Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Abbot Close Nursing Home
Centre ID:	0403
Centre address:	St Mary's Terrace
	Askeaton
	Co Limerick
Telephone number:	061-601888
Fax number:	061-601889
Email address:	denis@abbotclose.ie
Type of centre:	☒ Private ☐ Voluntary ☐ Public
Registered providers:	Denis McElligott and Pat Kennedy
Person in charge:	Denis McElligott
Date of inspection:	14 January 2011
Time inspection took place:	**Start:** 15:50hrs **Completion:** 20:30hrs
Lead inspector:	Margaret O'Regan
Support inspector:	N/A
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the 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 (as amended) 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

Abbot Close Nursing Home is a purpose-built, two-storey centre which cares for older people and people less than 65 years of age. It was established in 2006. Accommodation comprises of 48 single and six twin-bedded rooms. This includes a 12 bed unit for residents with dementia. All rooms have en suite shower, toilet and wash basin facilities. There is an assisted bathroom on the first floor which is also used as a hairdressing salon. There are two dining rooms, one of which is in the dementia care unit. There are several seating areas; however, the majority of the residents favour sitting in the foyer which is the focal point of the building.

A small visitors' room is available. There is a designated smoking room and a small treatment room. A lift provides access between the floors. The layout, furnishings and décor are comfortable and meet with residents' satisfaction.

There is a large kitchen and laundry, adequate staff changing facilities and a small office which is shared by the administrator and the person in charge.

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

Location

Abbot Close Nursing Home is situated in the centre of Askeaton town on an elevated site close to the public swimming pool and leisure centre. Askeaton is 17 miles from Limerick city.

Date centre was first established:	2006
Number of residents on the date of Inspection:	55
Number of vacancies on the date of Inspection:	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	12	29	14

Management structure

Pat Kennedy and Denis McElligott are the Providers and Denis McElligott is also the Person in Charge. The Deputy Person in Charge, nurses, carers, housekeeping, administrator, receptionist and maintenance staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	6	2	2	1	1

Background

The following areas were examined during the course of this unannounced inspection;

- medication management
- staffing
- governance
- general welfare and protection
- complaints procedures.

Summary of findings from this inspection

This was the third inspection carried out by the Health Information and Quality Authority. It was unannounced and took place in the afternoon and evening time. The inspector spoke with residents, relatives, staff members, the deputy person in charge and the provider.

Residents and relatives were generally happy with the attitude and the care given by staff. Residents stated they felt safe and said they considered the premises to be well maintained.

Staff were seen to have a friendly and courteous relationship with residents, relatives and each other. Staff told inspectors they were happy with the management of the centre and in particular the support they received from the deputy person in charge.

Inspectors observed the manner in which medication was administered, the manner in which staff interacted with residents, in particular those in the dementia care unit, and observed the general appearance of residents.

Premises, fittings and equipment were clean and well maintained and there was a good level of furnishings throughout.

Records reviewed by inspectors included the register of residents, care plans, medical records, drug administration charts, fire safety records, staff records and policies and procedures.

The area where improvements were required were in relation to adequate and appropriate staffing levels. This issue is discussed in the report and included in the Action Plan at the end.

Issues covered on inspection

1. Medication Management

The inspector joined a member of the nursing staff during a medication administration round. The nurse was seen to adhere to An Bord Altranais guidelines on medication management and the centre's policy on medication management. The nurse took the locked medication trolley to the resident; she checked the resident's prescription, confirmed the resident's identity and offered a drink of water with the medicine. Once the resident had taken the medicine she recorded it as having been administered. The pharmacist was involved in reviewing medications on a regular basis as was the general practitioner (GP) and the nursing staff.

During a medication round the administrating nurse wore a coloured apron. This was to identify that she was not to be disturbed. A notice was also placed on the medicine trolley alerting staff, residents and visitors not to disturb the person administering the medications. This practice was introduced to minimise the risk of error while medications were being administered. Nursing staff saw this change of practice as a positive development and welcomed it. However, on examination of the duty roster it was noted that for the most part, there was only one nurse on duty for up to 60 residents. To facilitate minimum disturbance of the nurse administering medicines, two nurses needed to be on duty especially at busy medicine times such as in the morning and at night time.

2. Staffing

Staffing levels had increased since July 2010. Nursing hours increased by 48 hours per week and carers hours by 87.5 hours per week. In addition an activities coordinator has been employed for 24 hours per week. There were four staff on duty from 22:00hrs to 08:00hrs, one being a nurse and the other three staff were carers. Prior to July 2010 there had been three staff on night duty.

The provider and the deputy person in charge stated staffing levels are continuously monitored. Two carers are assigned to the 12 bed dementia care unit during day time hours. Some of the staff in this unit have experience of dementia care while others have minimal experience.

A nurse is on duty at all times for the entire 60 bed centre. On the evening of this inspection, residents appeared well cared for in their general appearance and the inspector observed a pleasant atmosphere in the dining room of the dementia unit at tea time. There was a good rapport between staff and residents.

The inspector observed residents moving about independently or with some assistance from a staff member. The level of activity in the dementia unit in the evening time was low, with most residents watching television after their tea. The activities coordinator divides her 24 hours employment between the main unit and the dementia unit. A relative met with the inspector and stated that, while many aspects of the care in the dementia unit were good, she had concerns about the staffing levels, in particular the nursing support for the unit. She had brought this to the attention of management and in particular her concern that medication was not given to her relative when it was required. She stated staff now give more attention to her relative's medication needs but the nursing cover for the unit has not increased.

