring, respectful, and knowing way. This was evidenced by the manner in which residents smiled at staff, by the way staff knew where residents liked to sit and by the general calm and pleasant atmosphere in the unit. There was a low staff turnover and this helped to provide continuity of care and the building of relationships between staff and residents.

A Reiki practitioner visited the centre fortnightly and volunteers attended the advocacy group meeting and bingo sessions. Parties were arranged for times such as Halloween, Christmas and birthdays. Families were encouraged to be part of these celebrations. Every month the activities coordinator and other staff accompanied residents on outings which included shopping trips, visits to places of local interest and the seaside. At the time of inspection, ten to fourteen residents were planning a trip to the cinema. Residents had access to radio, television, newspapers and information on local events.

**Outcome 17: Residents clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A policy on residents' personal property and possessions was in place. Residents could retain control over their own possessions through the provision of adequate space for personal possessions. Laundry facilities were adequate. There were a few minor concerns expressed by relatives around the attention given to laundry and ensuring clothes were returned to the correct resident. Good systems were in place to safeguard residents' finances and valuables as discussed in outcome 6.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The staff rota maintained showed that two nurses were on duty daily from 08:00hours to 22:00hours. One nurse was on duty from 22:00hours to 08:00hours. Following a review of staffing in 2013 an extra care assistant was employed to work from 17:00hours to 24:00hours. Reports from staff indicated this extra assistance at evening time was helpful and needed. Reports from residents and relatives were unanimous in stating the care and attention provided by staff was very good. However, a number also expressed the view that more staff were needed. The person in charge confirmed she monitored, on an ongoing basis, the nursing and general staffing complement. Plans were in place to increase the nursing compliment.

Staff turnover was low which provided a good level of continuity of care. There was a safe and robust recruitment process. The documentation required for each staff member

as per Schedule 2 of the Care and Welfare Regulations was kept in a secure file. A random sample of files were examined and they were seen to be complete. Volunteers were vetted appropriate to their role and there was documentation in place to confirm this. A policy was in place for recruitment of staff and the vetting of volunteers. It was adhered to.

A system of staff appraisals was in place and a record was maintained of when the appraisal forms were given to staff, date returned and date appraisal completed. At the time of inspection the majority of appraisals were completed for 2013. A good system was in place for maintaining a record of staff training. There were gaps in the mandatory training provided in particular in relation to training in fire safety training as discussed in outcome 7. There were gaps in ensuring there were regular updates in elder abuse awareness. For example, of the 71 staff rostered only 14 had received training in elder abuse awareness in the previous 12 months. An ongoing programme of training in this area should be in place. Some training had been provided in 2012 and 2013 on dementia care. However, only a minority of staff received this training. Considering the centre has a dementia-specific unit and a significant number of residents with cognitive impairment a more robust programme of training must be put in place for staff. Approximately one third of staff had received staff training in hand hygiene which was good and this training should be expanded to ensure all staff receive it.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Abbot Close Nursing Home
<b>Centre ID:</b>	ORG-0000403
<b>Date of inspection:</b>	13/11/2013
<b>Date of response:</b>	06/12/2013

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

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

Further assessment must be undertaken with regards to the unprotected stairwell and the opening of a window on the first floor corridor. The precautions in place to control these risks must be identified.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: 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.

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

The stairwell door identified will have a secure key pad with code fitted at both the upstairs and downstairs entries.

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

We will engage with the window maintenance group to fit the required restrictor on the identified window.

**Proposed Timescale:** 31/01/2014

**Theme:** Safe Care and Support

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

The staff record showed it was over 12 months since the majority of staff had received updates in relation to fire awareness training.

**Action Required:**

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

We will ensure that Fire training is provided in a timely manner to all new staff.

**Proposed Timescale:** 10/12/2013

### **Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

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

Screening curtains were not adequate in some of the twin-bedded rooms.

**Action Required:**

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

We will install new curtain tracks and get new curtains made to ensure adequate privacy.

**Proposed Timescale:** 31/01/2014

### **Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A training programme of providing regular updates to all staff in relation to elder abuse awareness, care of residents with dementia and hand hygiene was not implemented.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

The training programme will be reviewed to ensure that all staff receive training in a timely fashion, in recognising and responding to elder abuse, care of residents with dementia and hand hygiene awareness.

**Proposed Timescale:** 10/12/2013