



**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:	Annabeg Nursing Home
Name of provider:	Annabeg Enterprises Limited
Address of centre:	Meadow Court, Ballybrack, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	14 October 2020
Centre ID:	OSV-0000005
Fieldwork ID:	MON-0030695

About the designated centre

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

Annabeg aims to promote quality of life and independence through professional and friendly services driven by a philosophy to provide the highest standard of care through innovation and commitment. Annabeg aims to provide a residential care setting where residents are cared for, supported and valued within a care environment that promotes the health and wellbeing of service users.

Annabeg Nursing Home is a charming period house situated in a quiet cul de sac in Ballybrack. During 2015 it was extended and substantially renovated and refurbished to marry the 'old with the new'. Residents have access to a number of communal rooms (three in total), a family/visitors room, a therapy room, a snug room, a beauty parlour, two passenger lifts & an enclosed courtyard is a 'timeout' haven for residents to enjoy. Annabeg is currently serviced by the Cherrywood Luas, Killiney Dart Station and local buses

Annabeg accommodates both male and female residents over the age of 18 and offers long and short-term care, respite, convalescence and palliative care. It is registered for 41 beds and offers both single and twin room accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Wednesday 14 October 2020	09:00hrs to 18:00hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Residents told the inspector about how their daily routines had changed in recent months due to the COVID-19 pandemic. They said that nurses and carers had chats about the pandemic and provided up-to-date information to reduce their anxieties and help them feel comfortable. Residents commented that they were happy with and understood the restricted visiting arrangements put in place by the centre.

Residents praised management and the staff team in particular, they highlighted the role of their activity coordinator. Residents said that there was plenty of staff available and described them as responsive to their needs and call bells were responded to quickly. Residents responded well to guidance from staff and there was a relaxed atmosphere in the sitting and dining rooms.

During the inspection the inspector observed a range of activities targeted at both those residents who chose to stay in their rooms and those residents who used the communal areas, however social distancing was not always observed. This was discussed with the person in charge and was partially addressed during the inspection day.

One-to-one activities were carried out in the residents' bedrooms to alleviate the isolation for those who preferred to stay in their rooms. The inspector observed group activities, for example, there was a musician who played in the courtyard, where residents and staff were seen to enjoy the music in a calm and peaceful atmosphere. There was well-maintained accessible outdoor courtyard available to residents.

Residents were happy with the food and meals they received which were seen to be well presented. They said that they felt safe and knew who to speak with if they had a concern, or were unhappy with the service provided.

Although the inspector did not speak with any family members, a complimentary email from a family member was seen which described that their loved ones as being 'superbly cared for' and that the staff were wonderful. Staff morale was good which helped to create a positive and happy environment for the residents.

Capacity and capability

Annabeg Nursing Home is owned and managed by Annabeg Enterprises Limited. Prior to the COVID-19 pandemic. The designated centre had been inspected in 2018 and had achieved good levels of compliance across the regulations inspected. Following this inspection the provider submitted plans to the Chief Inspector setting

out how they would address the issues identified in those areas, and showed a willingness to make improvements. However some areas such as governance and management, training and development and infection control required improvement.

This was a good centre that used best available evidence to ensure compliance with regulations and standards and to provide best outcomes for residents. The inspector found a strong culture of person-centred care at the centre of care delivery which helped to ensure that the well-being and safety of the residents was prioritised and decisions that were made in relation to risks such as, infection control measures, were made with the least impact on each residents' quality of life.

This was a short-term announced inspection and the registered provider representative had been informed about the inspection on the evening of 13 October 2020 before the inspection was scheduled. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

To assess the assurance arrangements in place, the senior management team were requested to provide a number of documents on the morning of inspection. This included for example, the allocation of staff, resident notes, the centres risk register and the complaints log.

There were 39 residents accommodated in the centre on the day of inspection. The centre was divided to facilitate separation for those residents that required isolation due to recent admission/readmission from residents who were not identified as COVID-19 positive.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre should it occur. The person in charge had been appointed as the Infection control lead for the centre and serial COVID-19 testing was being carried out in alignment with Public Health advice.

The governance and management team were committed to providing a good service. Throughout the COVID-19 pandemic, communication with families and loved ones was evident with records showing regular updates in respect of measures being taken in the centre.

There was no complaints received in the centre during 2020 and a review of records showed that where complaints arose they had been managed in line with local policy and procedure.

Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt well supported by the management. While a small number of staff had not undertaken safeguarding vulnerable adults training, all staff had completed their mandatory training in infection control in addition to other relevant courses to enable them to provide person-centred care. Refresher training was overdue for other staff but was scheduled to take place shortly after the inspection.

