



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

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| Name of designated centre: | Abbey Haven Care Centre & Nursing Home         |
| Name of provider:          | Abbey Haven Care Centre & Nursing Home Limited |
| Address of centre:         | Carrick Road, Boyle,<br>Roscommon              |
| Type of inspection:        | Announced                                      |
| Date of inspection:        | 31 August 2023                                 |
| Centre ID:                 | OSV-0000738                                    |
| Fieldwork ID:              | MON-0032254                                    |

## About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals.

This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 58 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection     | Inspector     | Role |
|----------------------------|-------------------------|---------------|------|
| Thursday 31<br>August 2023 | 09:15hrs to<br>18:00hrs | Michael Dunne | Lead |

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspector that this was a "great spot".

The inspector also reviewed a number of resident questionnaires received both prior to and during the inspection which had been completed by residents and in some cases by their relatives. These questionnaires focused on residents' experiences living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. While the majority of responses reviewed were positive, some responses were neutral with regard to the availability of sufficient space in their room to store personal items.

The inspection was carried out by the designated centre's case holding inspector who was accompanied by another inspector in an observational capacity only. Upon arrival inspectors were guided through the centre's infection prevention and control procedure which included symptom checking and hand hygiene. Although there was no known outbreak in the centre, the provider requested staff and visitors to wear face coverings as a precautionary measure.

Following an introductory meeting with one of the directors involved in the running of the designated centre and the recently appointed person in charge, the inspectors commenced a tour of the designated centre. The centre was clean, warm and odour free. There were alcohol hand rub dispensers located in key areas throughout the centre which were found to be well-maintained. There was signage available throughout the centre to guide residents, staff and visitors to key locations such as dining, visiting and dayrooms. Additional seating was provided on corridors for residents who required a rest on their way back to their rooms from communal areas. There was also a range of information on display in relation to fire safety which included actions to take in the event of a fire emergency.

The inspectors visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose. There was also sufficient storage in the centre which ensured that there was appropriate segregation of clinical and non clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained.

Inspectors observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Observations confirmed that staff were aware of residents care and support needs and all staff and resident interactions were found to be positive and respectful. Residents told the inspector

that they felt safe living in the centre and that if they had a concern or wished to register a complaint they could talk to any member of the staff team.

Residents were seen to move about the centre freely throughout the day and to access communal areas inside and outside the designated centre. There were two secure courtyard areas for residents to access which were well maintained with appropriate seating for residents to use.

Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. Inspectors attended an organised music session which residents enjoyed. Many residents were observed participating in this activity and were singing along to the music. Some residents were observed to dance to tunes that they were familiar with. An activity schedule was advertised in the centre which gave residents information on the activities that were planned during the week. Inspectors observed good attendance of residents at a religious service streamed from the local parish and broadcast live on the television.

Residents' bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest such as personal photos and other items. The majority of resident rooms were spacious and suitable for the assessed needs of the residents. Resident accommodation was mainly provided in single and twin rooms occupancy with an ensuite facility which included a toilet, wash hand basin, and shower. However there were a number of twin which did not provide residents with sufficient space to be able to access their personal storage due to the current layout of these rooms. In addition residents did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so.

The majority of residents who expressed a view said that they like the food and confirmed that should they not like what was on the menu then they could request an alternative meal. The main meal options available for residents on the day of the inspection included a turkey and a salmon dish. Inspectors observed a food trolley being prepared for mid-morning snacks and contained a range of hydration and light snacks.

Residents who spoke with the inspectors said they were happy with current visiting arrangements, many visitors were observed coming and going throughout the day.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

## Capacity and capability

The inspection found that designated centre was well-managed for the benefit of

the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted.

An application to renew the registration of the designated centre was received by the Office of the Chief Inspector and was being processed in line with procedures.

This announced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in August 2022. Following the last inspection the provider was found to have implemented the majority of their compliance plan however there were some regulations that required additional actions to ensure full compliance with Regulation: 3 Statement of Purpose, Regulation:23 Governance and Management, Regulation:34 Complaints and Regulation: 31 Notifications of incidents.

