

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	AbbeyBreaffy Nursing Home
Centre ID	0308
Centre address:	Dublin Rd
	Castlebar
	Co Mayo
Telephone number:	09490-25029
Fax number:	09490-43083
Email address:	info@abbeybreaffy.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	AbbeyBreaffy Nursing Home Ltd
Person in charge:	Lorna Smyth
Date of inspection:	8 October 2010
Time inspection took place:	Start: 9.30 hrs Completion: 14:10 hrs
Lead inspector:	Mary McCann
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About inspection

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

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

Additional inspections take place under the following circumstances:

- To follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- Arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- To randomly "spot check" the service.

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

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

About the centre

Description of services and premises

AbbeyBreaffy Nursing Home was established in 2002. The centre provides accommodation for up to 57 residents and offers long term, respite and convalescent care. The building is a single-storey, bungalow-style dwelling and all accommodation is on the ground floor.

The main foyer is a bright open space, which is used for a mix of activities. The nurses' office is located within this area. Management and administration offices are located off this area. There are 46 single and six twin bedrooms all containing en suite facilities of toilet and sink facilities. There is one further single room.

Communal accommodation consists of a dining area, sitting room, a day room, a multi-purpose room, which is also used as a visitors' private area and a smoking room. A further seven toilets and four bathroom/showers are available.

Other areas include a treatment room, storage space, a kitchen and staff changing rooms. A new extension has been completed to include a laundry area, cleaning room, further staff facilities and storage areas.

There is an internal, well-maintained courtyard garden to the rear, which has raised flowerbeds and seating.

The site is landscaped and ample car parking is provided for residents, staff and visitors.

Location

AbbeyBreaffy Nursing Home is situated five kilometers from the town of Castlebar, off the main Dublin road (N5) in a rural setting. It is within close proximity to the Museum of Country Life.

Date centre was first established:	10 December 2002
Number of residents on the date of inspection	53 (one in hospital)
Number of vacancies on the date of inspection	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	27	19	6	1

Management structure

The Provider is Maureen Collins. The Managing Director of AbbeyBreaffy Nursing Home Ltd., Lorna Smyth is the Person in Charge (known in the centre as the director of care). She reports to the Provider. Aileen Vahey is assistant director of care who reports to and deputizes for the Person in Charge in her absence. A support services manager Maura Jordan has responsibility for supervising cleaning, laundry, catering, maintenance and house keeping. All personnel in these posts report to support services manager. The assistant director of care who reports to her supports the person in charge in her role. Nurses and care staff report to the assistant director of care. The provider attends the centre on a daily basis.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	8	2	2	1	3*

* provider, support services manager and the maintenance person

Background

This was an unannounced follow up inspection and the second inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of this inspection was to review the required actions of the previous inspection carried out on 13 and 14 January and 31 August 2010. Notifications provided by the person in charge to the Chief Inspector of Social Services were also reviewed as part of this inspection.

The first inspection of AbbeyBreaffy Nursing Home was undertaken on the 13, 14 January and 31 August 2010. The Action Plan in the inspection report highlighted 14 actions to be addressed. This report is available at www.hiqa.ie.

Since the last inspection, the Authority received the provider's response to the inspection report. This outlined the timeframes for addressing the issues and detailed the actions taken and actions planned to ensure compliance with the legislation. The provider has completed an extension and upgrading to part of the building. This included the provision of a designated secure cleaning room, a drying room, storage room, staff locker room, laundry room, three staff toilets, two staff showers, staff rest room and separate staff facilities for catering staff. As a result of this, the centre has increased their accommodation by one twin room. The centre is registered to provide accommodation for up to 57 residents but has capacity for 59 and had made a registration application to reflect this.

Since the last inspection the centre has introduced a named nurse system and plans are in place to introduce a named carer system. The deputising person in charge informed the inspector that a programme is in place to facilitate a complete review of each resident on a regular basis. This review incorporates a review of medical files, medications, care plans and all assessments. It is planned that the general practitioner (GP), named nurse and pharmacist are to meet every three months for a medical review of each resident. This in turn will be discussed with the resident and their significant other where the resident consents to this.

Summary of findings from the follow up inspection

The provider and deputy person in charge responded positively to meeting the required actions of the previous inspection. These actions included policy development, mandatory staff training and discussion of the care plan with the resident and/or their significant other and aspects of the physical environment. The inspector found that 13 of the required 14 actions were adequately met, and one action was partially met.

They had developed and implemented a comprehensive medication policy, developed an emergency plan that was clear, easy to follow and would inform and guide staff should an emergency arise. The provider has enlisted the assistance of a consultant to assist her and the staff action the action plan. The end of life care wishes of the residents were clearly documented in the case files. Staff training in relation to manual handling and the safe use of wheelchairs had taken place. The area which required further work was in relation to involvement of the resident and /or their significant other in their care.

The inspector met with the deputising person in charge (the person in charge was on leave), the provider and residents. Records reviewed included case files, the updated statement of purpose which includes the residents' guide, the emergency plan, staff records including training records and policies.

