<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Annabeg Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000005</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Meadow Court, Ballybrack, Dublin 18.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 272 0201</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:brendanoconnell@annabeg.ie">brendanoconnell@annabeg.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Annabeg Enterprises Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>40</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 May 2018 10:00
To: 30 May 2018 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
<td></td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self-assessment tool on dementia care and had assessed the compliance level of the centre as compliant for all outcomes except health and social care needs, which was assessed as substantially compliant. This inspection agreed with the providers assessment for all of the outcomes.

This inspection found that residents received person-centred care from a team of staff who were appropriately trained to carry out their role effectively. The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.
Residents’ had access to medical officers and allied health professionals, such as physiotherapy and speech and language therapists, and access to community health services was also available.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was appropriately and pleasantly decorated and well maintained.

There was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. Some areas of improvement were identified in relation to care planning and assessment of capacity to give consent.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the last inspection care plans required improvement to ensure they provided sufficient guidance to staff. Similar findings were identified on this inspection although some examples of clear and person centred assessments and care planning were also viewed. Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services. Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management. Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening detailing findings after clinic appointments were maintained. Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans viewed were succinct but clear enough to guide staff on the appropriate use of interventions to manage the identified need. Efforts to plan and deliver care in a person-centred manner were noted. In general, the standard of nursing documentation was good and there was some co-ordination between assessments care plans and progress notes to give a picture of residents health. However, assessment and planning processes to guide staff on the management of residents' behaviours, associated with trying to communicate a need, required to be improved. The majority of the residents in the centre had a formal diagnosis of dementia or were informally assessed with a cognitive impairment. A small number sometimes expressed their needs behaviourally. The inspector found that there was a clear recognition by the person in charge and nursing
team that these behaviours were a form of communication and worked hard to understand and respond appropriately to them. However, a specific care plan was not in place to guide staff on the potential triggers for the behaviours, the forms these behaviours could take, the interventions to distract, de-escalate or otherwise manage the behaviour on an individual basis. The inspector looked at other care plans, including communication care plans, but none contained sufficient guidance. The inspector, in speaking with regular staff, found they could recognize the forms these behaviours would take, but guidance to ensure consistency of approach was not available. Menus were available and all residents were offered choice at each meal. On arrival at the centre the inspector found the chef discussing the menu with the person in charge. The discussion, which the inspector was told takes place weekly, included changes to for the summer period, any residents with weight loss and any feedback from residents on the choice and standard of food provided. The inspector observed residents having their lunch in the dining room, where a choice of meals was offered. The meals were served from a hot plate by the chef. Each resident was offered a choice of main course as they sat at the dining table. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Some staff also engaged residents in conversations about family, football and the royal wedding as they assisted them with their meal. Residents on modified diets were provided with the same choices and each element of the meal was separately presented on the plate. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well, and was familiar with the residents’ individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person-centred manner. Details of all medicines administered were correctly recorded. Drugs being crushed were signed by the GP as suitable for crushing. Prescribed medicines were regularly reviewed by the residents' general practitioner.