The registered provider for this designated centre is Abbey Haven Care Centre and Nursing Home Limited. The inspection was facilitated by a director of the limited company and by the person in charge, a review of the management structure confirmed there were clear lines of authority and accountability in place. The person in charge was recently appointed to their role and had completed their induction. The management team were supported in their roles by a team of clinical and support staff.

There was a well-established audit schedule in place to monitor the standards of care provided. Results of audits confirmed high levels of compliance and where improvements were identified there were action plans in place address the issues identified. Although there was effective monitoring of care provision at local level, the inspector was not assured that information collected was being used to drive continuous improvement. Records reviewed on inspection confirmed that management meetings which provided oversight of the service were held on a quarterly basis with two management meetings held in 2023. There was a risk that this frequency of management meetings did not ensure there was effective oversight and review arrangements in place. r. This meant that some improvements may be delayed which would impact on the quality of the service delivered to residents.

The provider had completed a comprehensive report on the quality and safety of care for 2022 which also included an improvement plan for 2023. While this report provided key information about the performance of the service, it did not reflect resident feedback on their views of the service. This was a lost opportunity as the improvements identified for 2023 may not be in line with residents views.

Records were well maintained with documents made available for the inspector to review, however a small number of records required update and were submitted to the inspector post inspection.

The inspector reviewed a sample of residents' contracts for the provision of services and found that contracts accurately described the service provided and the charges for the service. The provider did not levy a social charge for the provision of activities. The statement of purpose required some amendments to accurately describe the services provided which the provider updated on the day of the inspection.

A review of staff files found that they contained all the information required under Schedule 2 of the regulations and included a valid Garda vetting disclosure.

While the provider was found to communicate effectively with the office of the Chief Inspector and submit notifications in a timely manner, the inspector found that records relating to quarterly notifications were not accurate and resulted in an under reporting in the number of bedrails currently in use in the designated centre. Discussions held with the provider confirmed that they understood that all instances of bed rail use were required to be reported not just those where consent was granted in an multi-disciplinary team meeting (MDT).

There were sufficient numbers of staff available in the designated centre on the day of the inspection to meet the assessed needs of the residents. Arrangements were in place to maintain staffing levels to cover staff absences. A review of rosters confirmed that all absences had been filled. The provider was currently recruiting for the post of a clinical nurse manager, this post was temporarily covered by the previous director of nursing until a replacement was recruited.

There was a comprehensive training programme in place which incorporated a selection of both face to face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio- pulmonary resuscitation (CPR). The provider confirmed that training in complaints management had been arranged.

There was a complaints policy in place which did not incorporate the legislative changes to Regulation 34 which came into effect in March 2023. The provider has amended this policy to comply with this regulation. A review of records confirmed that there was low levels of complaints received. Of the three recorded complaints received since the last inspection, two were resolved at stage one of the complaints policy while one complaint was still under review at the time of the inspection.

## Regulation 14: Persons in charge

The provider had recently recruited a person in charge who met all the requirements of this regulation.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention and control, dysphasia and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. The insurance contract was renewed in July 2023.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had completed an annual review of the quality and safety of care delivered to residents in the designated centre for 2022 which incorporated an improvement plan for 2023. Although this document provided key information relating to the performance of the provider in ensuring the service provided was safe and appropriate, the inspector was not assured that residents feedback of their experience living in the centre was reflected in this document. For example

- There was no reference to resident feedback gathered from resident meetings or to previous satisfaction surveys.
- A review of documents confirmed that only two resident meetings were recorded in 2023.

In addition, while there were systems in place to review the quality of the service, the inspector found that management records did not provide evidence of regular oversight at provider level. For example

- A review of governance records made available for review confirmed that two management meetings were held in 2023.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 3: Statement of purpose

Although there was a statement of purpose in place this document required updating to accurately describe the following

- The number of WTE (whole time equivalents) of staff allocated to both laundry and housekeeping duties.
- How complaints were managed with regard to changes in Regulation 34.
- The referral process to the HSE (Health Service Executive) for access to community services such as occupational therapy and physiotherapy.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

While quarterly notifications were submitted to comply with schedule 4 of the regulations, a review of records pertaining to the use of bed rails confirmed that the use of bed rails were under reported in the quarterly submissions to the office of the

Chief Inspector.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider however this policy and procedure had not been updated to incorporate amendments made to this regulation by recent statutory legislation. The provider submitted an updated policy post inspection which met the requirements of the regulations.

