



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

Issued by the Chief Inspector

Name of designated centre:	Abbot Close Care Centre
Name of provider:	Abbot Close Nursing Home Ltd
Address of centre:	St. Marys Terrace, Askeaton, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0004682
Fieldwork ID:	MON-0045966

About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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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
Tuesday 14 January 2025	09:45hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were content living in the designated centre. They spoke positively about the care and support that was provided to them by staff, with one resident saying "I'm happy and well-looked after here".

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting with the person in charge and a quality and safety manager, the inspector completed a walk around the centre. At this time, some residents were observed to be seated in various communal areas, while others were being assisted by staff in their bedrooms. Many residents were making their way to a large day room, where a local priest was preparing to say mass.

Abbot Close Care Centre is a purpose-built, two-storey nursing home which accommodates up to 65 residents in 47 single and nine twin bedrooms. All of the bedrooms contain ensuite facilities. On the day of the inspection, 62 residents were accommodated in the centre.

The premises was observed to be warm, comfortable and visibly clean on the day of the inspection. A number of communal rooms were located on the ground floor of the designated centre, including day rooms, dining rooms and a conservatory. Seating had also been placed in the large reception area to allow residents to relax or observe the hustle and bustle of the centre. A resident seated in this area told the inspector that "I love to keep an eye on things". Two enclosed courtyards and a garden area were available for residents' use. These contained seating, shaded areas and shrubbery. A visitors' room was situated on the ground floor of the centre.

Residents' bedrooms were tidy and well-maintained. The inspector observed that many residents had personalised their bedrooms with ornaments, photographs and other items. Residents who spoke with the inspector were satisfied with the layout of their bedroom and the storage available to them.

The inspector observed the lunchtime meal, which was served in two dining rooms that were situated in the Abbey Unit and beside the reception area. A number of residents chose to have their meal in their bedroom, which was also facilitated. In the dining rooms, each table was dressed with a table cloth and set with cutlery, glasses and napkins. Menus were also available on each table, with a pictorial version displayed on a wall. The inspector noted that the menu had been translated into another language to support a number of residents living in the centre. The inspector observed residents happily chatting with each other and with staff as they dined. Residents told the inspector that they enjoyed their meals and that they were happy with the choice of food available to them. There were sufficient numbers of staff available during the meal service to provide assistance to residents in a discreet

manner. Residents requiring special or modified consistency diets were served meals in line with their assessed needs.

A varied programme of activities was available to residents, with mass, baking and room visits occurring on the day of the inspection. Residents were observed engaging in these activities, with support from the activity co-ordinator and other staff. A large schedule displayed the activities that were planned for the coming days, including knitting, live music and exercise classes. Residents expressed satisfaction with the activity schedule and the opportunities for socialising that were provided.

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

Capacity and capability

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

The provider had completed the work outlined in a compliance plan response from the previous inspection in January 2024. In addition to this, the inspector found that the provider was in compliance with each regulation assessed on this inspection.

The registered provider of this designated centre is Abbot Close Nursing Home Limited. A director of the company represented the provider entity. A quality and safety manager and an operations manager participated in the management of the centre and attended the centre one day per week. There was a clearly defined management structure which was comprised of the person in charge, two assistant directors of nursing (ADONs) and two clinical nurse managers (CNMs), all of whom worked in the centre on a full-time basis. They were further supported by a team of nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service including end of life care, wound care, the physical environment and infection prevention and control practices. The results of these audits were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. The provider also monitored quality of care indicators such as pressure ulcers, complaints and falls to identify any trends or areas of improvement.

These were discussed at management meetings, which took place on a regular basis.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Up-to-date rosters were available for review by the inspector. These reflected the configuration of staff on duty.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety, infection, prevention and control, dementia care and falls management.

There were systems in place to ensure staff were appropriately supervised. Newly recruited staff completed an induction programme, which included training and competency assessments. Appraisals of staff performance were completed annually, at a minimum.

The provider maintained a suite of written policies and procedures in line with the regulations, such as those relating to staff training and development, risk management and the implementation of restrictive practices. These were made available for staff to review.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had drafted an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by Schedule 5 of the regulations had been reviewed within the last three years and were made available to staff.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life and that their care needs were met.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these services as needed.

A restraint-free environment was promoted in the centre. The provider had arrangements in place to monitor the use of restrictive practices. They ensured that restrictive practices were informed by an appropriate risk assessment and were only implemented when alternative measures were determined to be unsuitable.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse. The provider acted as a pension agent for a small number of residents. There were arrangements in place to ensure these payments were managed in line with the guidelines published by the Department of Social Protection.

Overall, the premises' design and layout met the needs of the residents to a good standard. A programme of maintenance was ongoing and, at the time of the inspection, the provider was replacing flooring in various parts of the centre.

Residents had access to adequate quantities of nutritious food and drink, including a safe supply of drinking water. A choice of meals was available to all residents at each meal, as well as a variety of snacks throughout the day. Residents were encouraged to eat independently but there were also sufficient staff available to support residents who required assistance.

The provider had taken action in response to the findings of the previous inspection with regards to fire precautions in the centre. This included a review of fire evacuation protocols and the completion of an audit of the centre's infrastructure in relation to fire and smoke containment. A programme of works had been completed to address any areas of improvement that were identified.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

There were good systems in place to ensure that infection prevention and control standards were met in the centre. There were sufficient resources to ensure that all areas of the centre were cleaned on a daily basis and that regular deep-cleaning also occurred. Staff were trained in infection control practices. A programme of regular audits ensured that there was effective oversight of adherence to infection prevention and control procedures.

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room or in communal areas.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet. Residents' special dietary requirements were effectively communicated to catering staff and dishes were

prepared in accordance with residents' individual preferences and assessed needs. Drinks, snacks and other refreshments were available at all times.

There was sufficient staff available to discreetly provide assistance to residents, as needed.

Judgment: Compliant

Regulation 27: Infection control

There were systems in place to ensure infection prevention and control practices in the centre were in line with the national standards for infection prevention and control in community services and other national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs. Care plans were reviewed and updated regularly, in consultation with the resident and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their choice of GP. There were also arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed. These informed the development of person-centred care plans that detailed the supports and interventions to be implemented by staff.

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff had completed up-to-date safeguarding training and were knowledgeable of the processes in place.

The provider supported residents to manage their pension and social welfare payments. Arrangements were in place to ensure residents' finances were managed in line with best practice guidelines.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant