Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Abbey Haven Care Centre & Nursing Home Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	27 May 2025
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0046681

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 May 2025	09:00hrs to 17:30hrs	Celine Neary	Lead
Tuesday 27 May 2025	09:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Residents living in Abbey Haven Care Centre and Nursing Home told inspectors that they were happy living in the centre. Many residents had lived in the centre for a number of years and were from the local community and surrounding areas. Inspectors spoke with a number of residents in the communal areas and in their bedrooms. Residents were complimentary in their feedback about staff, and described their engagements with staff as kind, respectful and caring.

There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Inspectors observed that residents did not have long to wait when they needed staff assistance. Observations confirmed that staff were aware of residents' care and support needs and all staff and resident interactions were found to be positive and respectful. Call-bells were available in all residents bedrooms and were answered in a timely manner. Residents told the inspectors that they felt safe living in the centre and that if they had a concern or wished to make a complaint they could talk to any member of the staff team.

Residents appeared content living in the centre. On the morning of the inspection, inspectors observed residents resting in their bedrooms, listening to the radio or having their breakfast in bed. Some residents were up enjoying their breakfast in the dining room. They said they could eat their meal wherever they wanted.

The layout of the centre was well designed, spacious and bright. The centre had a large open entrance hall with several seating areas for residents and visitors to enjoy. It was tastefully decorated, and comfortable furniture was provided. There were 60 residents living in the centre on the day of the inspection. This centre had five spacious day rooms, called Rosewood Lodge, Hazelwood Lodge, Cedarwood Lodge, Oakwood Lodge and Willow Wood Lodge. These rooms were spacious and comfortable, and overlooked the picturesque townlands of Boyle, County Roscommon.

In the Hazelwood Lodge, inspectors observed residents participating in an exercise activity class during the morning. Staff members assisted residents to the Hazelwood Lodge, and some residents were seated in rows facing the activity coordinator with minimal space in between one another. While there was a choice of five comfortable and spacious communal rooms available to residents in the centre, residents were encouraged to spend their day in the Hazelwood Lodge, where staff would be available to support and supervise them. This room was observed to be crowded throughout the day of the inspection.

Some residents told inspectors that their choice to remain in their bedrooms and not participate in the group activities was respected, they were not supported to participate in alternative meaningful individual activities in their bedrooms. Residents stated that although they had discussed their interests and preferences with staff,

they did not have the opportunity to participate in activities, in accordance with their interests.

The activities schedule on display in Hazelwood Lodge was displayed on an A4 sheet and was not easily visible to all, particularly to residents that had visual difficulties. In the afternoon, nine residents attended Rosewood Lodge for assistance with their lunch and activities.

The inspectors observed that the centre was well-maintained and adequately ventilated. Some areas of the walls and skirting boards required a painting refresh. The corridors and varied communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Traditional furnishings and various memorabilia were used to enhance residents' comfort in the communal rooms. The inspectors observed that some rooms in the centre were visibly unclean and required cleaning, including a number of residents' bedrooms, the laundry room and the house keepers store room. Furniture in the reception area had been repaired and was used during the day, by visitors and residents.

Some residents were seen to move around their home freely throughout the day. Secure outdoor garden areas were attractively landscaped with a variety of shrubs and plants and contained appropriate seating and shading for residents' use. Pathways were in place to facilitate the residents to access all areas of the garden safely. Inspectors did not observe any residents using their garden areas on the day of the inspection. The doors to the enclosed gardens were unlocked and were accessible to all residents as they wished. Residents told the inspectors that they enjoyed using the garden during the fine weather during the week previous to the inspection. The centre also had a garden area which included a greenhouse but residents had to seek the support of staff to access this area.

Many residents had personalised their bedrooms with their family photographs and other items of value to them. Residents' bedrooms were bright, nicely decorated and all bedrooms contained suitable furniture to meet their needs. The rooms were spacious and well laid out with en-suite facilities in each room.

The inspectors observed the lunchtime service and saw that there were staff available to assist residents in the dining room and in their bedrooms. Most residents could choose to have their meals in the dining room or in their bedrooms. Residents had a choice of meals, and portions served were generous and looked appetising. Residents told the inspectors that they enjoyed the food and were observed finishing their meals. The service provided was conducive to promoting residents' independence and social interactions. However, inspectors noted that a number of residents resting in large comfort chairs were served their lunch in the Rosewood Lodge day room and did not attend the dining room, with the other residents. These residents were not afforded the same choice and dining experience as other residents. Furthermore, inspectors observed that staff assisted residents to use plastic aprons to protect their clothing and their desserts were served in plastic bowls.

Residents spoke with the inspectors regarding day trips, out of the centre into their local community. Some residents expressed an interest in going out on day trips while others did not. Residents told the inspectors that they had visited Knock Shrine last year. One resident told the inspector that they would like to go out of the centre more often.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Improvements in oversight and management by the registered provider continued to be necessary to bring a number of the regulations into compliance, and to ensure that the service provided for residents is safe, appropriate, consistent and effectively monitored.

This unannounced inspection was completed to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and to follow up on progress with completing the actions the provider committed to in their compliance plan following the last inspection in February 2025. The inspectors also followed up on the notifications submitted to the Chief Inspector and unsolicited information received by the Chief Inspector. The information received pertained to concerns regarding the governance and management of the centre, infection prevention and control and the quality of care provided. This information was found to be substantiated on this inspection.

Although there was evidence that some improvements had been made following the previous inspection in February 2025, a number of the actions committed to by the provider in their compliance plan from the last inspection were not satisfactorily completed within planned timescales and were found non-compliant with the regulations again on this inspection. This inspection also found that the provider had not ensured that residents were adequately protected from risk of infection and risk to their safety in the event of a fire in the designated centre. These findings required an immediate and an urgent action plan by the registered provider to ensure that residents were protected from risk of infection and risk of fire. The inspectors' findings are discussed further under Regulation 27: Infection Control and Regulation 28: Fire Precautions.

The provider of this designated centre is Abbey Haven Care Centre and Nursing Home Limited. The person in charge is responsible for the day-to-day running of the centre. This inspection was facilitated by the person in charge and a director of the company. The person in charge was supported by a clinical nurse manager and a professionally qualified member of the board of directors. However, this person was on leave, on the day of inspection. The staff team also consisted of an activity

coordinator, catering staff, housekeeping, laundry, maintenance and an administrator at reception.

Inspectors found that there were sufficient numbers of staff available on the day of the inspection to meet residents assessed needs. This was further validated by staff on the day who told the inspectors that they had more time to care for, and support residents. Residents also told the inspectors that when they called for help during the day and at night, the staff mostly responded in a timely manner. Inspectors noted the provider had increased the number of care staff available in the designated centre since the last inspection and engaged the services of a recruitment agency to support them with covering gaps in the roster. However, housekeeping was not adequately resourced, and this had an impact on the cleanliness and infection prevention and control standards within the centre. The provider had recruited additional housekeeping staff, and they were due to start the week of the inspection. A kitchen assistant had also been employed and had commenced their role.

Inspectors noted improvements in the staff training record since the last inspection. Records reviewed evidenced that staff had received training in cardiopulmonary resuscitation, safeguarding, safe moving and handling, infection prevention and control, fire safety and person-centred care, which included supporting residents with responsive behaviours. Staff were not appropriately supervised according to their role. As a consequence, staff were not consistently implementing the provider's own policies and procedures to ensure care and services were consistently provided to the required standards. This was evidenced by inadequate infection prevention and control practices and residents' care documentation.

The governance and management within the centre were adequately comprehensive and ineffective oversight and management systems continued to impact on the quality and safety of the service and care provided to residents. This resulted in repeated regulatory non-compliance in a number of the regulations reviewed. There was an annual review of the quality and safety of care delivered to residents for 2024. This review incorporated the views of the residents and their families. The provider had recruited a director of nursing to strengthen the local clinical management structure in the centre, and they were due to commence in their role, within the centre in June 2025.

Documents requested by inspectors on the morning of the inspection, were not provided in an organised or timely manner, and inspectors had to repeatedly request, clarify and seek the documents requested throughout the day. Furthermore, records of routine fire safety checks to ensure the fire alarm system and the fire doors were functioning as required. There were also gaps in the sample of staff files reviewed.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was reviewed by inspectors. The provider and person in charge had followed the procedure in relation to the process for responding to complaints.

Written policies, as required by Schedule 5 of the regulations, were available to staff and were implemented. These policies were reviewed every three years and were available to staff to inform their practice. Policies had been last reviewed and updated in August 2022.

A directory of residents was maintained and referenced all required information regarding each resident admitted to the centre.

Regulation 15: Staffing

Inspectors were not assured that the provider had the required numbers of staff available with the required skill- mix having regard to the statement of purpose and the size and layout of the centre and the assessed needs of the resident's. This was evidenced by:

- A member of the housekeeping team worked as a housekeeper from 9am to 2pm and then commenced laundry duty. This staffing arrangement does not reflect the information set out in the centre's statement of purpose.
- Two housekeepers were on duty from 9am to 2pm each day and one housekeeper was on duty from 2pm to 6pm. They were responsible for cleaning all communal areas, corridors and 57 bedrooms. Due to the size and layout of the centre, this was insufficient and multiple rooms were observed to be visibly unclean on the day of inspection.
- The provision of activities was not managed to meet the assessed needs of residents. This is further discussed under Regulation 9: Residents' Rights.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff supervision arrangements were not appropriate to protect and promote the care and welfare of residents. This was evidenced by inadequate supervision of;

- the systems in place to ensure effective cleaning was consistently and effectively completed by housekeeping staff.
- the supervision and oversight of the staff members to ensure that the resident's clinical documentation, resident's assessments and care plans were an accurate reflection of the residents' care needs.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents, which contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Records were not kept in a manner as to be accessible. Repeated requests for records were made throughout the inspection, and some requested records were presented in a disjointed and disorganised manner. This included records pertaining to fire safety management, records of social activities residents participated in and cleaning schedules.
- There were unexplained gaps in two staff employment records in a sample of four staff employment files examined by the inspectors.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure the centre had sufficient resources to deliver quality care effectively. Staffing levels were found to be insufficient, as detailed under Regulation 15: Staffing.

The quality assurance systems that were in place did not ensure the quality and safety of the service were effectively monitored. This had a potential to negatively impact residents' safety. For example:

- Disparities between the consistently a high levels of compliance reported in the centre's own audits did not reflect the inspectors' findings and observations during the inspection. For example, infection control and care plan audits scored a high level of compliance contrary to findings and risks identified on the day of the inspection.
- The provider had not ensured that residents had adequate opportunities to participate in meaningful social activities to meet their needs. In addition, this is discussed under Regulation 9: Residents' Rights.

- Improvements were required to ensure that the management of risk in the centre promoted residents' choices in their daily routines and supported residents to access their local community if they wished to do so.
- Assessment and care planning procedures were not implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the standards of residents' care documentation were not adequate, and it posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff. These findings are discussed further under Regulation 5:Assessments and care plans.

The oversight and management of risk in the centre were not effective. Consequently, there were inadequate systems in place to identify, manage and respond to risk. This was evidenced by;

- the significant findings in respect of the infection prevention and control and fire safety measures in the designated centre as detailed under Regulation 27: Infection control and Regulation 28: Fire precautions. Immediate action was required from the provider on the day of the inspection to address the identified fire risk. Additionally, an urgent compliance plan was issued to the provider concerning Regulation 27: Infection Control and Regulation 28: Fire Precautions. The provider's response did provide assurances that these risks were adequately addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

The required notifications were supplied to the office of the Chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider and person in charge had robust complaints procedures in place. A review of complaints made and resolved conveyed that complaints were taken seriously, investigated promptly, and measures were taken to resolve the issues. A record was made of all complaints, the investigation completed, the outcome and whether the complainant was satisfied that the matter was resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures, as set out under Schedule 5 of the regulations, were available for review. Policies had been reviewed and updated in August 2022, and in accordance with best practice guidelines and regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found that the interactions between residents and staff were kind and respectful throughout the inspection. Residents reported that the staff and their environment, made them feel safe living in the centre. Nonetheless, the inspectors found that the ineffective systems of governance and management, along with insufficient staffing levels, impacted on the quality and safety of consistent person-centred care to residents. Consequently, improvements were required in relation to care delivery, with particular regard to residents' assessments and care plans, health care, and residents' rights. Action was also required to ensure that the premises met the needs of the residents, and that infection prevention and control measures protected them from the risk of infection.

Some improvements were required in the general upkeep and maintenance of the centre, such as marks on walls and skirting boards, that required painting. The provider had repaired the furniture in the reception area and it looked good, which facilitated appropriate cleaning. Storage in some store rooms required review, as inspectors found that used equipment items, which were visibly unclean, were stored together with clean, sterile supplies.

This inspection found that the provider had not ensured residents were adequately protected from the risk of infection. The oversight of infection prevention and control arrangements in the centre required significant improvement to meet national standards and other national guidance. For example, the inspectors found that the centre was visibly unclean, which is a repeated finding from the inspection in February 2025. The current systems to ensure that residents' bedrooms were cleaned daily were not clear to the housekeeping staff, and the records maintained were not correct. They did not provide the required assurances that effective cleaning had occurred. The inspectors found that there was inappropriate storage of equipment in ancillary areas, such as the sluice room, maintenance store room and the laundry room, which posed a risk of cross contamination. As a result, an urgent compliance plan was issued to the provider, which required them to carry out a deep clean of the centre. This is further discussed further under Regulation 27: Infection control.

The registered provider's oversight of fire safety and the processes to identify and manage fire safety risks did not effectively ensure the safety of residents living in the centre. The registered provider was issued with an urgent compliance plan to address areas of risks to residents' fire safety identified by the inspectors, including inappropriate storage practices in relation to flammable items in a number of areas. An immediate action was issued to the provider on the day of the inspection to address this risk on the day of the inspection.

In addition, residents' personal emergency evacuation plans (PEEPS) had not been updated to reflect the equipment and resources required to safely evacuate each resident were not reviewed during the day or at night. All staff in the centre had completed fire evacuation drills. The drills were well-documented with timings and learning identified. However, the fire drills did not provide assurance that the largest compartment in the centre could be evacuated safely with night time staffing levels. A fire drill was submitted to the Office of the Chief inspector three days after the inspection, which provided assurances that a full evacuation drill had been completed in a safe and timely manner.

The documentation of residents assessments and care plans had improved significantly since the last inspection. A review of the assessment and care plans found that each resident had an up-to-date and person-centred care plan in place that was based on the individual assessed needs and preferences. The centre used an electronic documentation system to record the residents' care plans. All care staff had access to the residents' care plans through touch-screens throughout the centre. However, some residents who displayed responsive behaviours did not have responsive behaviour care plans in place. This is a repeat finding from the last inspection.

A review of residents’ records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs. Significant improvements had been found in the referrals to dietetic services, and all residents at risk of malnutrition had been reviewed since the last inspection. Records of residents' dietary intake were kept and where supplementation was required, this was administered accordingly. Residents' weights were consistently recorded and were used to monitor and inform care provided. A review of one wound care plan found that a resident had not been referred to tissue viability or an occupational therapist in a timely manner, despite showing signs and symptoms of physical deterioration

Systems were in place to ensure residents received varied and nutritious menus based on their individual food preferences and dietetic requirements, such as diabetic or modified diets. The dining experience was seen to be enjoyable for most residents; however, some residents requiring assistance with their meals had their meals served in the Rosewood Lodge day room and were not afforded the same dining experience as other residents.

The provider had not ensured that each resident's social care needs were assessed and that they were supported to participate in meaningful social activities that met their individual interests and capacities. For example, many of the residents' social

activity needs were not assessed, and resulted in residents not having equal access to suitable and meaningful social activities that met their capacities and interests. The inspectors' findings are discussed further under Regulation 9: Residents' Rights.

Residents' bedrooms were spacious and tastefully decorated. Residents had access to televisions, radios and newspapers There were effective arrangements in place to ensure that residents' clothing was laundered correctly and returned to them without delay. Privacy screens were appropriately place in twin-occupancy rooms. Residents could receive visitors freely, and there were no restrictions in place.

Regulation 17: Premises

While the majority of the premises was in a good state of repair and met the needs of the residents, some shared bedroom accommodation did not conform with Schedule 6 of the regulations:

- Walls in some bedrooms were visibly marked and required painting.
- Doors and skirting boards were visibly marked and required painting.
- The floor in the en-suite of one twin bedroom required repair to remove a permanent stain.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were adequately supported to make choices in relation to their meal time options. Residents were aware what they were having for dinner on the day of the inspection.

There were enough staff on duty to support residents at meal times.

Residents with nutritional needs were provided with appropriate diet and fluids in line with their needs and preferences. These were accurately recorded in residents care plans.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections

published by the Authority were implemented and significant actions were required to ensure that the designated centre fully met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018).

This was evidenced by the following findings:

- The floors in residents' bedrooms were visibly unclean, with crumbs and tissues present on the floor.
- The laundry room surfaces and sinks were visibly dirty, with soiled linen in red alginate bags placed on the floor.
- The floor and sinks in the housekeeper,s store room were visibly dirty.
- Urinals were placed on a cistern in the sluice room to dry following decontamination, which increased the risk of cross contamination.

Equipment used by residents and the residents' environment was not consistently managed to minimise the risk of transmitting a health care-associated infection. For example:

- Mattresses, crash mats and furniture in use by residents were stored with clean, sterile supplies. The surfaces of a number of the mattresses were damaged and visibly dirty. This practice increased the risk of cross-infection to residents.
- One large storage room had items stored directly on the floor, preventing it from being appropriately cleaned.
- Cleaning equipment was stored in the wheelchair store room.
- Areas of the premises documented as having been cleaned on the day of this inspection were visibly unclean. This included several bedrooms occupied by residents. This is a repeated finding from the last inspection.

The provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire. For example:

- Inappropriate storage practices in relation to flammable items next to an electrical unit located in one store room. This created a fire risk, and the storage of large amounts of flammable items in one area created a fire load should a fire occur. The provider was required to address this risk immediately on the day of the inspection.

- An unsecured oxygen cylinder was found to be stored internally in an unventilated store room containing flammable items. This created a fire risk.

The registered provider did not make adequate arrangements for testing fire equipment as follows;

- Records available did not give assurances that the provider had arrangements in place for testing the fire alarm system at regular intervals to ensure its effective operation in the event of a fire in the centre.
- Records available did not give assurances that the provider had arrangements in place for testing of the fire doors at regular intervals to ensure their effective operation in the event of a fire in the centre.

The registered provider did not make adequate arrangements for evacuating, where necessary in the event of a fire, of all persons in the designated centre and safe placement of residents. For example;

- Personal emergency evacuation plans (PEEPs) prepared for residents did not assess the following to ensure their timely and safe evacuation in the event of a fire in the centre;
  - Each resident's individual staff assistance needs
  - Each resident's individual equipment needs during the day and at night
  - Each resident's individual needs for supervision post evacuation

The inspectors were not assured that there were adequate arrangements in place for evacuating residents in the event of a fire in the largest compartment, which the inspectors were advised provided accommodation for up to 11 residents. Records were not available to confirm that the provider had assured themselves that residents could be evacuated in a timely, safe and effective manner in all compartments with the current night time staffing levels.

The provider was required to address an immediate risk that was identified on the day of the inspection. The manner in which the provider responded to this risk did provide assurance that the risk was adequately addressed.

The provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although there had been significant improvements found with assessments and care planning on this inspection, some work was still required to ensure all residents had

the relevant details and care plans in place to guide staff with their care. For example;

- two residents' that displayed responsive behaviours did not a have a responsive behaviour care plan in place.
- one residents' care plan had inaccurate details regarding bed rails which were no longer in place.
- residents did not have social activity care plans in place.

This is a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents with nutritional care needs had been reviewed by dietitians but this inspection found that one resident had not been referred to an occupational therapist (OT) for a review of their pressure-relieving cushion or seating despite their wound reoccurring and deteriorating. Furthermore, this resident had not been re referred to a tissue viability nurse (TVN) specialist in a timely manner.

TVN services were carrying out remote assessments and were not always on site to carry out face-to-face reviews. This resulted in an untimely review of wound care in the centre and residents visibly deteriorated between January to May of 2025.

This is a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider did not provide all residents with opportunities to participate in activities in accordance with their interests and abilities. There was no evidence provided to inspectors that residents were offered one to one activities if they remained in their bedrooms or were unable to participate in group activities in the Hazelwood Lodge day room.