Regulation 15: Staffing

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Staff were supervised in their work by the person in charge, senior nurse on duty each day and the senior healthcare assistant. There were no staff vacancies on the day of inspection.

There was evidence of active registration with the Nursing and Midwifery Board of Ireland seen in nursing staff records viewed.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control.

Four nursing staff were trained to take swabs for the detection of COVID-19 in the centre. Staff training records required updating to show the current status of required training to provide assurances that provider had oversight of the training requirements of all staff. This information was updated and submitted to the inspector the day following inspection. Six staff had not undertaken safeguarding vulnerable adults training and where staff have not had training or refresher training in fire management, donning and doffing personal protective equipment, manual handling, there was a clear schedule in place for them to attend training.

Other training made available to staff included basic life support and end of life care. Staff told the inspector they felt supported by management to carry out their duties effectively and safely.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. A member of the senior management team was available in the centre seven days a week to assure the provider maintained good oversight of care delivered and that there were adequate resources allocated in terms of staffing, equipment, facilities

and catering arrangements.

The leadership and management ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result the culture of person-centred care was evident in staff practice and their attitude.

Management and review systems were in place to promote the delivery of safe and quality care services. While there were quality assurance frameworks in place, infection control required more oversight, this is discussed further in regulation 27. There was a plan in place for responding to COVID -19 and this had been updated in accordance with the revised guidance as it was released. Staff had organised themselves under the leadership of the management team to implement the contingency plan which had been prepared and practised by staff in the event of having an outbreak.

Staff records were found to contain all documentation required under Schedule 2 of the regulations, however vetting by An Garda Síochana was not in place for one staff member before they commenced employment in the centre but was in place on the day of inspection.

While an annual review had been completed it did not show that residents and their families were consulted in respect of the quality of care provided. The person in charge told the inspector that she would be carrying out a survey for residents and families which would be included in the next annual review.

The quality of care and experience of residents was monitored and developed on an ongoing basis. A number of regular performance measures or audits were carried out for example environmental audits, falls, nutrition audits, end-of-life care, restrictive practices, medication management and complaints. Where areas for improvement were identified, specific and time-bound action plans were put in place and followed up.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. There had been no complaints received in 2020. The complaints log was available, and records available contained details on the nature of a complaint, prompt investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

All residents met throughout the inspection confirmed high levels of satisfaction with the service and knew who to speak to should they have a concern. The complaints

procedure was clearly displayed in the centre.

Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support for residents. However some areas in infection control required improvement. This is discussed further in regulation 27: Infection Control.

The national COVID-19 testing programme for staff was in place and being overseen by the person in charge and the senior management team. The provider took a proactive approach to managing risk in the centre. There was a risk management policy and an emergency plan in place to guide staff. The risk register outlined all the measures that had been put in place to manage a potential resident or staff infection.

The premises provided residents with a comfortable, spacious and homely environment. The courtyard garden area was accessible from the rear of the building, and was well maintained and fully accessible with a variety of seating available.

The provider had made a facility available for residents to safely meet guests or relatives at the front of the centre. However, visiting was restricted during the 10 days prior to the inspection but were due to recommence the following week. Should residents be at the end of life stage, visits could be facilitated in resident rooms. There was evidence of regular communications sent to and shared with families and friends of residents since March of this year.

Care plans were person centred and were reviewed regularly in line with regulation 5. There were good oversight and effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Activity care plans reflected resident's personal preferences for activity engagement and recreation and included the residents' social and recreational interests.

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and was last updated in October 2020. While there was up to date risk register which was used to identify and assess risks in the designated centre there was no responsible person identified for any additional actions required to manage risks. The person in charge provided the inspector with

assurances that a person would be identified to complete the required actions.

There were individualised risk assessments in place for residents which were reviewed and updated regularly.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19.

A COVID-19 preparedness assessment had been completed. It covered a range of areas, and assessed the providers arrangements in place, for example staffing arrangements, management cover, zoning of units and equipment and infection control precautions. The person in charge was also progressing with the completion of the COVID 19 - An assurance framework for registered providers - preparedness planning and Infection prevention and control measures for the centre.

Judgment: Compliant

Regulation 27: Infection control

This centre did not experience a COVID-19 outbreak. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

There was on-going monitoring of residents and staff to identify signs or symptoms of COVID-19. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in resident's baseline.

There was a system in place for monitoring residents and staff for signs of COVID-19 infection and swabbing both residents and staff for COVID-19 infection, to align with national guidelines. Visitors, such as hairdressers and entertainers, to the centre were also checked for symptoms of infection before they could enter the centre.

There was appropriate infection prevention and control signs on display around the centre. Staff supported safe communication between residents and their loved ones. Social distancing measures were not always observed at times when residents were in communal spaces such as dining areas and sitting rooms. This was discussed with the person in charge and was partially addressed during the inspection.

