<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Abbot Close Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004682</td>
</tr>
<tr>
<td>Centre address:</td>
<td>St. Marys Terrace, Askeaton, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 601 888</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@abbotclose.ie">info@abbotclose.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>Abbot Close Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td></td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</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>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</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 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>16 July 2019 10:30</td>
<td>16 July 2019 18:15</td>
</tr>
<tr>
<td>17 July 2019 08:30</td>
<td>17 July 2019 16:30</td>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non-Compliant - Major</td>
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</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
During this inspection the inspector focused on the care of residents with a dementia in the centre. There was a new person in charge and senior nurse appointed since the last inspection who both demonstrated good knowledge of the regulations and standards and a commitment to provide person centred care to the residents. The inspector met with residents, relatives, and staff members during the inspection and the provider representative attended the feedback meeting at the end of the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The inspection also considered progress on some findings following the last inspection carried out on 20 February 2018. Although a number of the actions required at this inspection were complete the inspector found that issues relating to the premises and general maintenance had not been completed. The communal space in the main part of the centre was limited. This had been identified on numerous previous inspections of the centre. There was only one sitting room and a number of residents tended to sit in the main entrance foyer area. Although there were attempts to make this part of the centre comfortable and homely, there was no television or radio for residents who spent the day in this area. The provider told the inspector that there were plans to build a conservatory off the main sitting room and following the previous inspection a condition was attached to the registration of the centre saying this was to be completed by the 30 November 2018 in conjunction with the plan the provider had submitted to the chief inspector. On this inspection the inspector found that the provider was in breach of a condition of registration as no work on this conservatory had commenced and the provider did not have a start date. The provider had not applied to vary this condition of registration and overall no attempts had been made to even provide television/radio etc to the residents who sat in this area daily.

The centre had a dementia specific unit which could accommodate 16 residents, on the day of the inspection there were 14 residents diagnosed with dementia living in the unit. There were also 10 residents in the main house with a formal diagnosis of dementia. The inspector observed that many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at varying levels of independence. Overall, the inspector found the person in charge; staff and management team were committed to providing a quality service for residents with dementia in the dementia unit.

The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. However the inspector did find during the inspection that there was a requirement for further dementia specific activities to enhance the social aspects of care in the centre particularly in the foyer area where limited activity took place. The
inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding most aspects of life and care in the centre. However they did identify that there were issues with the staffing levels at times which will be discussed in the body of the report.

The person in charge and provider had carried out on-going improvements in the dementia unit to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The dining room was small and homely and very colourful murals were added to the sitting room. Bedrooms were seen to be generally personalised and in the dementia unit all bedrooms doors were painted in individual colours to assist residents find their room. The inspector found the residents were enabled to move around as they wished and there were good walkways and murals on the corridors. Signs and pictures had been used in the dementia specific unit to support residents to be orientated to where they were. Further consideration to signage and all aspects of decoration was required in the other parts of the centre.

The person in charge had submitted a completed self-assessment tool on dementia care to the office of the chief inspector with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self-assessment tool and the findings and judgments of the inspector did not concur with the centres' judgments on four outcomes but did so on two outcomes. Although progress was made by the provider in implementing some of the required improvements identified on the inspection undertaken in February 2018 some of the findings at that time were again evident on this inspection. These issues included premises and maintenance. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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):**

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 55 residents in the centre on the days of this inspection, 36 residents had assessed high dependency needs, eleven residents had medium dependency needs and eight residents had low dependency needs. 24 residents had a formal diagnosis of dementia.

There was evidence of timely access to health care services facilitated for residents. General Practitioners (GP) generally visited regularly and on call GP’s were available in the evenings and out of hours and this was confirmed by residents. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre.

All referrals and appointments were recorded and blood tests were completed as per the GPs instructions. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services and were reviewed regularly and as required. Access to mental health services was from HSE and there was evidence of regular reviews by a specialist nurse and psychiatrist for residents that required same.

The inspector reviewed care plans for residents and these were seen to be person centred and reviewed at least three monthly. However, there was one resident who had been in the centre for a number of weeks who did not have a care plan, this was immediately rectified and a full care plan was put in place. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed such as mobility and nutritional risk assessments. The inspector reviewed a selection of care plans for some residents with a dementia and found them to be person centred and
comprehensive. Specific plans for the dementia were identified including the requirement for one to one time and how to respond appropriately to any responsive behaviour exhibited. Good wound care management was evident in the centre and there was evidence that wound care was evidence based. However the inspector recommended further daily skin assessments to be completed by nursing staff to prevent pressure ulcer formation.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland. Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Medication administration was observed and the inspector found that the nursing staff generally adhered to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. A sample of medication prescription records was reviewed. The maximum dose for 'as required' medicines was specified by the prescriber. However, where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on one resident's prescription chart and the nursing staff were administering it in a crushed format. This was brought to the immediate attention of the person in charge who said he would rectify the situation and ensure all staff administered medications only in accordance with the prescriber’s instructions.