Residents who the inspector spoke with spoke with expressed satisfaction with the service provided. They were positive about the quality and choice of food, the assistance they received from staff and the way the staff spent time with them reading the local paper. Residents stated that staff ensured that their needs were met by checking with them that they were comfortable.

The action plan at the end of this report restates the action partially addressed from the previous inspection 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*.

Issues covered on inspection

1.(a) Action required from previous inspection:

Develop and implement a comprehensive medication policy that will inform and guide staff on all aspects of medication management.

Conduct an audit of medication administration at regular intervals.

The inspector found that this action had been completed. A comprehensive medication policy was implemented on the 1 July 2010. A copy was submitted to the Authority on the 2 July 2010. The inspector reviewed the policy and found that it described practices relating to ordering, prescribing, storing and administration of medicines to residents. Discussion with staff confirmed they understood the policy and used it to guide their practice. The inspector was informed by the deputising person in charge that the pharmacist was involved in the development of this policy.

Audits of medication management are currently occurring at quarterly intervals. An audit took place on 16 September 2010 and was carried out by the person in charge and the pharmacist. This audit looked at storage, receipt of medication, adverse reactions/side effects and refusal of medication. The person in charge has arranged a meeting with the pharmacist to discuss the outcome of this audit and assured the inspector that any current deficits will be addressed. It is planned that audits will take place on a quarterly cycle. In discussion with the person in charge, it was acknowledged that this regular auditing would have a positive impact on continuous monitoring and quality assurance thereby enhancing outcomes for residents.

2. Action required from previous inspection:

Individual written plans to be devised for each resident to address their wishes for end of life care and to ensure their wishes are respected.

All staff to be aware of the existence and content of these.

The inspector found this action was completed. Individual written plans are in place for each resident to address their wishes for end of life care, to ensure their wishes are respected. These plans had been completed in conjunction with family/ significant other where appropriate. They include for example wishes, any fears for the future, who present when they are very ill, together with funeral and burial arrangements. On case files reviewed by the inspector, these were evident. Staff spoken with by the inspector were aware of these plans.

3. Action required from previous inspection:

Provide training on manual handling to all staff in the centre.

The inspector found this action was completed. Records were made available to the inspector of training dates and attendance of staff. Training on manual handling had been scheduled seven times between October 2009 and July 2010. 46 staff had attended on these days. The deputy person in charge, who is a manual handling instructor, informed the inspector that all staff has received manual handling training and in particular the two staff members identified as not having had refresher updates. She also informed the inspector that manual handling refresher training will be provided every two years to all staff.

4. Action required from previous inspection:

Revise the missing person's policy to include the provision of photographic identification and a personal profile of the resident.

Conduct training and practice drill so that staff can adequately respond if a resident goes missing.

The inspector found this action was completed. The missing person's policy has been revised. It included a proviso that photographic identification and a personal profile of each resident be available. This has been completed for current residents in the case records. Training and practice drills were completed on four occasions with staff during September 2010. Records were available detailing which staff had attended. The inspector viewed these. Thirty-nine staff have signed that they have read and understood the revised policy. The deputizing person in charge informed the inspector that she was planning to continue to have regular drills to ensure that all staff were familiar with this practice.

5. Action required from previous inspection:

Care plans to be developed and agreed with each resident. Where residents are cognitively impaired, care plans should be developed in consultation with residents' significant other.

This action was partially completed and is repeated in the action plan at the end of this report. A form detailing that the resident/ representative were in agreement with their care plan was available on the case file of each resident. The resident or their significant other had signed this. However, there was no narrative in the case files that any consultation had taken place with the resident or their significant other in relation to their care plan.

This was discussed with the provider and person in charge who confirmed that the named nurse meets with the resident and their significant other where appropriate and the care plan is developed in consultation with them.

6. Action required from previous inspection:

Ensure correct use of wheelchairs.

The inspector found this action was completed. Records were available supporting that a programme of instruction to staff on the appropriate use of wheel chairs was carried out on the 19 July, 24 July and 15 August 2010. Currently 51 staff has received training in this area. The person in charge stated that an on-going programme is in place and that she will monitor compliance by staff with good practice by observation.

7. Action required from previous inspection:

Put in place an emergency plan to respond to untoward incidents.

Make arrangements for care of residents should an evacuation be required.

The inspector found this action was completed. A comprehensive emergency plan has been developed to guide staff in responding to untoward incidents. The plan outlined a clear procedure to follow in the event of, for example, utility failure, discontinuation of the water supply and loss of phone service. The number for all emergency services was available at the nurses' station.

Contingency arrangements were provided for should it be deemed necessary to evacuate the building. Alternative accommodation is available for residents should the need arise at a local sporting facility. Written evidence was available detailing the consent of the local sporting facility.

8. Action required from previous inspection:

Provide for each staff member the information and documents specified in Schedule 2, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

The inspector found this action had been completed. Three staff files were inspected by the inspector and were found to comply with current legislation. The person in charge confirmed that all staff files were fully compliant with current legislation.