**Judgment:**
Substantially Compliant

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Residents spoken with and who were unable to verbalise their thoughts, did not exhibit behaviours associated with fear or distress. Staff spoken with by inspectors confirmed that they had received recent
training on safeguarding and were familiar with the reporting structures in place. The inspector observed staff interactions with residents and noted their person-centred approach using good communication skills in a patient, calm manner. Efforts to establish and maintain a restraint free environment were on-going and inspectors found a low level of use of restrictive practices such as bed rails, lap-belts or medicinal restraints such as anti-psychotics or anxiolytics to manage responsive behaviours. Residents were assessed to determine the most appropriate measures to ensure their safety, and alternatives to restraints were available. Inspectors were told by the provider representative and person in charge that they were not involved in assisting the management of financial affairs for any of their residents. As previously referenced under outcome 1 the profile of residents showed that the majority had some level of cognitive impairment or a formal diagnosis of dementia. However a formal process to assess the capacity of each resident, in accordance with legislation, in order to enable informed consent was not in place. This was discussed at length with the person in charge who was aware of the Decision Making Capacity Act 2015 but was also aware that systems to implement the legislation were not yet in place. The person in charge said she had been unable to get clear guidance from professional bodies on the appropriate assessments to determine the level of, and assistive measures to enhance, a resident's decision making capacity. The inspector was told that residents were involved in decision making in their care and their right to refuse interventions were respected. Consent was sought for all interventions and in relation to consent to use of restrictive practices, for example bed rails, or advance care directives these were discussed in conjunction with family, GP and other relevant clinicians.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector observed that residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with doors closed, and the right to receive visitors in private. The inspector observed that staff paid great attention to detail to ensure residents were appropriately dressed and immaculately groomed. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends enjoying the sunshine while reading or chatting out in the garden. Choice was respected and residents were asked if they wished to attend activity sessions. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents' religious needs were met through Mass and weekly Eucharistic services in the centre. Staff were observed to
interact with residents in a warm and personal manner, using touch, eye contact and
calm reassuring tones of voice to engage with those who became anxious, restless or
agitated. All staff were involved in the delivery of activities with residents. A programme
was in place and included activities for physical and mental stimulation such as exercise
classes, quiz games, art therapy and flower arranging. Community involvement was
facilitated and several groups visit the centre on a weekly basis. These included local
musicians and pet therapy. A fundraising cake sale in aid of the Temple street hospital
was held in the centre and residents were involved in baking some of the pastries and
cakes sold to raise funds. The importance of intergenerational relationships was
recognized and school children from a local primary school visited weekly. The
programme also reflected the needs of those with dementia and included reminiscence
and sensory stimulation through hand massage and touch therapy. Organised outings
took place regularly and recent outings included a trip to a local inn for lunch and bingo
and music and a mystery bus tour to the Phoenix park. Efforts to link the activity
programme to residents past interests was noted where families were asked to assist
staff to get to know their residents by helping to complete a life story book to enable
more meaningful targeted activity provision. The inspector spent several periods of time
observing the interaction between staff and residents throughout the day. It was noted
that staff were very familiar with their residents and constantly tried to deliver care in a
positive and meaningful manner. Each intervention was used by staff to make a positive
connection on an individual basis. Staff were observed singing spontaneously to
residents, one staff person spent their lunch break chatting and laughing with a group of
residents in the garden. All staff ensured they were at eye level with seated residents
when engaging in conversation. Staff used opportunities such as escorting residents to
the bathroom to check how they were doing and feeling. In conversation with the
activity co-ordinator the inspector was told and shown how time was provided to
residents who preferred to remain in their bedrooms for long periods. Time was
allocated on a one-to-one basis, several times per week, to provide stimulation to these
residents. This included chatting, reading and hand massage. Maintaining connections
with loved ones abroad were facilitated each week end by the provider who helped
residents chat to their families and friends in Canada and Australia via Skype. Residents’
right to vote was upheld during the recent referendum with the centre registered as a
voting station. Several residents exercised their right to vote and discussions on the
issues involved were held during the weekly ‘chatterbox’ meeting where all sorts of news
and topics were discussed and considered by residents. A resident consultation forum
takes place on a monthly basis and minutes were viewed which showed how residents
are asked a series of 11 questions to elicit their experience of life in the centre and seek
suggestions to improve the quality of their experience.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