The inspector saw that there were suitable arrangements in place to meet resident’s end of life needs including the needs of residents with dementia. Each resident’s needs were determined by comprehensive assessment with care plans developed based on identified end of life needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The community palliative care team were available to provide care, support and advice. A number of staff had undertaken end of life training.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided following
recent changes to the menu. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms was observed by the inspector to be a social occasion particularly in the dementia unit. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

**Judgment:**
Substantially Compliant

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**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:**
Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the resident’s privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner.

Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held regularly along with the administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. The inspector was informed that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Notices were displayed with contact information for the resident’s advocacy services. The centre had introduced a centre specific newsletter which contained pictorial and information from various activities and days out that had taken place. The newsletter had pictures of a recent Alzheimer’s tea day and pictures from dance evenings and residents participating in regular arts and crafts.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative.
Visitors told the inspectors that they were always made welcome. They said that if they any concerns they could identify them to the staff and were assured they would be resolved.

There was evidence that residents were consulted about how the centre was run. Residents were consulted through a residents’ forum normally held every couple of months. The inspector saw minutes of the last forum that was chaired by the person in charge in April. Issues discussed included issues with food and changes to the menu which was facilitated. Residents discussed the activity programme and were complimentary in relation to the newly introduced men's shed initiatives and trips out. They requested another pop up shop which is to be facilitated. The inspector saw that the centre had links with the local community. Local schools visited the centre and volunteers from the community provided activities for residents.

There is a full time activity co-ordinator employed in the centre that was on leave during the inspection. There were some activities provided by other activity staff during the inspection including art therapy and an exercise session. In the dementia specific unit the staff provided group activities and some one to one activities for the residents. The centre had an extensive programme of activities on display and activities for male residents had improved since the last inspection by the addition of the men's shed activities. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The Inspector spent time observing interactions during the morning, after lunch and in the afternoon. These observations took place in the dementia unit, the main sitting room and in the foyer. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents in the dementia unit and main sitting room. However the inspector observed that there was very little interaction with the residents in the foyer who spent periods of time without any social stimulation. The inspector identified that the exercise group in the main room was excellent with great participation by those in attendance however due to lack of space the residents in the foyer were not facilitated to attend. This lack of communal space is actioned under outcome 6 premises.

Judgment: Compliant

**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

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

**Findings:**
Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Generally residents choose what they liked to wear. However the inspector observed that the majority of residents in the dementia unit were wearing track suit pants which would not be a customary attire for this age group. The hairdresser visited a number of days per week and there were two hairdressing saloons available, one in the dementia specific unit and one in the main house.

Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held regularly along with the administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. The inspector was informed that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Notices were displayed with contact information for the resident's advocacy services. The centre had introduced a centre specific newsletter which contained pictorial and information from various activities and days out that had taken place. The newsletter had pictures of a recent Alzheimer’s tea day and pictures from dance evenings and residents participating in regular arts and crafts.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome. They said that if they any concerns they could identify them to the staff and were assured they would be resolved.

There was evidence that residents were consulted about how the centre was run. Residents were consulted through a residents’ forum normally held every couple of months. The inspector saw minutes of the last forum that was chaired by the person in charge in April. Issues discussed included issues with food and changes to the menu which was facilitated. Residents discussed the activity programme and were complimentary in relation to the newly introduced men's shed initiatives and trips out. They requested another pop up shop which is to be facilitated. The inspector saw that the centre had links with the local community. Local schools visited the centre and volunteers from the community provided activities for residents.

There is a full time activity co-ordinator employed in the centre who was on leave during the inspection. There were some activities provided by other activity staff during the inspection including art therapy and an exercise session. In the dementia specific unit the staff provided group activities and some one to one activities for the residents. The centre had an extensive programme of activities on display and activities for male residents had improved since the last inspection by the addition of the men’s shed activities. The inspector used a validated observational tool (the quality of interactions
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**Judgment:**
Compliant

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**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 summary of the complaints procedure is displayed prominently in the centre. The person in charge was the complaints officer and there was a nominated person who held a monitoring role to ensure that all complaints were responded to. There were signs up around the centre advising residents and relatives of how and where to make a complaint.