The choice in relation to access to the dining room was restricted, as there was only one sitting for residents at meal times. Therefore, many residents did not have access to a proper dining experience and were served their meals in the Rosewood Lodge day room.

There was a lack of privacy for a number of residents in their own bedrooms due to uninvited intrusion from other residents. The inspectors observed that there was a sign on their door that said "Do Not Enter" as a deterrent.

Closed circuit television (CCTV) was in place in residents' communal dining room. This did not support the residents' right to privacy and dignity in their home.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0046681

Date of inspection: 27/05/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment of staff in line with the requirements of the statement of purpose has been undertaken. Two full-time housekeeping staff commenced their roles on 2nd June 2025. Timeframe: Complete A recently recruited laundry person is awaiting Garda Vetting Clearance and will be based in the Laundry on a full-time basis. Timeframe: 31.07.2025. A review of all resident's activity assessments will be undertaken to identify their interests and preferred activities. This will guide staff in providing meaningful activities and have positive engagement with all residents. Timeframe: Complete. An activities coordinator has been recruited and has commenced in their role. Two staff are assigned to activities at present. Timeframe: Complete	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The cleaning records used in the center have been reviewed. A newly revised cleaning record log is now placed in each of the accommodation areas. The log will be signed by	

the housekeeping staff once the cleaning is complete. A revised deep cleaning schedule is in place for all areas within the Center. Oversight of the records will be maintained by the DON/CNM during their morning environmental tour of the building.

Timeframe: Complete.

All cleaning standards will be monitored by the Director of Nursing/Clinical Nurse Manager and staff will receive constructive feedback on their performance during their probationary reviews or their annual appraisals.

Timeframe: Complete

A revised auditing schedule has been introduced to include the following: -
• Daily review of a sample of the housekeeping records
• Weekly Environmental Audits
• Monthly Infection Prevention and control Audits

Timeframe: Complete.

There is a named Nurse system in place, each of the Nursing staff are responsible for updating an assigned group of resident's assessments and care plans. The named Nurse has a responsibility to update the resident's assessments and care plans on a routine four monthly basis or more frequently due to the resident's changing needs. The care plan will be amended by the Nurse on duty to reflect these changes. The clinical management team will undertake a review of all care plans and feedback from these audit findings will be shared with the nursing team.

Timeframe: 31.07.2025.

The DON/CNM will maintain oversight of the Clinical KPI's on a weekly basis and ensure all care plans are updated by the nursing staff and accurately reflect the resident's plan of care.
Timeframe: Complete

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
A review of all the required files has commenced. All files will be stored and maintained using an appropriate systematic approach.
The Fire Records Folder has been reviewed following the inspection and all the required documentation in relation to fire safety management is now available and stored in one folder at the Fire Panel.
Timeframe: Complete

The cleaning records used in the center have been reviewed. A newly revised cleaning record log is now placed in each of the accommodation areas. The log will be signed by the housekeeping staff once the cleaning is complete. All other records relating to Deep cleaning and communal area cleaning are available in the Housekeeping records Folder.
Timeframe: Complete

Staff Files identified on the day of inspection with CV gaps of employment were immediately verified. A Staff files check list has been compiled and all Staff files must be signed off as complete in advance of the staff member commencing employment. All CV Gaps will be identified and documented at interview stage going forward.

Timeframe: Complete

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A review of the Governance and management systems within the center has been undertaken.
A Director of Nursing commenced working in the centre in a full-time capacity from 6th June 2025. This will enhance the governance and management structures to support effective monitoring of the services provided through enhanced supervision.
Timeframe: Complete.
A weekly review of the key Clinical Indicators within the center has been introduced. This will enhance the oversight of clinical activity and ensure appropriate prompt responses are in place and recorded accordingly.
Timeframe: Complete.
A review of the audit tools in use will take place. A revised auditing program will be introduced to enhance the oversight of the systems of work in place and the standards achieved. All audits undertaken will reflect the auditor's findings and will identify areas of improvement. Action plans devised will form part of the overall Quality improvement plan within the center.

Timeframe: 31.07.2025.

A review of all resident's activity assessments will be undertaken to identify their interests and preferred activities. This will guide staff in providing meaningful activities and have positive engagement with all residents.

Timeframe: Complete.