**Findings:**
A complaints process was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and acted upon. The process included an appeals procedure. The complaints policy met the regulatory requirements. Few complaints were made to date but were dealt with promptly, and there were records available to document the outcome and satisfaction of the complainant.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. A specific staff allocation system was in place that identified the staff for each area on every floor in the centre. All staff were aware of the system which was implemented in full. The system also identified staff supervision of communal areas throughout the day. There were also sufficient support staff available including household, catering, administration and maintenance staff. Arrangements to replace staff to fill unexpected absences were in place. A sample of personnel files for different categories of staff members were reviewed and found to contain all documentation required under Schedule 2 of the regulations, including vetting by An Garda Síochána and evidence of active registration with the Nursing Board of Ireland. A substantial number of staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. There was a tracking system in place to identify staff due to attend training sessions and assurances were given by the provider that all staff will have completed a refresher on these areas within the next five weeks. Training opportunities were also available to staff in areas relevant to their role such as basic nutrition, falls prevention and infection prevention and control. The inspector spoke with some staff and observed the standard of interactions and care delivery with residents. Staff were observed to be patient, kind and respectful to residents. On several occasions during the day the inspector observed instances where staff sang to the residents whilst providing drinks or supervising when walking. The staff were knowledgeable on the needs, preferences, interests and backgrounds of residents. Residents appeared comfortable with staff and those who could verbalise their opinion spoke highly of the standard of care delivered by
Judgment:
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and Suitable Premises</strong></th>
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</table>
| **Theme:**
  Effective care and support |
| **Outstanding requirement(s) from previous inspection(s):**
  No actions were required from the previous inspection. |
| **Findings:**
The centre was originally a period town house located in a quiet cul-de-sac in Killiney in Dublin with capacity for 23 residents. It was extended and refurbished to a high standard in 2015 which increased capacity to 41 beds over three floors. The centre consists of: 28 single bedrooms with full en suite facilities and one single bedroom without an en suite. There are also six twin bedrooms, three with full en suite and three without en suite. There are five communal toilets between the first and second floors one with assisted shower and bath facilities. Other facilities include: reception area, three communal sitting rooms, dining room, kitchenette, nurses station and offices, and all of the required equipment storage and other facilities to meet residents needs. It was noted that the centre was appropriately and pleasantly decorated and well maintained. Residents were observed strolling independently throughout the day, and this was facilitated by safe and even floor covering, grab rails on hallways and adequate corridor space to navigate a wheelchair or walking frame. Call bells were available in resident’s bedrooms, toilets and communal areas. Rest spots were available along some corridors which were nicely decorated and featured lots of old artefacts' and bric-a-brac to aid reminisce with lots of light and external views. Bedrooms and communal areas were comfortable and of adequate size for the number and requirements of residents, and were furnished and decorated in a non-clinical, home-like fashion. Bedrooms were personalised to the residents' preferences with decorations and photographs. Efforts to provide appropriate signage and cueing to support freedom of movement for residents with dementia was found. Names of residents were posted on bedroom doors to assure residents that they were at the correct room. Universal signage using pictures were also in place on toilets, bedroom and sitting room doors to assist residents identify the function of the room. Although way-finding using navigational signage was not in use, the inspector was told that the strategic placement of large colourful pictures and street names at the end of corridors was found to direct residents appropriately and was a less obvious and more subtle form of navigation. An enclosed garden at the back of the centre, provided a secure and relaxing space to enable residents enjoy the outdoor landscaped garden and safe walk ways. |
| **Judgment:**
  Compliant |
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

*Report Compiled by:*

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>30/05/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18/06/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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1 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:
In line with the relevant legislation (as cited above) all of our residents have a full set of assessments and care plans prepared within 48 hours after admission. Dealing specifically with responsive behaviours our ethos is to promote a culture of respect for the individual and we use a multifaceted approach to providing care whereby care is delivered taking into account the resident’s care plan, relationships of resident with individual staff members and other systems in place to ensure the safe delivery of care (e.g. careful use of our daily allocation system, staff training). It would be almost impossible to detail specific techniques to deal with behaviours in the care plan as techniques used vary depending on the aspect of care in question and also an individual staff members relationship with the resident—there is no “one size fits all” and care plans could be at risk of becoming unwieldy. We will review our care plans taking into account the opinion of the Inspector and amend where needed to ensure that the care afforded to each resident continues to be delivered in a kind, person centred, safe and non-judgmental manner.

Proposed Timescale: 18/06/2018