The inspector spoke with residents and relatives who stated they would be confident that if they made a complaint it would be dealt with appropriately they said they had easy access to the nurses and the person in charge to whom they could openly report any concerns.. The person in charge stated that he monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that although complaints were documented on the computer system there was not always evidence of the investigation and actions recorded with the complaint. Although the inspector was satisfied that complaints were being addressed. The process around complaints recording required review to ensure there was a robust system around the management and recording of complaints. This is to be in keeping with the requirements of legislation where all complaints and the results of the investigations and any actions taken on foot of a complaint should be documented. Evidence is to be made available of actions taken and whether the complainant was satisfied or not. Complaints should be used for learning and to inform improvements required in practices,

**Judgment:**
Substantially Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
There had been a turnover of staff since the previous inspection including the person in charge clinical nurse managers and a number of nurses and care staff. There is now a new person in charge and a number of new nurses and care staff. One of the staff nurses now assumes the role of senior nurse and the centre employees a part time Assistant Director of Nursing (ADON). The management team said it has been difficult particularly in light of the difficulty recruiting nursing staff and currently the nursing levels at night have reduced to one nurse with an extra care staff. However this practice requires review particularly in light of a nurses requirement to administer night medication to up to 65 residents and also supervise the care staff and provide care to the residents. The person in charge informed the inspector they had a new nursing staff member commencing next week but that he would also look introducing a cross over shift to ensure two nurses were available in the evening to undertake the night time medication administration and supervision of care.

Residents and relatives generally spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents. The inspector observed warm and appropriate interactions between staff and residents and observed staff chatting easily with residents. This was particularly evident in the smaller environment of the dementia unit where staff spent time chatting and providing social stimulation to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories.

There was evidence of good levels of training provided to staff. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours. However there were a number of staff outstanding dementia and responsive behaviours training, one staff member was outstanding safeguarding training and one staff member was outstanding fire training. Other training provided included restraint procedures, HACCP,
and infection control. Nursing staff confirmed they had also attended clinical training including blood-letting, medication management and wound care. There was evidence of comprehensive inductions of new staff with induction checklists completed by staff and by the mentor. Senior care assistants provided a vital role in the induction and supervision of new care staff and staff on work experience.

Duty rotsters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working during the day and evening appeared to be appropriate to meet the needs of the current residents. However some relatives reported shortage of staff at times and the requirement to see more nursing presence on the floor, also as identified night time nursing staff required review.

The inspector reviewed a sample of staff files which included all the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2019 for nursing staff were seen by inspector. Garda vetting was in place for all staff and no staff commenced employment until this was in place. A file was kept for the volunteer that worked in the centre. The company were doing ongoing recruitment campaigns to ensure there were adequate and appropriately trained staff in the centre.

**Judgment:**
Non-Compliant - Moderate

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
Abbot Close Nursing Home is a purpose built two-storey centre which was established in 2006. It is registered to care for up to 65 residents people over the age of eighteen. It comprises of 47 single rooms and nine twin bedrooms. All rooms have full en suite facilities. There is an assisted bathroom on the first floor which is also used as a hairdressing salon. A lift provides access between the floors. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway. The person in charge and provider had carried out ongoing improvements in the dementia unit to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The dining room was small and homely and very colourful murals were added to the sitting room. Bedrooms were seen to be generally personalised and in the dementia unit all bedrooms doors were painted in individual colours to assist residents find their room. The inspector found the residents were enabled to move around as they wished and there were good
walkways and murals on the corridors. Signs and pictures had been used in the dementia specific unit to support residents to be orientated to where they were. Further consideration to signage and all aspects of decoration was required in the other parts of the centre.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents’ use. Service records from external contractors were in date for specialist equipment in use. There was a functioning call-bell system in place.

In the main centre there is a large bright dining room where residents enjoy their meals. However as identified on numerous previous inspections, other communal space in the main part of the centre was limited. There was only one smallish sitting room, therefore residents continued to be taken to sit in the foyer due to lack of space in the sitting room. This had been identified on numerous previous inspections of the centre. Although there were some attempts to make this part of the centre comfortable, there was no television or radio for residents who spent the day in this area many who had a diagnosis of dementia. On the previous inspection the provider told the inspector that there were plans to build a conservatory off the main sitting room and following the previous inspection a condition was attached to the registration of the centre saying this was to be completed by the 30 November 2018 in conjunction with the plan the provider had submitted to the chief inspector. On this inspection the inspector found that the provider was in breach of a condition of registration as no work on this conservatory had not commenced and the provider did not have a start date. The provider had not applied to vary this condition of registration and overall no attempts had been made to even provide television/radio etc to the residents who sat in this area daily. The layout of the laundry also required review to ensure the correct segregation of clean and dirty clothing to be compliant with best practice in infection control.