A review of the care plans for those residents displaying responsive behaviors was

undertaken. The care plans outline interventions to support non-pharmacological de-escalation strategies.
Timeframe: Complete

Recruitment of staff in line with the requirements of the statement of purpose has been undertaken. Two full-time housekeeping staff and a full-time laundry staff commenced their roles on 2nd June 2025.

Timeframe: Complete

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A schedule of maintenance works is underway following a review of the building. This includes genereal maintenance and decorating within the most immediate areas.
Timeframe: 15.07.2025
Floor in the en-suite has been replaced.
Timeframe: Complete.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The cleaning records used in the center have been reviewed. A newly revised cleaning record log is now placed in each of the accommodation areas. The log will be signed by the housekeeping staff once the cleaning is complete. All other records relating to Deep cleaning and communal area cleaning are available in the Housekeeping records Folder.
Timeframe: Complete.
A revised auditing schedule has been introduced to include the following: -
• Daily review of a sample of the housekeeping records
• Weekly Environmental Audits
• Monthly Infection Prevention and control Audits

Timeframe: Complete.

A laundry storage trolley has been purchased to appropriately store all soiled linen in the laundry room.

Timeframe: Complete.

Review of the equipment in storage in the Sluice areas undertaken. Excess equipment removed and there is sufficient drainage racking now available to ensue correct storage to reduce the risk of cross contamination.
Timeframe: Complete.

A review of all storage within the center has been undertaken. All items are now stored appropriately and off the floor.
Timeframe: Complete.

A review of all mattresses in use was undertaken. Two were identified as requiring replacing and theses have been removed and replaced.
Timeframe: Complete.
The items of furniture identified on the day of inspection were immediately removed and thoroughly cleaned.
Timeframe: Complete
Additional resources were assigned to the housekeeping team, and a full deep clean of the center commenced on 28th May 2025 and completed on the 4th of June 2025. Deep cleaning records have been supplied to the regulator as an attachment to the compliance plan.
Timeframe: Complete
The Person in Charge will monitor cleaning standards and staff cleaning practices through direct observation as part of their daily walks through the center.
Timeframe: Complete
The deep cleaning schedule for all rooms within the centre has been revised to support more frequent thorough deep cleans of all areas.
Timeframe: Complete
The cleaning records will be monitored by the Person in charge through daily spot checks to ensure they accurately reflect the cleaning undertaken in the centre.
Timeframe: Complete
The standard of deep cleaning undertaken will be monitored through post cleaning spot checks to ensure the standards of cleaning are satisfactory.

Timeframe: Complete

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A fire brigade officer visited the site at the request of the registered provider.

Timeframe: Complete

The storeroom that contains the electrical unit has been emptied of all possible flammable items.

Timeframe: Complete

The Oxygen cylinder was removed to an appropriately ventilated external area.
Timeframe: Complete

An external oxygen storage area will be created. A secure Sealey Safety all weather galvanised Cage is sourced in line with the manufacturers recommendations and appropriate safety signage installed, complete with hinged door with hasp and staple for padlock, and pre-drilled fixing points for bolting to solid surface.
Timeframe: Complete

The fire alarm system will be tested weekly to confirm its effective operation. The testing of the fire alarm system will be maintained by the Person in Charge and in their absence by the Director of Nursing. All alarm activations will be recorded in the Fire register.
Timeframe: Complete

As part of the weekly fire alarm activation the door closure mechanisms will be checked to ensure they are all activated. Any faults identified will be reported, recorded and rectified.
Timeframe: Complete
A physical inspection of all fire doors has been undertaken. The inspection comprised of ensuring the doors close properly, the door panels, closers, smoke and heat seals are not damaged, and the electronic locking devices operate, and release as expected.
Timeframe: Complete

All Fire doors will be inspected monthly.
Timeframe: Complete

Fire safety records will be reviewed weekly by the Person in charge to ensure all checks are carried out in line with local policy and regulatory requirements.

Timeframe: Complete
Fire safety check records will be discussed and reviewed at the monthly governance meetings.

Timeframe: Complete

All Personal emergency evacuation plans (PEEPs) for all residents have been reviewed with the level of assistance they need and the equipment to be used during both day and night-time evacuations to ensure their timely and safe evacuation. The level of supervision required following evacuation is outlined on all PEEP's.