The inspector reviewed the complaints log and confirmed that the provider had received three complaints since the last inspection, two of which had been closed off in line with their policy and there was one complaint which was being managed in line with the centres complaints procedures but had not been resolved at the time of this inspection.

Judgment: Substantially compliant

### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

## Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services and a planned programme of social care interventions. The provider was found to have made a number of improvements since the last inspection which included a more robust approach in ensuring that infection prevention and control practices were effective. In addition, there were improvements found in assessment and care planning which meant that care interventions were in line with residents' assessed care needs.

The inspector found that care records had been computerised since the last inspection and the provider felt that this transition had improved the management of residents care information. This was validated by the inspectors who found that records were of a good standard. Records confirmed that pre assessments were in place for each new resident prior to admission to ensure the provider could meet the needs of the resident. In addition residents' care needs were assessed on admission and personalised care plans were developed in response to any identified needs.

Residents were consulted about how they would like care interventions to be provided and where residents were unable to provide this information significant others were consulted such as families members. Care plan reviews took place every four months or when residents' needs changed. A selection of nutritional care plans were reviewed and were found to accurately describe the assessed needs of the residents and the required interventions to meet those needs. There was access to specialist advice from dietitians where required and care plans were found to be updated in line with the advice received.

Residents has access to a range of health support services which included a general practitioner (GP), allied healthcare professionals such as dietitians, TVN ( tissue viability nurses) and speech and language therapists (SALT). Records confirmed that there were effective networks in place to support residents who required psychiatric support. Arrangements for residents who required palliative care support were also in place.

Records showed that residents were referred to specialist services in a timely manner. The provider confirmed although referrals to the community for occupational therapy and physiotherapy support were made through the residents allocated GP, these services were not provided by community services. This meant that residents had to access these services on a private basis.

The premises were well maintained and communal facilities were spacious and comfortable for residents to enjoy. Equipment in use to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were serviced regularly. For the most part resident bedrooms were suitable for the assessed needs of the residents living in them, however the layout of a number of resident twin rooms meant that residents could not easily access their personal storage, their comfortable chair or enjoy watching the television without impacting on the personal space of the other resident residing in these bedrooms. Furthermore residents who were residing in these twin bedrooms and wished to spend time there were unable to pursue activities in private due to the current layout of these rooms. This was brought to the attention of the person in charge during the inspection.

There was unrestricted access to all areas of the centre including the internal courtyards. Residents were observed accessing all areas of the home during the inspection.

There was an activity programme in place which was advertised in the centre. On the day of the inspection the activity co-ordinator was observed planning an arts

and crafts session with residents while later in the day a well attended music session was thoroughly enjoyed by all the residents present.

Furthermore records made available confirmed there was a lack of recorded meetings with residents which meant that residents feedback could not be captured and responded to. While satisfaction surveys may capture resident views at a particular moment in time, they are not a substitute for regular consultation and discussion with residents. While the inspector acknowledged that there were regular informal contact between the provider and residents, this was a lost opportunity to provide residents with recorded feedback on the service and on their queries or comments.

Inspectors observed good practices with regard of infection prevention and control (IPC), which included good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The provider requested staff and visitors to wear face coverings which was not in line with current guidance. The provider was concerned about an upsurge of COVID-19 infection in the community and felt that this was a reasonable precautionary measure to take.

The centre was clean, well maintained and storage practices had greatly improved since the last inspection which meant the risk of cross contamination had been reduced. Key risk areas such laundry facilities and sluice rooms were clean and effectively managed. Equipment used in the laundry and sluicing facilities were routinely serviced in line with manufacturers guidelines. A review of cleaning records confirmed that resident equipment was also cleaned according to the cleaning schedule. Other records confirmed that the provider had recently reviewed their preparedness and contingency procedures to ensure that they fit for purpose.

Records associated with clinical, operational and environmental risks were well maintained and available for review. A review of incidents that occurred in the centre since the last inspection found that these incidents were clearly described and were followed up in line with the centre's risk policy.

