

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbeylands Nursing Home and Alzheimers Unit
Centre ID:	ORG-0000187
Centre address:	Carhoo, Kildorrery, Cork.
Telephone number:	022 25 090
Email address:	info@abbeylandsnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Provider Nominee:	Kevin Regan
Person in charge:	Joys George
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	0

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 February 2014 09:00	25 February 2014 18:30
26 February 2014 09:00	26 February 2014 16:30

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

Abbeylands Nursing Home and Alzheimers Unit comprises 50 beds and is divided into three sections for operational purposes, namely Blackwater, Funcheon and Lee. Lee is a unit designated to care for residents with a diagnosis of dementia.

During this inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard in pleasant and comfortable surroundings. However, a number of

improvements were required in areas such as contracts of care, records and documentation, risk management, quality improvement, care planning and nutrition. These are discussed in more detail throughout this report. The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

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:

There was a written statement of purpose that accurately reflected the available facilities, services outlined and care provided in the centre.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of contracts of care and each included the services to be provided and fees to be charged to each resident. New contracts were issued to each resident or their relative for the year commencing 01 January 2014, however a number of residents do not have signed and agreed contracts of care.

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:

The person in charge is a registered nurse, works full-time in the centre and has a minimum of three years experience in the area of nursing of the older person within the previous six years. Based on a review of records by the inspector, there was evidence that the person in charge had a commitment to her own continuing professional development through attendance at training including gerontology, people management, dementia care and audit.

Throughout the registration inspection the person in charge demonstrated adequate knowledge of the Regulations and the Standards. Based on observations, findings from this inspection and discussions with the person in charge the inspector was satisfied that she was suitably qualified and experienced with authority, accountability and responsibility for the provision of the service.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector viewed records and documentation and found that there was substantial compliance, however some improvements were required.

The directory of residents was reviewed and was found to be up-to-date and contained all of the information required by the regulations. Similarly, the statement of purpose and the residents guide contained all the required information and were available for review by residents and relatives. A copy of insurance was available and included provision for accidental damage to residents' property. A record was maintained of all visitors to the centre.

Most of the policies and procedures listed in Schedule 5 of the regulations were available, however, while there was reference to the management of residents property in a policy on accommodation, it did not adequately address the management of residents' personal property and possessions. In conjunction with the absence of a policy, while there were records maintained of residents' valuables, detailed records were not maintained of all property brought to the centre by residents. As will be discussed in Outcome 11, while the only form of restraint in use was bed rails, a record was not maintained of the time restraint was in place or of safety checks while restraint was in place.

There was a policy in place on the recruitment and selection of staff, however it only made reference to the requirement for two references when the regulations stipulate that three references should be obtained. A review of staff files indicated that most of the requirements of schedule 2 were met, however there were only two references for some staff.

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 was not absent from the centre for a period in excess of 28 days. There were suitable arrangements in place for the management of the centre in the absence of the person in charge.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an up-to-date policy on the protection of residents from abuse. All staff providing direct care to residents had received up-to-date training on the prevention and detection of abuse, however a number of ancillary staff had not been provided with training. All staff members spoken with were knowledgeable of what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and would have no problem reporting any concerns to staff. Throughout the inspection process the provider, person in charge and other members of management were seen to be knowledgeable of individual residents and there appeared to be no barriers to residents engaging with management.

There were adequate systems in place for the management of residents' finances and records were available of transaction made for and on behalf of residents. There was no evidence of any incidents or allegations of abuse.

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:

There was an up-to-date health and safety statement. Training records indicated that all staff had received up-to-date training in manual handling.

There was a risk management policy that addressed the identification, documentation, rectification and review of accidents and incidents, however it did not address the precautions in place to control the risks of residents absent without leave, assault, accidental injury to residents or staff, aggression and violence or self harm. There was an accident and incident log and evidence of appropriate response to individual accidents and incidents, however there was no record of an overall review of incidents

to identify trends, provide opportunities for learning and feedback to staff. There were procedures in place for the prevention and control of infection including policies on the management of infectious disease outbreaks, a colour-coded cleaning system and the segregation of clinical and household waste. There were antimicrobial hand-gel dispensers, however there was not an adequate number of dispensers strategically located throughout the centre, based on the size and layout of the premises.

There was an emergency plan that addressed the emergency evacuation of residents and the procedure to be followed in the event of the unexplained absence of a resident. However, the plan did not address other emergencies such as loss of power, loss of water, flooding or the safe placement of residents in the event of a prolonged evacuation. There were reasonable measures in place for the prevention of accidents such as safe floor covering, handrails on corridors and grab-rails in the majority of toilets, however a small number of communal toilets did not have grab-rails. Windows did not have restrictors in place to prevent them from opening completely and posed a risk for residents at risk of absconsion.

There was a smoking room that was ventilated to the external air by natural and mechanical means. There was no transparent panel on the door to facilitate the supervision of residents when smoking. There was a policy on residents and staff smoking, however the policy did not adequately address the assessment of residents in relation to risk of smoking, the level of supervision required when smoking and the level of access to cigarettes and lighters. A small number of residents smoked and there was inconsistency with the policy in that a risk assessment had not been completed in relation to smoking and it was not specified in residents' care plans what level of supervision was in place to safeguard residents while smoking.

There was a fire safety register that detailed the quarterly maintenance of the fire alarm and the annual maintenance of fire safety equipment and emergency lighting. Records indicated that all staff had received up-to-date training in fire safety, fire drills were held six-monthly and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. There were adequate arrangements in place for reviewing fire precautions such as the weekly testing of the fire alarm and the daily inspection of emergency exits to ensure they were free of obstruction. There were signs on display detailing what to do, but they were inadequate in number based on the size and layout of the premises. A report from the fire safety officer recommended the installation of fire/smoke detectors in attic spaces, however this had not yet been completed.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines, and the disposal of unused and out-of-date medicines. However, even though the policy was comprehensive, it did not address pro re nata (PRN) medication prescribing, administration and review and the policy and practice on transcribing in the centre did not comply with relevant professional guidance.

Based on a review of a sample of prescription and administration records, all contained appropriate information to facilitate the safe administration of medicines such as residents' photographs, route of administration and maximum dosage of PRNs. Medications requiring refrigeration and medications requiring special control measures were managed appropriately. There were records available detailing audits of medication management and administration. Based on a sample of records viewed by the inspector medications were reviewed regularly and at least three-monthly. Records were available verifying the return of unused and out-of-date drugs to the pharmacy.

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:

There were records available detailing accidents and incidents that occurred in the centre. Based on a review of the records, all notifiable events had been notified to the Authority within the required time frame.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a comprehensive programme of audits that included a review of quality of life for residents, residents' care plans, nutrition, medication management, skin care and food safety and hygiene. However, improvements were required in relation to the quality improvement process. For example, there were inadequate records available demonstrating where improvements were required based on the results of the audits, that these had been implemented. Improvements were also required in relation to the inclusion of residents and their relatives in the review of the quality and safety of care and the quality of life in the centre. While there was evidence of consultation with residents formally at residents meetings and informally through day-to-day interaction with residents, no residents or relative survey had been completed.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Throughout the two days of the inspection staff members demonstrated that they were knowledgeable of residents individual needs, provided care in a respectful and caring manner and there was a calm and relaxed atmosphere in the centre. Residents spoken with by the inspector were complimentary of staff and of the care they received.

Based on a sample of records viewed by the inspector, residents were reviewed regularly by their general practitioner (GP) and had access to out-of-hours GP services, when required. Residents also had access to specialist services and a full range of allied health services such as physiotherapy, speech and language therapy, dietetics and

chiroprody.