Timeframe: Complete

Two night-time simulated Fire Drills have been completed. A summary of the evacuation drills have been submitted to the regulator.

Timeframe: Complete

All staff have been scheduled to attend refresher Fire training inclusive of fire drill participation. Three sessions were scheduled for 2nd, 3rd and 23rd June. A record of the completed sessions will be submitted to the regulator.
Timeframe: Complete

Fire drills will continue weekly to ensure a reasonable evacuation time can be achieved while simulating night-time conditions. Fire drills will be evaluated, and learning outcomes will be identified to improve the fire safety practices in the centre.

Timeframe: Complete

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A review of all resident's activity assessments will be undertaken to identify their interests and preferred activities. This will guide staff in providing meaningful activities and have positive engagement with all residents.

Timeframe: Complete.

A review of the care plans for those residents displaying responsive behaviors was undertaken. The care plans outline interventions to support non-pharmacological de-escalation strategies.
Timeframe: Complete

A review of the care plans for those residents using bedrails was undertaken, all care plans accurately reflect the resident's current needs.
Timeframe: Complete

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The resident was reassessed by the Occupational Therapist and the Tissue Viability Nurse onsite. The pressure relieving cushion in use has been replaced with an alternative pressure relieving cushion recommended by the OT. Arrangements are in place for

onsite TVN visits should the need arise.
Timeframe: Complete

A weekly review of the key Clinical Indicators within the center has been introduced. This will enhance the oversight of clinical activity and ensure appropriate prompt responses are in place and recorded accordingly.
Timeframe: Complete.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The mealtime service was reviewed following the inspection. All meals are now served within the dining area. There are now two lunch time sittings in place and the time of meal service is as per the residents expressed wish. Some residents request their meals in their rooms and this is facilitated and respected.
Timeframe: Complete
Closed circuit television in the communal areas is in use to support any investigation of resident incidents within that area. There is restricted access to all CCTV within the center, limited to management only. All CCTV screens remain on standby mode and do not display any footage.
Timeframe: Complete
In the event that a resident is displaying purposeful movement within the center the staff will engage with the residents to identify if they have a specific need that requires a care intervention or redirect the resident using distraction techniques by supporting them to engage in purposeful activities.

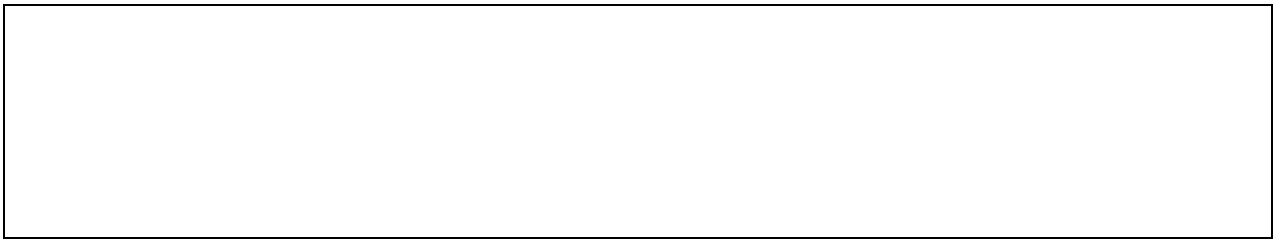
The resident who placed the signage on their door refers to people entering their room despite having a key to secure their room and possessions during periods of them been away from their room. The signage referred to was removed on the day of the inspection.

Timeframe: Complete

A review of all resident's activity assessments will be undertaken to identify their interests and preferred activities. This will guide staff in providing meaningful activities, and have positive engagement with all residents both in groups or through one-to-one activities.

Timeframe: Complete.

A review of the care plans for those residents displaying responsive behaviors was undertaken. The care plans outline interventions to support non-pharmacological de-escalation strategies.
Timeframe: Complete



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/07/2025
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	15/07/2025

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	31/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Red	15/07/2025
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Red	15/07/2025

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	15/07/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	15/07/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	15/07/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably	Not Compliant	Orange	15/07/2025

	practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to voluntary groups, community resources and events.	Not Compliant	Orange	15/07/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	15/07/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	15/07/2025