Overall the inspector noted that care hours, despite the increase, remain at the lower level of international standards. More significantly, the ratio of nurses to carers is considerably below UK guidelines. Staffing arrangements in the dementia care would benefit from a greater cognisance of the complex cognitive, physical, psychological and social needs of the residents.

More meaningful occupational, recreational, physical and sensory stimulation should be provided; staff should be supported to undertake professional development in the area of dementia care and staffing levels and skill mix should be reviewed to ensure there is adequate cover at all times, including staff break times.

3. Governance

As part of the registration process, key senior management personnel had to satisfy the Chief Inspector of Social Services of their qualifications, experience and suitability for the post. This process has been satisfactorily completed for key senior management staff at Abbot Close Nursing Home.

The inspector spoke with staff and they were satisfied that they were supported in their roles. Staff spoke of having no difficulty in discussing matters with the deputy person in charge who worked full time and covered for the person in charge when he was absent. Regular staff meetings took place and minutes were maintained of these meetings.

4. General Welfare and Protection

The person in charge and the deputy person in charge have professional qualifications and work experience to deal with residents whose behaviour may be challenging. The senior carer appointed in the dementia care unit has experience and skills in this area. The centre has the support of the community psychiatric services. The community psychiatric nurse and consultant psychiatrist visit the centre on a regular basis. The services of the acute psychiatric hospital are available should the need arise. Documentation was available to show that residents' medications are reviewed on a regular basis with the pharmacist, GP and nurse.

Residents in the dementia unit were seen to be assisted to the toilet after their tea. Other residents were able to attend to such care needs independently. The inspector spoke with the nurse on duty who described the management of continence promotion

which was in line with good practice. Residents appeared well groomed in their general appearance.
Staff explained to the inspector how they manage the challenges posed by residents reluctant to attend to personal care. They spoke of giving the resident choice and being flexible in relation to his/her needs. There was a sensitivity expressed by carers in how they adapt to each residents moods and preferences and at the same time ensuring that each resident is cared for in an appropriate manner. The nurse on duty described how during her shift she would attend to the dementia care unit every hour and a half. The length of time she then spent in the unit depended on the needs that arose. The inspector observed this in practice. The nurse also explained how she can be contacted at any time by any member of staff regardless of where she is in the building.

5. Complaints Procedures

The centre has a complaints policy which includes an independent appeals process. This policy is displayed in the centre. Staff and residents told inspectors they found the deputy person in charge “very approachable”. The inspector examined the complaints log and noted that complaints were investigated and documented.

Report compiled by
Margaret O'Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date: 29 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
16 February 2010	☒ Registration ☐ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced
12 July 2010	☐ Registration ☐ Scheduled ☒ Follow up inspection ☐ Announced ☒ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

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

Provider's response to additional inspection report[*]

Centre:	Abbot Close Nursing Home
Centre ID:	0403
Date of inspection:	14 January 2011
Date of response:	12 April 2011

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 provider has failed to comply with a regulatory requirement in the following respect:

To facilitate minimum disturbance of the nurse administering medicines, two nurses need to be on duty especially at busy medicine administration times such as in the morning and at night time.

Action required:

Two nurses must be on duty for medication administration times.

Reference:

Health Act 2007
Regulation 16: Staffing
Regulation 31: Risk Management Procedures
Standard 23: Staffing Levels and Qualifications
Standard 26: Health and Safety

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

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: In order for two nurses to be present, our night duty nurses are now working from 20:00hrs to 08:00hrs, so that two nurses can be present at morning and night time medication rounds. In addition to this we have a nurse working 10:00hrs to 18:00hrs on a daily basis, so that lunch time and evening medication can be administered under supervision of two nurses. Following a recent recruitment drive, we have interviewed three nurses and we have hired one new nurse (commenced 11 April 2011) and we are waiting to interview a further candidate with a view to hiring an additional nurse on a part-time/full-time basis. Interviews scheduled for Monday 18 April 2011.	 30 April 2011

2. The person in charge has failed to comply with a regulatory requirement in the following respect: Staffing arrangements in the dementia care would benefit from a greater cognisance of the complex cognitive, physical, psychological and social needs of the residents. More meaningful occupational, recreational, physical and sensory stimulation should be provided; staff should be supported to undertake professional development in the area of dementia care and staffing levels and skill mix should be reviewed to ensure there is adequate cover at all times, including staff break times. In addition, nursing staff need to have the time to attend to the needs of all residents in the centre and in particular the nursing needs of the residents in the dementia care unit.
Action required: Nursing involvement in the care of residents in the dementia care unit must be increased to ensure their nursing needs are assessed and attended to in an appropriate manner.
Action required: Staff members must be provided with education and training to enable them to provide care in accordance with contemporary evidence based practice.
Action required: Staff members, especially those in the dementia care unit must be supervised on an appropriate basis pertinent to their role.

Reference: Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: It is envisaged that with the increased number of nurses working for us that we will be providing increased nursing involvement in the care of residents in the Dementia unit. Normally there are two care staff in the Dementia unit, but in order to increase the level of activities for the residents, in conjunction with the activities coordinator, we have introduced two extra hours per day between 14:00hrs and 16:00hrs, of staff hours. Forty one out of fifty staff have attended in-house training in Dementia care, through DVD and accompanied by information handouts. This course was facilitated by the deputy person in charge, and was rolled out over a number of day and evening sessions to facilitate all staff to undertake training. Lengthy discussions followed these training sessions, which led to improved ways of caring for our Dementia residents. We have ongoing monthly meetings where staff can raise issues and concerns regarding care of residents in the Dementia wing, where meaningful support and advice will be given by management. Staff have been made aware that they can discuss any immediate issue with the person in charge or deputy person in charge, at any time.	 Ongoing

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Denis McElligott

Date: 12 April 2011