Residents had access to a range of activities that were coordinated by a full time activities coordinator. The programme of activities included music, bingo, arts and crafts, brain games, sonas, walks and a programme of exercises. Where residents choose not to participate in group activities, one-to-one activities were facilitated.

Based on a sample of nursing records reviewed, residents received a comprehensive assessment on admission and at regular intervals thereafter using recognised evidence-based tools. The person in charge had recognised that improvements were required in relation to the development of care plans and had recently introduced a new care planning process, however, they had only been completed for a small number of residents. Daily nursing notes were maintained for each resident detailing the health status and treatment given to each resident.

The only form of restraint used was bed rails and there were risk assessments in place identify resident for which it was appropriate and safe to use bed rails, however as discussed in Outcome 4 records were not maintained of the time restraint was in place or of safety checks when restraint was in place.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was bright, clean throughout and was maintained to a good standard both internally and externally. Resident accommodation consisted of 16 single bedrooms and 17 twin-bedded rooms, and all of the bedrooms were en suite with shower, toilet and wash-hand basin with the exception of one of the single bedrooms that just had a wash-hand basin. Residents' bedrooms were adequate in size, had adequate space for storing personal possessions, including lockable storage and many were personalised by the residents. There was adequate communal and dining space and there were suitable areas for residents to meet with visitors in private, separate from their bedrooms.

There was adequate assistive equipment available such as, hoists, scales and wheelchairs and records were available demonstrating preventive maintenance was

carried out regularly. There was adequate storage space for equipment and the centre was generally tidy and uncluttered. There were adequate toilet and washing facilities

Residents had access to secure, enclosed gardens that were accessible from within the centre and contained seating, shrubs and raised beds.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a centre specific complaints policy that identified the complaints procedure and the independent appeals process. The policy did not identify a person responsible for overseeing the complaints process to ensure that complaints are appropriately responded to, and that records are maintained. The procedure for making complaints was on display in the centre that identified the complaints procedure and the independent appeals process, however it also made reference to the Authority as a component of the complaints process. The provider and person in charge were informed that the Authority does not routinely investigate individual complaints.

The inspector reviewed the complaints log that contained a record of each complaint, the investigation, outcome of the complaint and whether or not the complainant was satisfied with the outcome.

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:

There was an up-to-date policy on the provision of end-of-life care. The centre had good access to palliative care services for residents approaching end-of-life. Spiritual and religious needs were facilitated. Relatives were facilitated to remain with the resident overnight, if required. End-of-life training was scheduled to take place for all staff in the weeks following this inspection.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an up-to-date policy on the management of nutrition in the centre. Residents were weighed monthly and had a nutritional assessment using a recognised evidence based tool where there was evidence of weight loss. There was, however, conflicting written guidance available regarding the appropriate use of the tool and the person in charge had committed to getting clarification.

Meal times appeared to be relaxed social occasions with good interaction between residents and between staff and residents. Residents requiring assistance at meal times were assisted in a respectful and dignified manner. Food appeared to be nutritious and was well presented. There was a choice of food available and where residents requested something other than what was on the menu for that day, this was facilitated. It was not always evident, however, that residents on modified diets were facilitated with choice at mealtimes. Additionally, there was an inadequate system of communication in place to ensure that residents on modified diets were provided with food consistent with that recommended by the speech and language therapist.

Where concerns were identified in relation to residents' nutritional status, there was evidence of referral for advice and assessment from specialist/allied health services. There was an adequate system in place to ensure that nutritional supplements were administered appropriately.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre is run through residents' meetings. The inspector viewed a sample of minutes from the meetings and there was evidence of discussion around issues such as food and activities. While discussions with staff indicated that issues raised were addressed, it was not always possible to discern from records of meetings that this occurred.

Residents were facilitated to vote in local and national elections, either in the centre or at the local polling station. Residents had access to a chapel within the centre, and religious observance of all denominations was facilitated. Care practices respected residents' privacy and dignity and independence was promoted.