There were safe waste management and laundry arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift. There were maintenance records for servicing of bedpan washers available on request during

the inspection.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence. Isolation, zoning and cohorting arrangements are clearly signposted and only the staff assigned to these areas were seen to be working there.

There was an influenza vaccination program in place and available to resident and staff.

Hand hygiene practice was good on the day of inspection, however, the person in charge was informed that there were gaps in practice with regard to staff wearing nail varnish/false nails and a wrist watch. Numerous hand sanitizer dispensers were available throughout the centre.

While there were cleaning processes in place which were documented in cleaning sign off sheets, spray bottles containing a disinfectant concentrate and tap water mixture used for general surface cleaning had not been emptied, washed out and allowed to air-dry at the end of each cleaning session.

Cleaning was overseen by the administration manager. Cleaning and nursing staff, who spoke with inspectors were aware of their roles and responsibilities and the cleaning processes needed for cleaning and medication fridges and patient equipment were seen to be clean. Environmental audit results showed good compliance when carried out on 28 July 2020.

The following areas for improvement were also noted:

- The development of a terminal cleaning check list to guide staff.
- Personal hygiene products for different residents such as tooth paste, creams and hair brushes were store together on 2 trollies, which could lead to cross contamination. The person in charge assured the inspector that this had been addressed on the day of inspection.
- The provision of a wall mounted hand towel holder, easy-to-read hand hygiene and infection prevention and control signage and appropriate storage for laundry bags and urinals in one sluice room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge or the assistant director of nursing undertook a detailed pre-assessment for each resident prior to their admission. Records showed that the nursing and medical care needs of residents were assessed on admission and

reviewed at intervals not exceeding four months. While there were a wide range of assessment tools being used to monitor resident's needs it did not direct the requirement to monitor one residents blood sugar levels, however records showed that this was being monitored regularly.

The effects of social isolation had been individually assessed for each resident and suitable alternatives implemented to ensure the residents could communicate with their families. In their daily interactions with residents, staff were observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans.

There was an activity of daily living care plan in place for all residents showing the level of needs required to care for residents should they need to be transferred to an acute hospital or other service.

Judgment: Compliant

Regulation 6: Health care

Residents have timely access to healthcare services based on their assessed needs. There was appropriate referral to allied health professionals if required, such as physiotherapy, occupational therapy, speech and language and tissue viability nursing.

The Inspector found that there was good access to external medical and healthcare services with arrangements in place to access GP services and specialist services such as psychiatry of old age and palliative care services. Recommendations from these specialists were recorded in residents care records. The centre also provided the services of a physiotherapist for exercise classes on a weekly basis, who w delivered this service via social media for the last two weeks due to restricted visiting.

National health screening was made available to those residents who were eligible.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed staff interacting with residents in an appropriate and respectful manner. It was clear that staff knew the residents well and talked about topics that interested them. The inspector noted good humoured engagement between the residents and staff.

There were opportunities for all residents to participate in activities. Residents were

able to view mass on TV every day. During this period of restricted visiting, the inspector saw records to evidence what one to one activity support residents received. An activity log was maintained daily for each resident detailing the participation and enjoyment level residents displayed. Extra staff had been rostered to provide activities over the weekends since April due to the restriction on outings and trips for residents. Residents were encouraged to participate and influence the running of the centre. Residents' meetings were held regularly and their feedback was seen to be used to improve the service provided.

Residents' privacy and dignity were respected. Staff were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Maintaining connections with loved ones was facilitated through social media and telephone. Window visits or visits outside the centre were due to recommence the following week. Residents said they feel they are kept informed and are happy that their families know what is going on. The provider had put in place an external structure so that residents could receive visitors in a safe manner using separate entrances and a screen.

Residents right to vote was upheld where residents were registered to vote if they wished. Advocacy services were also advertised in the centre.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Annabeg Nursing Home OSV-0000005

Inspection ID: MON-0030695

Date of inspection: 14/10/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have now completed training Re: Safeguarding Vulnerable Adults. Training Records have been reviewed and updated.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There was a delay in the processing and receipt of Garda Vetting for one staff member- this was due to an oversight on our part as the individual was employed at the height of the ongoing COVID 19 pandemic. Going forward we will ensure that this is not repeated.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The minor issues alluded to in the report were attended to immediately post inspection- Staff have been reminded re Uniform Policy</p>	

Spray bottles are now washed out and allowed to airdry

A wall mounted hand towel holder is now in situ

A Terminal cleaning check list is now in situ.

A greater emphasis has been placed on the importance of Social Distancing while balancing same with the importance of quality of life for our residents.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2020
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	28/02/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/10/2020

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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