There were improvements found regarding the oversight of fire precautions in the centre. Resident PEEPs (personal emergency evacuation plan) were in place and updated when required. Simulated fire drills were available to review and contained a more comprehensive account of the evacuations carried out, the needs of the residents evacuated, and a review of how effective the evacuation in order to identify further improvements. Records relating to the servicing of fire equipment and the management of the fire system were in date. Staff were able to confirm their attendance at fire safety training and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire.

## Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed

several visitors attending the designated centre during the day. Residents access to their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

The inspector spoke with some visitors who confirmed that they found the service to be well managed and that residents were well cared for.

There was a signing in register in place for all visitors to complete which requested information on infection status. Other precautions included the requirement to complete hand hygiene tasks. At the time of the inspection visitors were requested to wear face coverings upon entry although there was no infection outbreak present at the centre at the time of the inspection. Current guidance on visiting long term care facilities from the HSE indicates that it is no longer mandatory to wear face masks when visiting residents in nursing homes.

Judgment: Compliant

### Regulation 17: Premises

The inspector was not assured that the layout of six twin occupancy rooms met the requirements of Schedule 6 of the regulation's. In their current layout not all residents had access to a comfortable bedside chair or were able to access their belongings within their own bedspace. Further reference to these issues are discussed under Regulation:12 Personal Possessions and under Regulation: 9 Residents Rights.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

he provider ensured that procedures consistent with the standards for the prevention and control of health care associated infections- published by the

Authority were implemented by staff. This was evidenced by:

- The allocation of resources to clean and maintain the centre.
- Cleaning records which confirmed that there were systems in place to clean the centre on a daily basis as well as ensuring that equipment used for residents care were also cleaned and maintained.
- The provision of two sluice facilities which were suitable in size and contained bedpan washers and other equipment which were regularly serviced.
- The availability of clinical hand wash sinks which complied with current recommended specifications.
- Storage was well managed and there was effective segregation of clinical and non-clinical items in the centre.
- There was effective management of laundry facilities to ensure clean and soiled laundry did not come in contact.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. For Example

- The inspector observed fire fighting equipment was located throughout the designated centre and was found to be well-maintained and regularly checked by the centres fire engineers.
- Fire maps and information on evacuation were displayed in the centre.
- All staff had received fire safety training on an annual basis and were familiar with fire safety procedure.
- Residents peeps(personal emergency evacuation plans) were update at regular intervals.
- The provider also carried out simulated evacuations of different fire compartments within the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessment and care planning were found to be of a high standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents assessed needs.
- Care plans were reviewed at 4 monthly intervals, or as and when required.
- Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The provider told inspectors that although referrals were made to the HSE for residents who required occupational therapy and physiotherapy support there were significant delays in residents receiving timely intervention and in most cases had to access these services on a private basis. Where residents did not have resources to access these services privately their only option was to attend acute settings such as hospitals to receive the necessary care.

The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines available in the centre.

There were systems in place to monitor resident healthcare needs and care records confirmed that referrals were made for residents to access other services to maintain their well-being such as psychiatric support.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. Referrals were made to specialist services that included psychiatry of later life.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were observed to be trialled in the first instance with restrictions only introduced when required to maintain resident safety. There was a restrictive practice register in

place which was reviewed on a regular basis.

Judgment: Compliant

### Regulation 8: Protection

The inspector was assured with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Staff were aware of their responsibilities to report concerns and were familiar with the content of the safeguarding policy. A review of Schedule 2 records confirmed that staff had a guard vetting disclosure in place prior to commencing work in the designated centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents residing in a number of twin occupancy rooms did not have the ability to exercise choice in their daily routines due to the current layout of these rooms, for example.

- There was only one television provided for residents living in twin occupied rooms which impacted on their choice of viewing.
- In some cases residents would have had to enter another residents bedspaces to access the ensuite facilities.
- Residents who shared twin rooms could not undertake personal activities in private due to the existing layout of these rooms.

In addition, the inspector was not assured that residents were consulted and given opportunities to participate in the running of the centre.