Visitors were welcomed throughout the day supporting residents to maintain contact with relatives and friends. Residents had access to radio, televisions and newspapers.

Closed circuit television cameras (CCTV) were in operation at reception and on corridors, however there was no policy in place governing the use of CCTV cameras and there was no signage indicating there were CCTV cameras in the centre. CCTV cameras were also in place in the sitting room of Lee unit, where residents should have a reasonable expectation of privacy.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were adequate laundry facilities on-site and arrangements were in place to support the return of residents' personal clothing. Based on discussions with residents, relatives and staff there were infrequent occasions when laundry was misplaced, however every effort was made to ensure it was found and this was usually successful.

There was good provision for residents to store clothing and personal items in their bedrooms. As discussed in Outcome 4 there was no separate and distinct policy on residents' personal property and possessions and detailed records were not maintained of all personal items brought to the centre.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Duty rosters were maintained that accurately reflected the staff on duty. Based on the observations of the inspector and findings of this inspection there were adequate staff numbers and skill mix to meet the needs of residents. The provider and person in charge were requested to keep staffing under review, particularly the number of nurses on night duty to ensure that residents needs were met at all times. The inspector was informed that the person in charge or a clinical nurse manager are on call should there be a need for an additional nurse on night duty.

Staff were facilitated to attend mandatory training as discussed in Outcome 7 and were also provided with opportunities to attend additional training to support professional development and the provision of evidence-based care.

As discussed in Outcome 4 the recruitment policy required a review to ensure it complied with the regulations and not all documents required under Schedule 2 were present. In addition to these requirements there was a need to put in place a system to ensure that all references were verified.

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Abbeylands Nursing Home and Alzheimers Unit
Centre ID:	ORG-0000187
Date of inspection:	25/02/2014 and 26/02/2014
Date of response:	08/04/2014

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 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Not all residents had a contract of care agreed within one month of admission.

Action Required:

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

We have all residents now under contract, following our discussion we propose to issue a contract for each resident for the duration of their residency with Abbeylands as opposed to the yearly contract we had been issuing up to this point. We will link the contract value to the agreed NTPF rate.

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

Proposed Timescale: 28/03/2014

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

Theme: Leadership, Governance and Management

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

A record was not maintained of the time restraint was in place or of safety checks while restraint was in place.

Action Required:

Under Regulation 25 (1) (e) you are required to: 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.

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

We have established a restraint observation chart which is kept in the residents file and is accessible to all members of staff. This record will record any such incidences of restraint, however in principle we endeavour to operate a no restraint policy with the only restraint being used is that of a bed rail and it is only in very exceptional circumstances and for safety of the resident that such restraints may be used in very limited circumstances.

Proposed Timescale: 01/03/2014

Theme: Leadership, Governance and Management

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

While there was reference to the management of residents property in a policy on accommodation, it did not adequately address the management of residents' personal property and possessions.

Action Required:

Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

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

We have amended our policy to list all residents' possessions.

Proposed Timescale: 15/03/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

A number of ancillary staff had not been provided with training on the prevention and detection of abuse.

Action Required:

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

All staff members have been trained in the prevention and detection of abuse through further elder abuse training.

Proposed Timescale: 20/03/2014

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:

The risk management policy did not address the precautions in place to control the risks of residents absent without leave, assault, accidental injury to residents or staff, aggression and violence or self harm.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

We will amend and update our risk management policy to reflect the precautions in place to control the risks of residents absent without leave, assault, accidental injury to either residents or staff and to reflect the risks of aggression or self harm

Proposed Timescale: 30/03/2014

Theme: Safe Care and Support

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

The risk management policy addressed the arrangements for the investigation and learning from incidents, however there was no record of an overall review of incidents to identify trends, provide opportunities for learning and feedback to staff.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

We will update and amend our risk management policy to provide for a look back and reflection of recorded incidents with an aim of identifying trends and learning from such recorded incidents.