9. Action required from previous inspection:

Review communication policy to ensure that it details all communication strategies available to residents.

The inspector found this action had been completed. The communication policy had been revised and details the procedure to be followed in relation to internal and external communication processes. A policy is also available on provision of information to residents, relatives and representatives. This policy contains a flow chart to assist residents. The deputising person in charge informed the inspector that all staff have been made aware of the contents of these policies.

10. Action required from previous inspection:

Ensure that appropriate and suitable practices are in place relating to the storage and monitoring of refrigerated medications which are in keeping with legislation and best practice.

The inspector found this action had been completed. The thermometer in the dedicated fridge in the clinical room that is used for the storage of medications is checked daily. A record is kept of the temperature to monitor its optimum functioning and ensure safe storage of medication.

11. Action required from previous inspection:

Upgrade the sluicing facility and equipment to comply with current legislation and good practice.

Provide additional space for nursing administration and duties.

Provide an assisted bath in one of the bathrooms.

Replace/repair the broken tiles and surfaces in the bathrooms.

Provide written evidence to the authority in respect of the proposed completion date of the current upgrading and construction work.

The inspector found this action had been completed. The physical environment is now in accordance with the Authority's standards and complies with the relevant legislation, in particular, the sluicing facilities are adequate, a bedpan washer is available, it is ventilated directly to the external air and a dedicated hand washing facility is provided.

The nurses' station has been relocated and provides additional space for nursing administration and duties.

A freestanding bath has been installed in one of the bathrooms. This is a spacious bathroom and there is adequate space for the use of a hoist.

Broken tiles and surfaces in the bathroom have been repaired.

The Authority has received written evidence confirming the completion date of the current upgrading and construction work.

The inspector viewed the upgraded areas, which are now complete.

12. Action required from previous inspection:

Provide a separate refrigerator for safe storage at optimal temperatures for all specimens.

The inspector found this action had been completed. A new refrigerator for safe storage at optimal temperatures for all specimens has been provided. The thermometer in this dedicated fridge is checked daily. A record is kept of the temperature to ensure its correct functioning.

13. Action required from previous inspection:

Produce a resident's guide that includes all matters listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Provide a copy to all residents and the Chief Inspector of the Social Services Inspectorate of the Authority.

The inspector found this action had been completed. The resident's guide is included in the statement of purpose and function information booklet which has been revised and complies with current legislation. The deputizing person in charge informed the inspector that a copy had been given to each of the residents. The Authority has received a copy.

14. Action required from previous inspection:

Ensure all policies and procedures comply with current legislation, regulations and Standards.

Staff to be made of the aware of the contents of all policies and procedures that are in use in the centre.

The inspector found this action had been completed. All policies and procedures listed in Schedule 5 of the Health Act 2007 were available at the centre.

Documentation was available to show that staff were aware of the policies and procedures. Staff spoken with was able to inform the inspector of the availability of the said policies.

Report compiled by:

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

30 November 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
13 and 14 January and 31 August 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report

Centre:	AbbeyBreaffy Nursing Home
Centre ID:	308
Date of inspection:	8 October 2010
Date of response:	

Requirements

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

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

Discussion and agreement of the care plan with the resident and their significant other was not documented in care records.

Action required:

Care plans to be developed and agreed with each resident.

Where residents are cognitively impaired, care plans should be developed in consultation with resident and their significant other.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care plan
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At present in AbbeyBreaffy Nursing Home, residents and their families are involved in the development and review of care plans. We will document further in each residents communication sheet to reflect these consultations.</p> <p>Auditing of adherence to this process will take place on a quarterly basis.</p>	<p>Ongoing</p> <p>Ongoing</p>

Recommendations

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

Standard	Best practice recommendations
Standard 24: Training and Supervision	<p>Conduct a formal appraisal with all staff</p> <p>Review: Appraisals for all staff for 2010 have been completed. The deputising person in charge informed the inspector that yearly appraisals for all staff would be completed.</p>
Standard 26: Health and Safety	<p>Missing persons profile of each resident to be completed including a recent photo.</p> <p>Review: A photograph of each resident together with a completed personal profile was available. The missing person's policy contains a clear procedure setting out the action to be taken including reporting requirements where there is an unanticipated absence of a resident from the centre. Missing person drills are carried out at regular intervals.</p>
Standard 13: Health Care	<p>Where external personnel for example psychiatric services attend the centre and review a residents care they record this in the care documentation.</p> <p>Review: Documentary evidence of correspondence with the two visiting consultant psychiatrists was made available to the inspector. This stated that this is for discussion at national level.</p>
Standard 13: Healthcare	<p>Pain assessments and evaluation of pain post administration of analgesia to be documented on all occasions.</p> <p>Review: Evidence that pain assessment charts were completed pre administration of analgesia and evaluated post administration of analgesia was available on files reviewed by the inspector.</p>

Any comments the provider may wish to make:

Provider's response:

Provider's name: Maureen Collins

Date: 10 January 2011