- Records confirmed that there were two resident meetings held in 2023

Judgment: Not compliant

### Regulation 12: Personal possessions

The majority of residents living in the designated centre were able to retain control of their clothing and personal belongings, however the layout of a number of twin occupied bedrooms meant that residents would have to have to impinge on other

residents personal space to access these items.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 24: Contract for the provision of services                              | Compliant               |
| Regulation 3: Statement of purpose   | Substantially compliant |
| Regulation 31: Notification of incidents   | Substantially compliant |
| Regulation 34: Complaints procedure  | Substantially compliant |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 11: Visits  | Compliant               |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management   | Compliant               |
| Regulation 27: Infection control   | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 5: Individual assessment and care plan                                  | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Managing behaviour that is challenging                               | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Not compliant           |
| Regulation 12: Personal possessions  | Substantially compliant |

# Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0032254

Date of inspection: 31/08/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Regulation 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The frequency of formal resident meeting will be increased to quarterly. Residents survey and feedback from Resident's meetings will be incorporated into the Annual Review going forward.</p> <p>Formal management meeting are now held on a monthly basis. Provider is on site Monday to Friday to oversee the quality of the service.</p> |                         |
| Regulation 3: Statement of purpose  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The SOP has been updated to reflect,</p> <ul style="list-style-type: none"> <li>• WTE for staff allocated to laundry and housekeeping duties.</li> <li>• Complaints management incorporating Regulation 34 as updated in March 2023.</li> <li>• Referral process to HSE for access to community service.</li> </ul>                                |                         |
| Regulation 31: Notification of incidents  | Substantially Compliant |

|   |                         |
|---|-------------------------|
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br/> Bedrail/ restraint register updated; quarterly notification submitted with the current number of bedrails in use.</p>  |                         |
| Regulation 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br/> Complaints policy has been updated to incorporate Regulation 34 as updated in March 2023.</p>   |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/> Consultation with engineers has been completed and a revised layout plan drafted to ensure that resident's sharing twin rooms will have allocated personal space to meet the current regulations. The reconfiguration of curtain rails within the twin rooms will ensure the space occupied by bed, chair and personal storage for each resident meets current regulation. One twin room 6D door ope will be altered to achieve the personal space. Please refer to attached revised floor plan for twin rooms.</p>   |                         |
| Regulation 9: Residents' rights   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> Consultation with engineers has been completed and a revised layout plan drafted to ensure that resident's sharing twin rooms will have allocated personal space to meet the current regulations. The reconfiguration of curtain rails within the twin rooms will ensure the space occupied by bed, chair and personal storage for each resident meets current regulation. One twin room 6D door ope will be altered to achieve the personal space. Please refer to attached revised floor plan for twin rooms.<br/> Additional TV service will be made available to residents sharing twin room.</p> |                         |

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| Regulation 12: Personal possessions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Consultation with engineers has been completed and a revised layout plan drafted to ensure that resident's sharing twin rooms will have allocated personal space to meet the current regulations. The reconfiguration of curtain rails within the twin rooms will ensure the space occupied by bed, chair and personal storage for each resident meets current regulation. One twin room 6D door ope will be altered to achieve the personal space. Please refer to attached revised floor plan for twin rooms.

## Section 2:

### Regulations to be complied with

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

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

| Regulation       | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes. | Substantially Compliant | Yellow      | 31/01/2024               |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.   | Substantially Compliant | Yellow      | 31/01/2024               |
| Regulation 23(c) | The registered provider shall ensure that management systems are in  | Substantially Compliant | Yellow      | 06/11/2023               |

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|                  | place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.   |                         |        |            |
| Regulation 23(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | Substantially Compliant | Yellow | 31/01/2024 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.   | Substantially Compliant | Yellow | 06/11/2023 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.   | Substantially Compliant | Yellow | 06/11/2023 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
| Regulation 34(1)(a) | The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned. | Substantially Compliant | Yellow | 06/11/2023 |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).  | Substantially Compliant | Yellow | 06/11/2023 |
| Regulation 9(3)(b)  | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.  | Not Compliant           | Orange | 31/01/2024 |
| Regulation 9(3)(d)  | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the  | Not Compliant           | Orange | 06/11/2023 |

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|  | organisation of the designated centre concerned. |  |  |  |
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