Issues around maintenance were also identified on the previous inspection including that parts of the centre required redecoration. Paint was chipping off the walls, and woodwork and torn flooring was seen. The inspector also saw tiles and a lamp shade missing from rooms, and an arm chair had worn patches that did not allow for effective cleaning for infection control purposes. On this inspection although the inspector saw that some painting had taken place, the overall impression was that the centre was in a poor state of repair in a number of areas paint was off door frames and walls ceilings had extensive water staining, there was broken equipment stored on corridors, a lamp continued not to have a bulb or shade and there were a number of items of torn equipment seen. There was no system of a health and safety walk around and maintenance completed was reactionary to issues arising and breaking and not to ongoing maintenance and upkeep of the centre.

**Judgment:**
Non-Compliant - Major
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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

**Centre name:** Abbot Close Nursing Home  
**Centre ID:** OSV-0004682  
**Date of inspection:** 16/07/2019  
**Date of response:** 28/08/2019

**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:**

Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on one resident’s prescription chart and the nursing staff were administrating it in a crushed format. This was brought to the immediate attention of the person in charge who said he would rectify the situation and ensure all staff administered medications only in accordance with the prescriber’s instructions.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
This is now rectified. Medicine competency assessment completed with nurse on duty. The nurse on duty instructed to follow the correct procedure in relation to medication management. All nurses have completed the medication management training in accordance with regulation 29(5).

**Proposed Timescale:** 08/08/2019

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Records showed that although complaints were documented on the computer system there was not always evidence of the investigation and actions recorded with the complaint as is required by legislation.

2. **Action Required:**
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

**Please state the actions you have taken or are planning to take:**
Going forward all complaints that are recorded and investigated will clearly show the investigation process and clearly state the actions that were taken.

**Proposed Timescale:** 08/08/2019

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Staffing levels at night time required review to ensure the correct number of nursing staff were rostered to ensure safe medication administration, supervision of care staff...
and provision of nursing care. A full review of staffing and skill mix to be looked at to ensure appropriate levels throughout the centre.

3. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Staffing Levels at night continue to be reviewed to meet the requirements and ensure safe medication practices to include supervision and good nursing care.
To date we have recruited 2 full time nurses to replace. The roster is now altered to accommodate 2 nurses administering medication at all times.
Applications for the post of CNM are currently being collated.

Proposed Timescale: 23/09/2019

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were a number of staff that required dementia and responsive behaviours training, one staff required safeguarding training and one staff required fire training.

4. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Staff who required training in dementia and responsive behaviours are now scheduled to attend this training on 05/09/2019.

All staff are currently up to date in Fire training and Safeguarding.

Proposed Timescale: 05/09/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There is a lack of communal space in the main centre. On the previous inspection the provider told the inspector that there were plans to build a conservatory off the main
sitting room and following the previous inspection a condition was attached to the registration of the centre saying this was to be completed by the 30 November 2018 in conjunction with the plan the provider had submitted to the chief inspector. On this inspection the inspector found that the provider was in breach of a condition of registration as no work on this conservatory had not commenced and the provider did not have a start date. The provider had not applied to vary this condition of registration and overall no attempts had been made to even provide television/radio etc to the residents who sat in this area daily

5. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The Registered Provider submitted a form on 30/07/2019 to request a variation to condition No. 8 to extend the timeframe to complete the building and associated plans of the conservatory. Work to commence on 01/09/2019 and to be completed on 31/01/2020.

A Flat Screen Multi Channel TV is in place in the main reception area along with a stereo system.

Proposed Timescale: 31/01/2020

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The layout of the laundry also required review to ensure the correct segregation of clean and dirty clothing to be compliant with best practice in infection control.

On this inspection although the inspector saw that some painting had taken place, the overall impression was that the centre was in a poor state of repair in a number of areas.
Paint was off door frames and walls ceilings had extensive water staining, there was broken equipment stored on corridors, a lamp continued not to have a bulb or shade and there were a number of items of torn equipment seen.
There was no system of a health and safety walk around and maintenance completed was reactionary to issues arising and breaking and not to ongoing maintenance and upkeep of the centre.

6. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.
Please state the actions you have taken or are planning to take:
The layout of the laundry has been reviewed to allow segregation of clean and dirty clothing to be compliant with best practice in infection control.

A schedule of works including the painting of bedroom’s has been devised and continues.
All the equipment is now removed from the corridor and stored in the outside shed.
Damaged equipment is being renewed & repaired.
A weekly Health and safety check list have been introduced for maintenance staff to follow.
Maintenance logbook is now checked by the PIC regularly to ensure all the work is been carried out accordingly.
We are now in the process of ordering new bed throws together with a personalising resident’s bedrooms with artwork and appropriate items which will be sourced in collaboration with the resident.

Proposed Timescale: 30/10/2019