Proposed Timescale: 30/03/2014

Theme: Safe Care and Support

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

The emergency plan did not address emergencies such as loss of power, loss of water, flooding or the safe placement of residents in the event of a prolonged evacuation.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

We will amend and update our emergency plan to formally put in place our emergency plan to include for incidents such as the loss of power, loss of water, flooding and the safe placement of residents in the event of prolonged evacuation.

Proposed Timescale: 18/04/2014

Theme: Safe Care and Support

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

Improvements were required in relation to assessment and supervision of residents that smoked, including:

- the smoking room did not allow for the supervision of residents while smoking
- the policy on smoking did not adequately address the assessment of risk in relation to the level of supervision required by residents while smoking or the level of access to cigarettes and lighters
- residents that smoked were not risk assessed
- it was not specified in residents' care plans what level of supervision was in place to safeguard residents while smoking.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

We will fit viewing panels to the smoking room to facilitate residents being supervised by staff while staff is not being exposed to passive smoking.

Cigarettes are not freely available to residents and are given to residents on request, residents are not provided with matches or lighters and these are provided under strict supervision.

Residents who smoke will be risk assessed.

We will amend our care plans for residents who smoke to provide for further risk assessment.

We have amended our smoking policy to reflect the items above and to provide for resident risk assessment.

Proposed Timescale: 25/04/2014

Theme: Safe Care and Support

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

Windows did not have restrictors in place to prevent them from opening completely and posed a risk for residents at risk of absconsion.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Window opening restrictions will be fitted to all windows along with the smoking room in the main reception area.

Proposed Timescale: 16/05/2014

Theme: Safe Care and Support

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

A report from the fire safety officer recommended the installation of fire/smoke detectors in attic spaces, however this had not yet been completed.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We have procured the outstanding smoke detection equipment and have arranged for our fire safety consultants and contractors to install the missing smoke detection to the

attic spaces and link these additional smoke detectors to the central fire alarm panel.

Proposed Timescale: 11/04/2014

Theme: Safe Care and Support

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

There was inadequate signage on display in prominent places detailing the procedures to be followed in the event of fire in the designated centre.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

We have placed additional signs to detail the procedures to be followed in the event of a fire.

Proposed Timescale: 01/03/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The medication management policy did not address pro re nata (PRN) medication prescribing, administration and review and the policy and practice on transcribing in the centre did not comply with relevant professional guidance.

Action Required:

Under Regulation 33 (1) you are required to: 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.

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

We will amend our medication management policy to include medication prescribing (PRN) to comply with the professional guidance; this will include sign off by a General Practitioner.

Proposed Timescale: 31/03/2014

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

Theme: Effective Care and Support

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

There were inadequate records available demonstrating where improvements were required based on the results of the audits, that these had been implemented.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

We will review fully our auditing system and change the format of our auditing so that we can ensure the responses to audits lead to improvements to the quality of care we provide to our residents.

Proposed Timescale: 25/04/2014

Theme: Effective Care and Support

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

Improvements were required in relation to the inclusion of residents and their relatives in the review of the quality and safety of care and the quality of life in the centre.

Action Required:

Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

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

We will proceed with an annual resident and resident family quality of care survey so we may receive anonymous feed back from residents and resident's families to improve the quality and safety of care and the quality of life for our residents.

Proposed Timescale: 25/04/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The person in charge had recognised that improvements were required in relation to the development of care plans and had recently introduced a new care planning process, however, they had only been completed for a small number of residents.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The new care plan was introduced immediately prior to the visit of HIQA and we did not have time to fully implement the new care plan system to all residents, this new care plan system is now fully operational

Proposed Timescale: 25/04/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The complaints policy did not identify a person responsible for overseeing the complaints process to ensure that complaints are appropriately responded to, and that records are maintained.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

We have amended our complaints policy to reflect that independent person not nominated by regulation 39(5)

Proposed Timescale: 15/03/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

There was conflicting written guidance available regarding the appropriate use of the nutritional assessment tool.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

We have met with and are liaising with our Nutritionist to formulate clearer nutritional plans for each resident; this will be incorporated into a comprehensive policy for monitoring and documenting the nutritional intake of residents.

