



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:	12 September 2024
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0043232

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:	61
--	----

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
Thursday 12 September 2024	08:50hrs to 16:25hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Abbey Haven Care centre and nursing Home, Boyle, Co. Roscommon. During this inspection, the inspector spent time observing and speaking to residents, visitors and staff. From the inspector's observations and from what residents told them, it was clear that the residents received a good standard of quality and personalised care living in the centre. Throughout the day of inspection, the atmosphere in the centre was relaxed and calm. Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well.

Following a short introductory meeting, the person in charge and clinical nurse manager accompanied the inspector on a tour of the centre. Many residents were up and dressed participating in the routines of daily living. Residents were observed to be well presented in neat dress.

The centre is spread out over one floor. The inspector viewed a number of residents' bedrooms and found them to be bright and homely spaces which were tastefully furnished. Many bedrooms were personalised with possessions and photographs from the resident's home. There was a choice of communal spaces in various locations around the centre. These spaces included sitting rooms, activity rooms and smaller quiet spaces including a library room. There was a large purpose built oratory to facilitate religious services and quiet reflection in the centre. Residents were observed using these spaces throughout the day of inspection.

There was a variety of outside spaces available for residents to use, all of which were safely enclosed and freely accessible. These spaces were observed to be well maintained with appropriate outdoor furniture and colourful flowerbeds. There was also a large poly tunnel located in one of these spaces for residents use. The inspector was informed residents planted a variety of vegetables and plants here and often go out to pick some fresh vegetables for use in the kitchen.

The inspector observed the dining experience at lunch time and saw that the meals provided were of a high quality and well presented. There were two options for the main meal at lunch time to include breaded chicken fillet or roast loin of pork both of which were served with boiled and roast potatoes and a selection of vegetables. There was a choice of dessert which included lemon cheesecake, custard or jelly and ice-cream, on the day of inspection. The tea menu on that day had a choice of ham salad, homemade soup, sandwiches and there was a sweet choice for after including scones, cake or yogurt and fruit.

Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each

other. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

The inspector spoke with six residents, over the day of inspection, all of whom were positive and complimentary about the staff and care they receive living in the centre. One resident detailed how their quality of life had improved since moving into the centre in the last year. Another resident told the inspector that the care the staff provided was so personal and friendly and that the food provided was very tasty.

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 provided.

Capacity and capability

Overall, the findings of this inspection were that Abbey Haven Care Centre and Nursing Home was a well-managed centre, where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This inspection also followed up on the compliance plan from the last inspection in August 2023 and reviewed solicited information received. No unsolicited information had been received since the previous inspection.

The centre is owned and operated by Abbey Haven Care Centre and Nursing Home Ltd., who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by company directors. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas

identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

A directory of residents was maintained and made available to the inspectors for review. This had all the required information in relation to residents' as set out under paragraph 3 in schedule 3 of the regulations.

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log, made available to the inspector, found that a safeguarding allegation had not been reported to the office of the Chief Inspector, as set out in Schedule 4 of the regulations. This was submitted retrospectively following the inspection.

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents accommodated in the designated centre and it was made available on the day of inspection. The directory included all the required information specified in schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications were submitted to comply with Schedule 4 of the regulations, a review of the complaints records confirmed that not all allegations of abuse were notified to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy in place that was reflective of regulatory requirements. There was information about the complaints process displayed on the walls in the centre.

A review of the complaint's log confirmed that all complaints were investigated and dealt with in line with the centre's policy on complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5. These policies were reviewed every three years or sooner if required.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life within Abbey Haven Care Centre and Nursing Home. Staff working in the centre were committed to providing quality care to residents and the inspector observed that the staff treated residents with respect and kindness throughout the inspection. However,

further improvements were required in relation to communicating with residents with communication difficulties in the centre.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint use within the centre and, where it was in use, it was used in line with national policy.

Overall the layout of the premises promoted a good quality of life for residents. There were suitable ancillary services throughout the building, including appropriate hand washing facilities. The centre was clean and well maintained. There was a choice of communal spaces available to residents and two well maintained external courtyards.

The inspector saw evidence that relevant information accompanied residents on their transfer and on their return to the designated centre following their temporary transfer to another place of care. Care plans were updated as required on the resident's return to the centre. All relevant information from the discharging care facility were filed in the resident's medical file.

The residents' guide for the designated centre was available. This guide contained all of the required information in line with regulatory requirements.

A selection of care plans were reviewed on the day of inspection. the inspector found that not all resources referenced in communication care plans were available in the centre to promote residents with communication difficulties to communicate freely. this is further discussed under Regulation 10; Communication difficulties.

Pharmacy services were provided by an external contractor and there was a paper system in place for the prescribing and administering of medications. The temperature record for fridge storage was recorded on a daily basis. Medications including controlled medications were safely stored in locked clinical rooms, with lockable storage cupboards. However the inspector observed that prescribed nutritional supplements were not stored securely and were being kept on open shelving in the dining room which made them accessible to all residents.

Regulation 10: Communication difficulties

Residents were heavily reliant on verbal information from staff and there was a lack of alternative communication methods in place to promote residents who had a hearing or cognitive impairment to communicate freely. For example;

- Three communication care plans for residents with hearing impairment were reviewed by the inspector. All care plans stated that visual aids should be

used to assist communication, however there were no written/pictorial menus in use in the centre to inform residents with communication difficulties about their menu options at each meal time. Staff verbally told residents about the daily menu choices. The inspector was not assured that residents with hearing difficulties or cognitive impairment were appropriately informed of the daily choices at mealtimes, in line with their care plans, to enable them to make an informed decision around their meal choices.

- There was no written information in the centre to inform residents with communication problems about the daily and weekly activity schedule or when religious services would take place.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available and included a summary of including services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary absence and discharge of residents was reviewed. All relevant information about the resident being transferred to hospital was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files. Care plans were updated accordingly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescribed food supplements and nutritional drinks were not stored securely in the centre.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

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

Inspection ID: MON-0043232

Date of inspection: 12/09/2024

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>PIC will ensure all notifiable incidents will be notified as per regulation 31.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Communication boards will be placed in prominent areas of the nursing home to inform residents of daily menu, activities and other relevant information.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Nutritional supplements are now stored inside the medication room.</p>	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	30/11/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	13/09/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Not Compliant	Orange	12/09/2024

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
--	--	--	--	--