Proposed Timescale: 25/04/2014

Theme: Person-centred care and support

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

There was an inadequate system of communication in place to ensure that residents on modified diets were provided with food consistent with that recommended by the speech and language therapist.

Action Required:

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

We have liaised with our kitchen staff and provided our Kitchen staff (Chefs) with full written instructions for our residents on modified diets, these instructions is on display in the food preparation area. The DON and CNM are monitoring the implementation of the modified diets.

Proposed Timescale: 05/03/2014

Theme: Person-centred care and support

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

It was not always evident that residents on modified diets were facilitated with choice at mealtimes.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

All residents including residents on modified diets are being offered the choices available to all residents.

Proposed Timescale: 01/03/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

Discussions with staff indicated that issues raised at residents' meetings were addressed, however, it was not always possible to discern from records of meetings that this occurred.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Where suggestions made at residents meetings are agreed upon we fully implement such suggestions and changes, we will record such decisions and outcomes into the future.

Proposed Timescale: 30/03/2014

Theme: Person-centred care and support

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

Closed circuit television cameras (CCTV) were in operation at reception and on corridors, however there was no policy in place governing the use of CCTV cameras and there was no signage indicating there were CCTV cameras in the centre. CCTV cameras were also in place in the sitting room of Lee unit, where residents should have a reasonable expectation of privacy and is not in compliance with guidance from the data protection commissioners office.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

We have reviewed our CCTV policy and we are of the opinion that our actions in the Alzheimer Lounge are adequate relevant and not excessive as provided for under the data protection act:

Section 2(1) (c) (iii) of the Acts require that data are "adequate, relevant and not excessive" for the purpose for which they are collected. This means that an organisation must be able to demonstrate that the serious step involved in installing a system that collects personal data on a continuous basis is justified. Before proceeding with such a system, it should also be certain that it can meet its obligations to provide data subjects, on request, with copies of images captured by the system.

If the monitoring is for health and safety reasons, a data controller would need to demonstrate that the installation of CCTV was proportionate in addressing health and safety issues that had arisen prior to the installation of the system.

We have in the past noted some incidents of injury to staff members and for the safety and security of our residents and staff a recording system is used for the purpose of ensuring the safety of residents and staff. Our insurers raised concerns with our insurance provision and we have taken this step so that we can maintain insurance cover.

We will place notification of CCTV cameras in operation at the entrances to the home in accordance with the act. We will review this practice over the coming months and take advice from a variety of sources prior to making a further policy decision on the matter

Proposed Timescale: 14/04/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

Detailed records were not maintained of all property brought to the centre by residents.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

We will maintain a detailed property register to record clothing, personal items and furniture where relevant for all new residents, we will over time record the same schedule of items for our existing residents.

Proposed Timescale: 01/06/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

A review of staff files indicated that most of the requirements of schedule 2 were met, however there were only two references for some staff.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

We have reviewed the staff files and where there was a shortcoming (one staff file) in the provision of references we have addressed this shortcoming and all references are now in place for all staff members.

Proposed Timescale: 15/03/2014

Theme: Workforce

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

There was a policy in place on the recruitment and selection of staff, however it only made reference to the requirement for two references when the regulations stipulate that three references should be obtained.

Action Required:

Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

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

We have amended our policies and procedures to reflect the requirement for three references where we had referenced this to be only two for all staff members.

Proposed Timescale: 01/03/2014

Theme: Workforce

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

There was a need to put in place a system to ensure that all references were verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

We have amended our recruitment procedures to ensure the authenticity of staff references.

Proposed Timescale: 01/03/2014

